Proceeding of the Public Health and Well-being Conference, Vol. 1, 2022, pp. 77-88

ISSN 2659-2096
DOI: https://doi.org/10.32789/publichealth.2022.1006

"It Is Food for The Soul...": An Investigation on The Malaysian Intensive Care Nurses' Perceptions of Spiritual Care

Ayuni Asma' Baharudin[1], Mohd. Said Nurumal[2]

[1]*Department of Medical-Surgical Nursing, Kulliyyah of Nursing, International Islamic University Malaysia; ayuniasma@iium.edu.my*
[2]*Department of Critical Care Nursing, Kulliyyah of Nursing, International Islamic University Malaysia; mohdsaid@iium.edu.my*

"IT IS FOOD FOR THE SOUL...": AN INVESTIGATION ON THE MALAYSIAN INTENSIVE CARE NURSES' PERCEPTIONS OF SPIRITUAL CARE

Abstract: Evidence shows that critically ill patients and their family members have spiritual needs in the intensive care unit. Spirituality is an abstract concept in the clinical field. Its subjective nature makes the aspects of care that are provided by the clinicians suboptimal. This article is a preliminary report of a qualitative study that was conducted to explore the perceptions of the intensive care nurses on spirituality and the care that they gave to the patients and their family members. Interviews were conducted with nurses who worked in a 25-bed intensive care unit of a tertiary government hospital in Malaysia. Data from the discussions was recorded and transcribed. Thematic analysis was used to generate codes and themes. A total of 18 nurses were included in this study. The central theme, interfaith connection, emerged through three themes: 1) Spirituality and illness are interconnected to healing; 2) Classification of spiritual care interventions in the intensive care unit; and 3) Intercepting barriers. Conclusions Nurses deemed spiritual care beneficial to critically ill patients and their family members. Barriers to spiritual care can be overcome with a model of spirituality. Further research is needed to explore the experiences of the critically ill patients and their family members in receiving care in the intensive care unit, particularly in addressing their spiritual needs and ensuring their mental health. Further studies should also include the perceptions of other professionals in intensive care in order to develop a concise model of spirituality and spiritual care in the intensive care context.

Keywords: nursing, health, spirituality, religion, critical care, mental health

Introduction

Intensive care units (ICU) are equipped with lifesaving machines, easily making patients and family members perceive it as a hostile environment. The surroundings can be dehumanizing and make one feel lonely (Timmins, Naughton, Plakas, & Pesut, 2015). Spiritual care of ICU patients is for them to cope with pain, to handle when recalling stressful events, and to relate with the higher entity on coping with near-death events (Hashem et al., 2016; King *et al*., 2019). Whereas, the spiritual care of family members are related to their worries of their loved ones being critically ill, the need to maintain hope through prayers, and having trust in God (Abdalrahim & Zeilani, 2014; Al-Mutair, Plummer, Clerehan, & O'Brien, 2014). If these needs are not addressed, adverse mental health states, such as spiritual distress and post-traumatic stress disorder (PTSD) will be experienced by the ICU patients and their family members. The integration of spiritual care into the management of intensive care patients and their family members will make it a holistic approach.

Based on literature, it has been revealed that the provision of spiritual care in the ICU is below par. A research conducted by Ernecoff, Curlin, Buddadhumaruk, and White (2015) showed that ICU professionals often miss the opportunity to respond to the spiritual care of the family members. In the United States where chaplaincy is available for spiritual care, the service was underutilized and it was mostly given upon family request. A chaplain is not usually requested by the ICU clinicians and the communication between them was reported to be sporadic (Choi, Chow, Curlin, & Cox, 2019; Choi, Curlin, & Cox, 2015). Incorporating spiritual care in the ICU management of critically ill patients can be challenging because the ICU clinicians have different understandings and perspectives on the concept of spirituality and how the care should be provided (Mohd Arif *et al.*, 2019). This article is written to report the preliminary findings of an investigation that was conducted to explore the

perceptions of the nurses who are working in the ICU on spirituality and care that are given to ICU patients and their family members.

