

Addressing Spiritual Needs In Heart Failure Patients: Bridging The Gap Between Patients' Desire For Spiritual Care and Nursing Practices

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ABSTRACT

Introduction

Heart failure (HF) is a chronic disease that occurred globally. The number is also rising fast in low income countries. Patients' will suffer several symptoms and burdens of life. In this condition spirituality is often prominent for HF patients. But providing spiritual care has received little attention within HF management. So, the aims of this study were identifying the needs of spiritual care in HF patients, the correlation between spirituality to the patients' outcomes and identifying spiritual care that can be provided.

Methods

This study was conducted by systematic review. Seventy five literatures were identified from three electronic databases: ProQuest, ScienceDirect and PubMed. Then it selected by PRISMA flow-diagram. Eligible articles were original studies, published in 2007-2018, reported on the spiritual needs of HF patients, reported the correlation between spirituality with patients' outcomes and reported kinds of spiritual care.

Results

Eleven articles were selected. HF patients reported a moderately strong desire to have their doctors or nurse to be present, discuss and address their spiritual needs. Spiritual well-being significantly correlate to increase adherence, and reduce depression. To meet these needs nurse can provide spiritual counseling, and facilitate spiritual practices

Conclusion

Higher attention from nurse to assess and address spiritual needs of HF patients is important and beneficial.

Keyword

Spiritual Care; Heart Failure; Nurse

BACKGROUND

Heart failure is a chronic disease that is common throughout the world. It is estimated that there are more than 500,000 events per year in the US (1). The number is rising fast in low income countries and will lead the cause of death by 2030 (2). It is a progressive syndrome resulting from impairment of heart to maintain normal blood circulation (3). Patient will suffer from several symptoms such as shortness of breath, fatigue, chest pain, sexual dysfunction, change of body image and depression (4). In advanced stage these condition leads to multidimensional distress and reduce patients' quality of life (QoL) (2)

Numerous studies have shown that spirituality is very prominent for patients with chronic diseases and has limit abilities for live as in heart failure patients. It may play an important role in physical or mental well-being, and existential well-being (5), Spirituality also has been explored to reduce depressive symptoms in patient with heart failure (6). In existential dimension HF condition leads to peace of mind, to be in control, respect, freedom from fear of death, to find meaning of life, and for faith and prayer (2).

There is great expectation in the professional code of ethics and nursing education guidelines that nurses must be able to provide holistic services. Spiritual care is an important part of holistic care but it has received little attention within heart failure management (7). Most of healthcare professionals including nurse are infrequent to discuss religion or spirituality with patients. Improving of knowledge to address patients spiritual needs, diagnose spiritual distress and attend to the deep suffering of patients were requested to help patient's spiritual needs (8).

The aim of this study was to identify the needs of spiritual care in heart failure patients, the correlation between spirituality for the patients' outcomes and identify spiritual care that can be provided for patients with heart failure.

METHODS

This systematic review was structured through several steps, namely determining research questions, searching literature, assessing selected literature, combining research results, and presenting research results.

Research question

This study used Population-Intervention-Comparison-Outcome-Study design (PICOS) formula to determine research questions. Finally, there were three research question in this review: "What do heart failure patients want for spiritual care? What is the correlation between the spirituality to HF patient outcomes? What are the recommended practices to meet their spiritual needs?"

Literature searching strategy

Literature searching strategy was applied by identifying the literature on three electronic databases, such as ProQuest, ScienceDirect and PubMed. Several keywords were used to search the literature including "*heart failure + spirituality*", "*heart failure + spiritual care*", "*heart failure + spiritual well-being*". PRISMA flow-diagram were used for selecting articles (see Figure 1). The articles included were original studies, published in 2007-2018, reported on the spiritual needs of HF patients, and the correlation between spirituality and the physical and mental well-being of HF patients. Articles were excluded if they were found as systematic reviews, or original research published before 2007.

RESULTS

Seventy-five eligible articles were identified, 43 articles from ScienceDirect, 20 from ProQuest, and 12 articles from PubMed. After assessing the full text, we selected eleven eligible articles (3 qualitative studies, 8 quantitative studies) that met the inclusions criteria. From the 11 articles reviewed, the results were grouped into 3 sections based on 3 research questions. First, HF patients reported a modern strong desire to have their doctors or other health care professionals to discuss and address their spiritual needs (see Table 1). But it is less recognized by HPs than other needs. Second, Spiritual well being correlated on patients' outcome (See Table 2), especially to reduce anxiety and depression from HF. Third, Nurse can provide spiritual support, spiritual counseling, and facilitate spiritual practices (See Table 3).

