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Exploring the Hospitalized Patients' Religious Expectations of Nurses; a Qualitative Study

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Abstract

Background and Objectives: Understanding and meeting the religious needs of patients could lead to the satisfaction and promotion in religious care. This study aimed to explore the patients' religious expectations of nurses.

Methods: Researchers used a conventional approach to content analysis in this study. Eighteen patients (11 men and 7 women) purposefully were selected with maximum variation from different wards of Shahid Beheshti hospital, Qom, Iran. In depth semi structured interviews were continued until data saturation. The data were analyzed with constant comparative method.

Results: The main themes of patients' religious expectations of nurses were: providing holistic care, moralization, nursing sincerely, patience with patients and their relatives, respect for the beliefs of patients, planning for nursing interventions according to the prayer time, removing barriers and providing facilities for prayer.

Conclusion: The results showed that participants need to holistic care. It is therefore essential to nurses be aware of patients' needs in care planning.

Keywords: Nurses, Patients, Qualitative Study, Religious Expectations.

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Introduction

Patients are recipients of healthcare services. Besides, nurses are the largest number of health care personnel. So the first encounter of patients occurs with the nurses. Religious care is the most important nursing intervention (1). In addition, when a patient enters to a healthcare center, he/she has some expectations of medical personnel to do religious care (2). Religious care is to help patients in their religious practices (3). Religion is a way to communicate with God via resorting to religious rituals and practices (4). Furthermore, observing religious practices is the way to meet the needs of the patients (5), building trust in patients, reducing the patients' mental pressure (6), and also increasing the life satisfaction and promotion of morality (7). In the case of illness or hospitalization, patients have greater attention to religion and they are more willing to meet their religious practices (6,8,9). Given the studies conducted in Iran in the field of religion and religious care, it seems that patients may experience diverse problems in this regard (2,6,8). Imami Sigaroudi reported the poor condition of providing religious care in different domains (6). Zand and Rafi'i pointed to religious care needs of patients (8). Karimallahi and Abedi showed the hospitalized patients experience difficulties in praying. Also, they also emphasized the necessity of providing facilities to prayer (2). Khansanami showed that most patients had difficulties to do

prayers at the time of hospitalization (10). The nurses should respect to religious beliefs and values and do the best care in this regard (5). Thus, the holistic nursing care and patient satisfaction is realized by meeting the religious needs (9). Therefore, so according to religious values in Iran, it is necessary more attention to the patients' religious expectation and providing adequate facilities to religious activities (5). Accordingly, this study aimed to explore the hospitalized patients' religious expectations of nurses.

Methods

This is a conventional qualitative content analysis was conducted in Qom Shahid Beheshti Medical Sciences Hospital. This method of study interprets the content of text-driven data through the process of analysis and classification of themes (11). The participants were purposefully selected using maximum variation sampling. The data were collected through in-depth semi-structured interviews. The inclusion criteria were: (1) At least three days stay in the hospital (2) The ability to communicate with others (3). Patients with memory deficits were excluded from the study. The researcher explained the purpose of study and obtained permission to record interviews from the participants. The participants were assured of confidentiality of interview and their identities(s). Participants were allowed to leave the study. After common questions about demographic characteristics, the participants were asked to say their religion expectations of the nurses. Furthermore, probe questions such as "…can you say something more about that? What do you mean?" were asked to encourage participants to further clarification. The interviews lasted between 40 and 70 minutes. It should be noted that the interviews were listened carefully several times to involve the researcher in the data mining and gain deep understanding of research. Data analyses were in eight steps of the conventional qualitative content analysis. The interviews were transcribed and the entire text of an interview was considered as a whole. Semantic units (words, sentences or paragraphs related to religious expectations of nurses) were written on a paper. After coding the text the codes were merged together on the basis of similarities and differences. The categories were categorized on the basis of similarities and congruencies. After that, the categories were revised to verify the strength of the codes and identify the main themes. Finally, it was attempted to exert careful consideration and compare the categories with each other in order to report the findings originated from determining the patients' religious expectations. Credibility, dependability, conformability and transferability were performed to ensure the accuracy, validity and reliability of the data (12). In order to increase the validity, the researcher decided to get involve for a long time in patients' religious expectations. In addition, the accuracy of data was approved in member check process with each participant as well as comments of two PhD in nursing colleagues. Also, step by step replication and auditing was done to check the reliability of data by reporting findings to the referee of approved research project. Having the ability to transferability of findings, the exact quotes of participants were presented. Also the more detailed of participants and the fields' research were considered for usability results of the study.

Result

Eighteen patients (11 men and 7 women) were interviewed. Five hundred and eighty Primary codes were extracted from the interviews. The codes were reviewed several times and they were categorized based on similarity. The main themes of patients' religious expectations of nurses were: providing holistic care, moralization, nursing sincerely, patience with patients and their relatives, respect for the beliefs of patients, planning for nursing interventions according to the prayer time, removing barriers and providing facilities for prayer.

1) Holistic care

Many participants expected the nurses not to consider them only as a corpus. Actually, patients believed that they were embossed with physical, emotional, psychological and religious needs.

In this context, a participant said: "I expect my nurse to take care of my spirit, beliefs and attitudse. As a human being, I aspire these desires. Besides, the nurse should not just give the medicine and then go away. As a patient, I have some other needs that should be important for the nurse".