Method

This study is a part of a larger qualitative study that utilizes in-depth interviews to gain perspectives on spiritual care from the nurses who are working in the ICU.

This study is conducted among critical care nurses working in the 25-bed ICU at a tertiary government hospital in Southern Malaysia. The inclusion criteria are those having more than six months of working experience in the ICU. Nurses who were deployed from other units were excluded from the study.

The study is registered under the National Medical Research Registry (NMRR-18-3951-45429). Ethical approval was granted by the Malaysia Medical Research Ethical Committee (MREC) on 9th October 2019. The IIUM Ethics Committee has been notified of the MREC approval.

The study commenced in September 2019, where the nurses were given the participant information sheet before the interview. A written consent was attached to the information sheet and signed individually. The interviews and discussions were conducted in the ICU conference room and recorded with an audio recorder. Pseudonyms were used to protect the nurses' identity.

The criteria by Lincoln and Guba (1985) were applied to ensure the trustworthiness of the study. Member checking was done by providing the coded transcripts to the key informants and allowing the interviewees to reflect their realities and ensured an accurate interpretation of the conversation. The description of the study procedure in the field notes allows the audit trail to be applied to assess the rigour of the study. Confirmability was achieved by transcribing the narratives in the form of verbatim to illustrate the themes and subthemes presented. The research team held meetings regularly to discuss the codes and themes.

Results

The data were transcribed verbatim, and the thematic analysis was conducted according to the procedure outlined by Braun, Clarke, Hayfield, and Terry (2019). The emergence of themes was based on the consensus of the research team during discussions. There were 18 nurses involved in this study. The demographic information of the participants is described in Table 1. Three themes evolved around the central theme of this study, which is 'Interfaith connection' (Table 2). The themes are: 1) spirituality and illness are interconnected to healing, 2) classification of spiritual care interventions in the ICU, and 3) intercepting barriers.

Table 1 The demographic data of the nurse participants

Demographics		Frequency (n)	Percentage (%)
Gender	Male	2	11.1
	Female	16	88.9
Age	<35 years old	9	50.0
	≥ 35years old	9	50.0
Race	Malay	14	77.8
	Chinese	2	11.1

	Indian	1	5.6
	Iban	1	5.6
Religion	Islam	15	83.3
	Buddhist	2	11.1
	Hindu	1	5.6
Education	Diploma	11	61.1
	Advanced diploma	5	27.8
	Degree	2	11.1

Table 2 Interfaith Connection - Themes, Subthemes, and Excerpts

Central theme	Main themes	Subthemes	Categories	Excerpts
Interfaith connection	Spirituality and illness are interconnected to healing	Spirituality is an inner side of a person	Relationship with God	"[Spirituality is] Our dependency, our belief towards God. Physical is outside, spiritual is our insides…" Nurse S "[Spirituality is] Like what I believe… some people think that someone who goes to temple every day or every time praying, they are very religious or pious. I don't believe that. I think as long as you think you wanna pray, you got a clean heart, you got that honest heart… I think that is what really matter." Nurse D "For me, spiritual and medical [illness] is connected. We, medical people we feel like if a person is sick, he is sick, that's it… my view is unconscious patients, we have to tell them, God is near…we know sick person's prayer is dear to Allah." Nurse B
			Psycho-socio-morality	"Spirituality… spirit is more like our feelings. Something that we can't see but we can feel…things that involves mind and soul." Nurse Z "Moral values, religious beliefs, sensitivity" Nurse M
			A will to live with purpose and destiny	"Spiritual, in my opinion, is when [I] care for a

				critically ill patient, it's like giving [*semangat*] strength for him to get well, cured, and like when he is really, seriously ill we just give them emotional support" Nurse T "More like [*semangat*] will, peace, a place where we are going to…" Nurse Z
		Illness is a spiritual test	Erase sins	"In Islam, illness is like extinguisher of sins and also a test" Nurse B
			Making a person closer to God	"Illness, we as Muslims [believe] that it is meant as tests from Allah for us. So, we are reminded of death, of God." Nurse I
			Soul nourishment	"…like for us Muslims, the Quranic verses are food for the soul. We believe in the existence of body and spirit [jasad dan ruh], right? Even though our body is sick, but our soul is still alive and need food. For me, sick people in critical condition with no physical response, they still can hear you" Nurse Z