DISCUSSION

Implementing holistic care into nursing practice still remains a challenge. Nursing practice to address physiological needs is always improved, but nurses also need to understand the psychosocial and spiritual significance to individual with chronic heart failure. Although spirituality is often connected to some religion (4), it can be explained as personal's question to find meaning in life and personal experiences (9). This review will explore what nurse has to know about spiritual needs, its relationship to patients' outcome and spiritual care which possible to be delivered.

Patient desires to spiritual care

Meeting the spiritual needs of patients with chronic illness such as HF is considered for effective palliative care. A cross-sectional study was conducted to understand spiritual needs of heart failure patients, desire for attendance of healthcare providers to their needs. The result of this study demonstrate that nearly half of sample notified high level unmet spiritual needs, moderately strong desires for having doctor or other healthcare provider attend to their spiritual care. Patients also reported feeling constrain for talking about their spiritual needs (10)

This findings are in line with previous study conducted by Ross and Austin (7) to 16 patient/careers end-stage HF with level IV New York Hearth association (NYHA). Through semi-structured qualitative interviews with 3-monthly intervals over a year they identified that HF patients/careers welcomed spiritual care in the care package. This study also explored that alongside the physical and emotional challenge due to HF, participant were struggling with spiritual/existential concern. These related to love/belonging, meaning/purpose of life, faith/belief, hope and coping. HF patients are also aware of being on 'borrowed time', so they think that perhaps a greater force may be at work. It indicates that individual with HF needs some one include nurse for supporting their faith.

Similar qualitative research also explored that HF patients had multidimensional needs including information, physical, psychosocial and spiritual. Unfortunately, spiritual needs were less recognized by healthcare professionals (HPs) than other multidimensional needs (2). Patients' spiritual needs were demonstrated by the necessity to find the meaning in a life, which

had been changed by the illness. They wanted their HPs for maintaining their hope. Because some of patient felt discourage when health workers said that they were tired when patients came back to hospital. Patients also experienced phase of questioning why God gave the illness to them.

Spirituality correlation to heart failure patients' outcome

Heart failure (HF) is growing to increase and challenges the multidiscipline healthcare providers. Its management often needs poly-pharmacy therapy that must be accompanied by good adherence of patients with HF. A cross-sectional study to 130 ambulatory patients with HF in class II-IV NYHA was conducted to identify association between spirituality and adherence to management in outpatient (11). Adequate adherence found in 38,5 % patients. Adherence will influence the decompensation and hospital re-admission pattern. Furthermore, it may help to improve quality of life. In this study, variables that consistently associated with compliance to medication were spirituality, religiosity and individual belief.

Other studies had observed that spirituality wellness also correlated with less depression in HF patients. Depressive symptoms in HF population are commonly occurred but infrequently assessed (2). Approximately of 32 % of 132 HF patients with asymptomatic stage B in USA indicated depressive symptoms, spiritual well-being included meaning and peace were independently associated with fewer depressive symptoms (12). Similar research show that greater spiritual well being strongly inversely correlated with depression, faith was only modestly associated, while meaning/peace was strongly associated (6). In Malaysia depression and anxiety of patients with HF were fewer due to some factors, one of them was spiritual belief (13).

Interesting study was conducted to investigate seven religious/spirituality (RS) dimensions related to physical/mental well-being, and existential well-being (5). They were forgiveness, daily spiritual experiences, and belief in afterlife, religious identity, religious support, public practice, and positive RS coping. Particularly forgiveness dimensions included forgiveness by God, forgiving others, and forgiving oneself, were related to less subsequent depression. In addition, daily experiences such as feel presence of God, or comfort of religion, were associated to existential well being (e.g. satisfaction, death anxiety, spiritual strain).

Possible spiritual care for addressing spiritual needs of HF patients

Facing the incurable and chronic conditions such as HF, it understandable that patients would look for alternative ways, notably spiritual support to improve their ability to against their condition (4). Nurse as a part of healthcare team should be able to provide spiritual care for HF patients. Nurse staff have to show awareness or sensitivity to foster hope, fostering links with the chaplaincy team or community spiritual support service (7). Nurse should assess the necessity of spiritual needs, then give preference to the patients, whether they need religious or non-religious services both in hospital or at home visit. Furthermore, nurse can provide spiritual counseling by collaboration with chaplain for supporting patients to do various activities linked to spiritual counseling (1). Nurses are suggested to facilitate patients spiritual practices such as recalling positive memories, pray alone, listen to music, family activities,

meditation and read spiritual material (14). Supporting patients to use spiritual coping strategy including religious belief and connection to God as the supreme power were also recommended (15). Because through religious beliefs and faith will help patients to accept the disease and help them to be more tolerance, patience, and confident to manage their condition.