Table 2 Interfaith Connection - Themes, Subthemes, and Excerpts (cont.)

Central theme	Main themes	Subthemes	Categories	Excerpts
			Miracle	"Sometimes there is miracle. Sometimes as medical staff we would say patient can't survive, but suddenly he wakes up" Nurse B
			Peace	Like we give sense of peace, to patient" Nurse J "For instance, when we turn the radio on, we can see the patient is at peace, like he more okay" Nurse A
			Acceptance	"Based on my experience if the family is *redha* [accept], the patient will go in peace" Nurse C
			Lessen anxiety/grief	"If we saw them anxious,

				we ask and them we give them [*semangat*] moral support" Nurse J
			Family bond	"Sense of closeness between patient and family. Like hope for healing…" Nurse F
			Quality of death	Those who are in bad condition in which we call DIL [death in line] we give them space" Nurse B
	Classification of spiritual care interventions in ICU	Islamic interventions	•Five obligatory prayers-reminders and assistance •Prayer (*dua*)-privately and collectively •Books (*mushaf*) of Surah Ya-sin and other Quranic verses •Holy water – Zam-zam water or plain water with prayer recited upon it •Zikr	"For patients who are conscious, who are Muslims, we offer them… uncle, if you want to pray, I'll find a friend to help you wudhu [ablution]" Nurse C "'Cos we also let an NGI came in. From my observation it does not matter. Muslims or non-Muslims all of them accept. It's like all of them family praying in unison together." Nurse Z "I can only help to provide *Ya-sin* book, that is provided lah" Nurse D "If you want to bring *Zam-zam* water or *Ya-sin* water, I'll give them through Ryle's tube" Nurse C "We teach zikr. Teach them to recite *shahada* if it is near death. We have to teach this a lot." Nurse Z
		Other faith interventions	• Amulet • Holy ash • Favourite clothes • Mantras • Meditation	"Or for non-Muslims they can bring their amulets." Nurse C "Most of them [Buddhists patient/family] will place a piece of cloth.. his/her [patient] favourite cloth…most of them red or yellow in colour." Nurse S

Table 2 Interfaith Connection - Themes, Subthemes, and Excerpts (cont.)

Central theme	Main themes	Subthemes	Categories	Excerpts
				"Either reciting... Sometimes I see they go to temple; they bring the holy ash. Indians they bring the

				holy ash lah which I think is okay which is good, the Buddhists I see them bringing the Buddhist mantras reciting in the radio. Which not everybody will do that also. There, I just saw a Chinese husband and wife praying. Of course, not using any radio or anything, but they just say whatever they want. Those kinds of things I think are good *lah*" Nurse D "I once saw a Chinese Taoist, they did not cry and sob but they kneel in front of the bed…they meditate for inner cure, spiritual healing." Nurse Z
		Interfaith interventions	•Respect and privacy •Communication - orientation, permission and encouragement •Visiting hours •Audio player - Quranic verses, prayers or mantras •Chaplaincy visit •Evidence-based alternative medicine	"I just respect his or their belief. Their liturgy. As we would do with other religions." Nurse Z "…like when we are in a new place, we don't know this thing can be done. Maybe the nurse who gives the orientation can explain, in here we allow you to bring *Ya-sin* water if you want." Nurse C "I guess the visiting hours itself is good enough…" Nurse D "[they] bring radio. Radio Al-Quran" Nurse A "Some Chinese bring music (player)…" Nurse B "Yes, there are some patients' family who bring their own spiritual guide. But there is also an NGI (who voluntarily visit)." Nurse S "Islamic spiritual healing *ustaz* they can help with this. For Buddhists their healers, for Hindus their monks. Like what they did in Hospital X. They have alternative medicine." Nurse F
	Intercepting barriers	Misperception/scepticism	Supernaturalism	"Sometimes patient came in very bad, intubated and

				sepsis, but believed in those like shaman. He would say this patient is being intervened by *guna-guna* (voodoo)." Nurse I

Table 2 Interfaith Connection - Themes, Subthemes, and Excerpts (cont.)

Central theme	Main themes	Subthemes	Categories	Excerpts
			Nonacceptance	"Not all medical practitioners can accept this concept. Most of them are evidence-based people, some can't accept at all." Nurse F
		Need for mechanism	Education	"During nursing school training…no course on spiritual health. None. It's your own initiative." Nurse J
			Training	"So far courses are given by the hospital and motivation program for spirituality. And the hospital also has *ibadah*-friendly policy. So, the *ustaz* (Muslim chaplain) has given some knowledge for us during our encounter with critically-ill patients. More so for patient who are terminally ill with limitation of therapy." Nurse Z
			Chaplaincy	"Maybe if there's a spiritual department, they can guide how this particular religion, other religion's do s and don'ts…with their own team and scheduled patient's visits… no need to call. Sometimes we nurses are busy." Nurse M
		Hazardous concerns	Risk of infection	"Because some (family) they bring some kind of dusts, it'll cause infection" Nurse T
			Dangerous materials	"They bring from the temple. One of them also brought sword, we didn't let them. It was wrapped with yellow cloth" Nurse

		F.
	Traditional medicine	"Disturb means asking intubated patient to drink traditional medicine. like add herbs to the milk (enteral feeding), that one I can't allow..". Nurse A

Spirituality and illness are interconnected to healing

Three subthemes emerged from the thematic analysis; 1) spirituality is the inner aspect of a person concerned with religion, psycho-socio-morality, and the will to live with intention and destiny, 2) illness is a spiritual test to erase sins, making a person closer to God, and 3) healing is the outcome of spiritual care. The nurses who have been interviewed in this study have varied perceptions on the meaning of spirituality and the existence of dual human nature; body and soul. Interestingly, the Malay word *semangat* repeatedly surfaced when they were discussing spirituality, and it can be translated into a range of different English words depending on the context, such as morale, strength, and will. When they were asked about the relationship between spirituality and illness, most of them said that spirituality and illness are related to each other. The nurses described many beneficial outcomes from the provision of spiritual care, and all of these outcomes can be summarised as one simple word, healing. For most nurses working in the ICU, spiritual care is given as part of a routine medical care. Some nurses believe that spiritual care can result in a miraculous recovery. While healing does not always mean recovery, it can also mean acceptance or frequently expressed by the nurses as *redha* and peaceful death. Some other nurses agreed that spirituality is vital for near-death situations and especially important for end-of-life care that can result in the quality of death.

Classification of spiritual care interventions in ICU

During the interviews, the nurses were asked to describe the support that they gave in the aspect of spiritual care to the ICU patients and how they were provided. The interventions (codes) were listed into three categories. Since the majority of the nurses were Muslims, the Islamic interventions emerged as one of the main categories. The spiritual care that is given to Buddhists and Hindus share similar codes; thus, were categorised under the second main category. Spirituality does not always mean a system of belief, hence, the third category of spiritual care intervention is known as interfaith interventions, as these can be applied to any system of belief and also for patients or family members who do not belong to any faith.