According to this study we have understood about spiritual needs in patients with HF, the impact on addressing it and what kinds of spiritual care we can give to them. However, findings in this study related to spirituality, which commonly linked to some religions such as Judaism, Christianity or Hinduism, have not fully represented all of religions. In future research, Indonesian nurse, that have a large number of Muslim population will be challenged to better understand for assessing spiritual needs in this population and the way to provide best spiritual care for them.

CONCLUSIONS

Based on the findings it can be concluded that it is important for nurses to increase higher attention to assess the spiritual needs of HF patients. Providing appropriate spiritual care is beneficial for patients to accept the disease, increase adherence, minimized depression and increase patients well being.

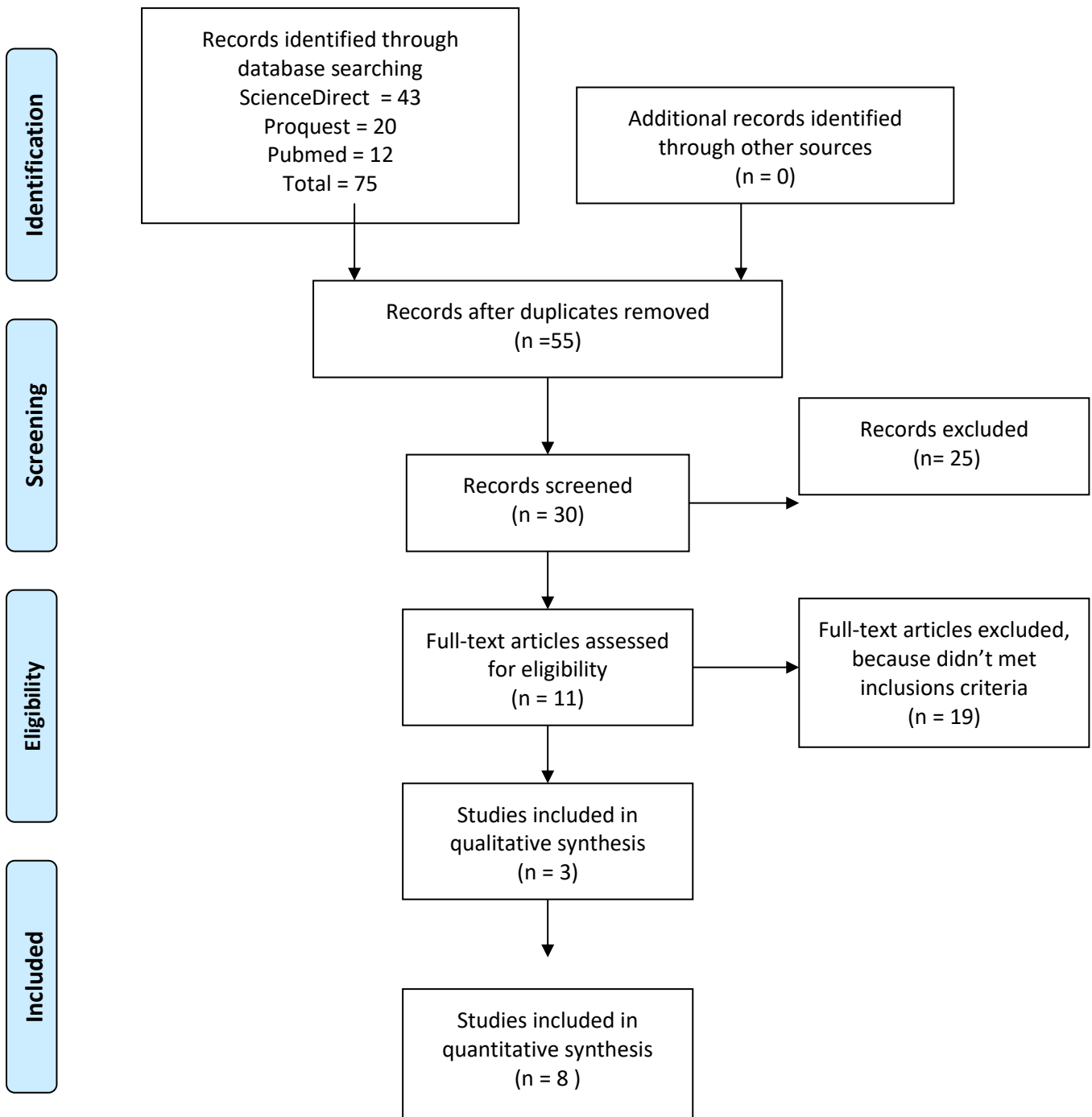


Figure 1. PRISMA Flow Diagram

Table 1. HF Patients desires for spiritual care

Author	Sample	Methods	Finding
Ross and Austin (7), Scotland	16 end-stage HF with level IV New York Hearth Association (NYHA) patients/careers (spouse/daughter). Religion affiliation: 10 Christian, 6 no religion affiliation	<ul style="list-style-type: none"> • Semi-structured interviews 3-monthly intervals for a year 	HF patients/careers experienced significant spiritual needs & welcomed spiritual care in the care package.
Park and Sacco (10), Cincinnati, OH.	111 outpatients with severe HF (level III or IV NYHA) and ineligible for transplant Religion affiliation Baptist, Protestant, Catholic, Christian, other religions, and no religion	<ul style="list-style-type: none"> • Questionnaire for assessing Spiritual desires, constraints, and needs • Spiritual well-being scale • Depressive symptoms scale • Health related quality of life (HRQOL) scale 	Nearly half of sample notified high level unmet spiritual needs, moderately strong desire for having doctor or other healthcare professional (HP's) attend to their spiritual care, and strong feeling constraint in doing so.
Namukwaya, Grant (2) Kampala, Uganda.	21 Patient with HF (NYHA stage III & IV), 9 careers. 8 HPs including 5 doctors, 2 nurses & a social worker.	Serial qualitative in-dept. interviews at three time intervals of 3 month	HF patients have multidimensional needs included physical, social, psychological, and spiritual needs. But HP needs less recognizes Spiritual than other needs.

Table 2. Association between spirituality and HF patients' outcome

Author	Sample	Methods	Findings
Alvarez, Goldraich (11), Brazil	130 ambulatory HF patients in any NYHA functional class	<ul style="list-style-type: none"> • Cross-sectional study for assessed quality of life (QOL), depression, religiosity & spirituality by validated questionnaires. • Logistic regression 	Adequate adherence was found in 38.5% of patients. The combination of spirituality, religion and individual beliefs is an independent predictor of compliance.