Intercepting barriers

This theme means that there is a need for a mechanism to circumvent the obstacles and negative connotations of spiritual care. All participants agreed that spiritual care should be safely integrated into conventional medical care. They voiced out that there needs to be more evidence to support the interventions, and a specialized, structured organisation needs to be established to provide better spiritual care. Some nurses have voiced out concerns on family members who get the wrong idea about spiritual practice. Some others suggested that the patients would not receive the benefits of spiritual care due to scepticism among the professionals. Therefore, the need for a model, training

module, educational syllabus, and managerial effort is of utmost importance to enhance the existing spiritual care given by the nurses in the ICU. Most of the nurses admit that they were not taught about spiritual care in nursing school, instead they received training from the hospital. They also voiced out the need for a structured unit to do rounds and educate the nurses with organized talks. The nurses were concerned about the risk of infections from the use of herbs and dangerous practices tried by patients or their family members in the ICU. They exercised their autonomy to prevent hazards from befalling onto the unit and their practices. A nurse shared her experience of a family member who brought a sword wrapped with yellow cloth to be placed at the patient's bedside. In another occasion, nurses also gave instructions to the family members to put amulets in small plastic packets to minimise the risk of infection

Discussion

This study has identified interfaith connection as the core of spiritual nursing care in the ICU. A review that discussed interfaith spiritual care indicated that this is a condition in which the patients and spiritual care providers have different spiritual or religious worldviews (Liefbroer, Olsman, Ganzevoort, & van Etten-Jamaludin, 2017). The multicultural context of the Malaysian community that is unique and representative of the nurses' population in this study could be the contributing factor to this finding.

Spirituality is perceived to be related to God for most of the Muslim nurses, while nurses with other religious affiliations prefer morality to define it. An international consensus on the spiritual dimension of whole-person care agreed that compassionate care is an aspect of spiritual care (Puchalski, Vitillo, Hull, & Reller, 2014). Spirituality is a broad, abstract concept that is unique to the nurse's spirituality (Bone, Swinton, Hoad, Toledo, & Cook, 2018) and goes beyond scientific, religious, and scientific discussions (Penha & da Silva, 2012)

Barriers to spiritual care in this study include time, workload, and lack of training. This is consistent with previous studies (Balboni *et al.*, 2014; Bone *et al.*, 2018; Roze des Ordons, Sinuff, Stelfox, Kondejewski, & Sinclair, 2018). Misperception, scepticism, aggression, and infection risk rarely surfaced from research; thus, more profound research concerning these issues is needed.

In a Malaysia healthcare setting, religious officers are employed to help clients for religious rituals, such as to perform a prayer, welfare, and end-of-life care. All of them are Muslims, and the care that they provided is specific to Muslim clients. It is one of the initiatives done by the Ministry of Health (MOH) Malaysia on ibadah-friendly hospitals to assist Muslim clients in their spiritual activities. A similar theme emerged in this study as well. However, the spiritual care for non-Muslim clients, which comprised 39% of the patients' population inclusive of Buddhists, Christians, and Hindus, were not addressed. In other countries, chaplaincy services are available in the healthcare settings and referral by the healthcare professionals may be made to the pastors of chaplains to delegate spiritual care (Abu-Ras, Laird, Wahiba Abu-Ras, & Lance, 2010; Choi *et al.*, 2019).

Conclusion

In conclusion, the nurses in this study were supportive of spiritual care due to the beneficial outcomes, and the integration with conventional critical care must be done with vigilance. The development of a spiritual care model in the ICU is needed to understand the current practice and to identify the way of improvement. Future studies should be conducted to include the perceptions of other healthcare professionals working in the ICU, especially physicians, in the provision of spiritual care. The experiences of ICU patients and family members should also be investigated as this would unveil their spiritual needs and the way these needs can be addressed to safeguard their physical and mental health.

Funding: This research did not use any fund from public, commercial, or not-for-profit organisation in its conduct.

References

Abdalrahim, M. S. S., & Zeilani, R. S. S. (2014). Jordanian survivors' experiences of recovery from critical illness: a qualitative study. *International Nursing Review*, *61*(4), 570–577.

Abu-Ras, W., Laird, L., Wahiba Abu-Ras, & Lance, L. (2010). How Muslim and Non-Muslim Chaplains Serve Muslim Patients ? Does the Interfaith Chaplaincy Model have Room for Muslims' Experiences? *Journal of Religion and Health*, *50*(1), 46–61.

Al-Mutair, A. S., Plummer, V., Clerehan, R., & O'Brien, A. (2014). Needs and experiences of intensive care patients' families: a Saudi qualitative study. *Nursing in Critical Care*, *19*(3), 135–144.

Balboni, M. J., Sullivan, A., Enzinger, A. C. ., Epstein-Peterson, Z. D., Tseng, Y. D., Mitchell, C., … Balboni, T. A. (2014). Nurse and Physician Barriers to Spiritual Care Provision at the End of Life. *Journal of Pain and Symptom Management*, *48*(3), 400–410.

Bone, N., Swinton, M., Hoad, N., Toledo, F., & Cook, D. (2018). Critical Care Nurses' Experiences With Spiritual Care: The SPIRIT Study. *American Journal of Critical Care*, *27*(3), 212–219.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843–860).

Choi, P. J., Chow, V., Curlin, F. A., & Cox, C. E. (2019). Intensive Care Clinicians' Views on the Role of Chaplains. *Journal of Health Care Chaplaincy*, *25*(3), 89–98.

Choi, P. J., Curlin, F. A., & Cox, C. E. (2015). "The patient is dying, please call the chaplain": The activities of chaplains in one medical center's intensive care units. *Journal of Pain and Symptom Management*, *50*(4), 501–506. https://doi.org/10.1016/j.jpainsymman.2015.05.003

Ernecoff, N. C., Curlin, F. A., Buddadhumaruk, P., & White, D. B. (2015). Health care professionals' responses to religious or spiritual statements by surrogate decision makers during goals-of-care discussions. *JAMA Internal Medicine*, *175*(10), 1662–1669.

Hashem, M. D., Nallagangula, A., Nalamalapu, S., Nunna, K., Nausran, U., Robinson, K. A., Eakin, M. N. (2016). Patient outcomes after critical illness: A systematic review of qualitative studies following hospital discharge. *Critical Care*, *20*(1), 1–10. https://doi.org/10.1186/s13054-016-1516-x

King, J., Neill, B. O., Ramsay, P., Linden, M. A., Medniuk, A. D., Outtrim, J., & Blackwood, B. (2019). Identifying patients' support needs following critical illness: a scoping review of the qualitative literature. *BMC Critical Care*, *23*(187).

Liefbroer, A. I., Olsman, E., Ganzevoort, R. R., & van Etten-Jamaludin, F. S. (2017). Interfaith Spiritual Care: A Systematic Review. *Journal of Religion and Health*, *56*(5), 1776–1793.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park: SAGE Publications Ltd.

Mohd Arif, A., Lee, S., Copnell, B., Atarhim, M. A., Lee, S., & Copnell, B. (2019). An Exploratory Study of Spirituality and Spiritual Care Among Malaysian Nurses. *Journal of Religion and Health*, *58*(1), 180–194.

Penha, R. M., & da Silva, M. J. P. (2012). Meaning of spirituality for critical care nursing. *Texto e Contexto Enfermagem*, *21*(2), 260–268. https://doi.org/10.1590/S0104-07072012000200002

Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, *17*(6), 642–656.

Roze des Ordons, A. L., Sinuff, T., Stelfox, H. T., Kondejewski, J., & Sinclair, S. (2018). Spiritual Distress Within Inpatient Settings-A Scoping Review of Patients' and Families' Experiences. *Journal of Pain and Symptom Management*, *56*(1), 122–145. Timmins, F., Naughton, M. T., Plakas, S., & Pesut, B. (2015). Supporting patients' and families' religious and spiritual needs in ICU - can we do more? *Nursing in Critical Care*, *20*(3), 115–117.