Mohamed, Azan (13), Malaysia	211 HF patients with NYHA functional class of II, III and IV	<ul style="list-style-type: none"> • Cross-sectional study • Questionnaires based survey used Hospital 	Depression and anxiety are rare in Malaysia HF patients due to some

		Anxiety and Depression Scale (HDAS) followed by Semi-structured interview later.	factors such as family support, positive thinking, and spiritual belief.
Mills, Wilson (12) Sand Diego, USA	132 HF patients with asymptomatic stage B HF based on AHA classification	<ul style="list-style-type: none"> • Cross-sectional study • Used questionnaire to assess depressive symptoms, spiritual well-being, sleep quality, fatigue, and inflammatory markers, 	Around of 32 % patients indicated potentially depressive symptoms. Spiritual well-being (meaning and peace sub scale) were independently associated with fewer depressive symptoms
Bekelman, Dy (6)	60 HF patients with NYHA class II-IV	<ul style="list-style-type: none"> • Cross-sectional study • FACIT-Sp scale, • GDS-SF scale 	Greater spiritual well-being was strongly inversely correlated with depression. Greater meaning/peace strongly associated with less depression, while faith was only modestly associated.
Park, Lim (5)	111 patients with advance HF	<ul style="list-style-type: none"> • Questionnaire based survey to measures well-being dimensions and religious/spiritual (RS) well being. 	RS dimensions were related to well well being differently. Forgiveness were related to less subsequent depression.

Table 3. Spiritual care which possible to be provided

Author	Suggestion for addressing spiritual needs
Whelan-Gales, Griffin (14)	<ul style="list-style-type: none"> • Facilitate patients spiritual practices including exercise (e.g. walking), recall positive memories, stay in quiet place, pray alone, listen to music, relaxation, family activities, read spiritual materials, pray with others, meditate, or helping others.
Tadwalkar, Udeoji (1) USA	<ul style="list-style-type: none"> • Give preference to HF patients for “religious” or “non-religious” counseling services • Provide spiritual counseling to HF patient and support activities including prayer, reading of religious text, religion-specific rituals, and other pastoral care.
Ross and Austin (7)	<ul style="list-style-type: none"> • Having some one to talk, • Supporting careers, • Staff showing awareness/ taking care to foster hope,

- Fostering links with the chaplaincy team (hospital)
- Community spiritual support service (home)

Shahrbabaki, Nouhi

(15)

Iran

Support patients to use spiritual coping including religious belief and faith.

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