2) Giving hope to patients

All participants in this study, nurses were expecting that nurses to use promising and inspiring words. In this regard, a participant said: "When the nurse appears beside my bed, I desire to hear some hopeful comments. I expect the nurse to tell me that, God Willing, I will be fine. If such, I get a new spirit".

Another participant said as follows: "Now, I am a patient. I believe, after God, only the doctors and nurses can restore my health and hopefulness".

Another participant asserted: "The nurse emphasizes to show up beside the patient's bed. When the nurse gives my medicine, I expect she/he to talk to me thereof. The nurse should tell me that my health condition is going to be improved".

3) Moralization

Participants expected the nurses to deal with patients with good and welcome ethics and dignity.

In this context, a participant said: "We are Muslims and our Prophet was the most good moral character person. Accordingly, the nurses must also have a good moral character".

Another participant said: "Since I am here as a patient, I really expect my nurse to behave gently. However, some nurses are always tired and moody".

Another participant pointed to good behavior of a nurse as follow: "When the nurse smiles, I really get happy. He speaks honestly. It is highly pleasant all behave in a good manner".

4) Nursing sincerely

Many patients expected that nurses should work sincerely. They pointed to the valuable work of nurses and said if the nursing activities were embedded with sincerity, God will give them a precious reward.

In this context, a participant said: "If the nursing activities are embedded with sincerity, the nurse will be very popular at the sight of God. Besides, the nurse will tolerate the nursing difficulties more easily".

Another participant asserted as follows: "The whole job should be done for God's sake. Nurses work hard and if it is done for God's sake, they will have a great reward".

5) Tolerating patients and their family

Many participants emphasized that nurses should tolerate the patients and their family. Besides, they believed that the nurse should behave benignly and calmly.

In this context, a participant said: "Actually, we are sick and we feel painful and uncomfortable. Thus, nurses should tolerateh us and our family. If we bother them, they should not be grieved thereupon".

Another participant asserted as follows: "We do not have anybody with us and we are only concerned about our illness. Therefore, nurses must understand us".

6) Respecting the patient's beliefs

Some participants said the nurses should respect their beliefs, requests and views. In this context, a participant said: "Actually, everyone has a unique belief. The nurse should pay attention to specific issues. He/she must notify me on prayer time. I like to do prayers on time. Consequently, when I am doing my prayers, he/she should not bring my medicine".

7) Adjusting the nursing care time to prayer time

Many participants stated that nurses must scheduling the activities to avoid interfering with prayer time.

In this context, a participant said: "I always do prayer on time. Here, nurses start their work at noon. Thus, nursing activities should not interfere with prayer time".

Another participant asserted as follows: "Nurses should first let patients to do their prayer. They should not appear to give medicine and measure blood pressure at this time".

8) Removing the barriers to prayer

Many participants argued that they expected nurses to remove the barriers to prayer. They expected to have clean clothes and bed sheet. They expected blood, urine and secretions must be quickly removed so that they might

not encounter any given significant barriers to prayer.

In this context, a participant said: "When I go to the toilet, my clothes get dirty sometimes. Consequently, they must provide me some clean clothes so that I can pray with clean clothes".

Another participant asserted as follows: "If the bandage and bed sheet get bloody, one cannot do prayer. Accordingly, these barriers should be removed".

Another participant pointed to the cath injection site and asserted as follows: "If it was possible to place the cath needle a little higher, I could at least perform ablution more comfortably".

9) Providing the necessary facilities for doing prayer

Many participants acknowledged that although nurses were not obliged to provide the necessary facilities for patients to do prayer, it would be very desirable to provide such facilities in the care unit. In this context, a participant said:"Here, the situation is satisfactory and we don't have a significant barriers to do prayer. We may even do our prayer on the bed. However, it would be nice if there was a small room for prayer in the care unit".

Another participant said: "In the care unit "Thank God" we have enough Quran and religious books. We also have Tayammum stone. As you see, our room is very crowded and one cannot concentrate while doing prayer. Thus, it is necessary to locate a special place for prayer".

Discussion

The participants stated that religious care was their most important needs. As such, they expected nurses to have more attention to their physical and religious needs, since caring is the essence of nursing, the nurses should do their bests to meet all the needs of patients including religious care similar to physical and psychological aspects (3,13,14).The results of most studies indicate that nurses pay less attention to religious needs of patients. Narayanasamy writes: "Religious needs of patients are not met" (15). Karimallahi and Abedi examine the barriers to providing religious care in both individual and environmental dimensions and emphasize the significant impact of individualized religious care (2). Heidari argues as follows: "Currently, the religious beliefs of hospitalized patients are ignored" (5). Regarding the positive impacts of religious care (hope, positive outlook, satisfaction) (2,6,8,16), the nurses should do ideal religious care as possible.

In this study all participants expected that their nurses should make use of promising and inspiring words. Studies have shown that hopefulness and inspiring may accelerate patients' recovery and increase their tolerance to disease (17,18). Rahnama, Khoshknab, Maddah and Ahmadi said: "If nurses trust in God when providing nursing care, they help to patient comfort. Besides, if nurses trust to God and talk about the possibility of recovery followed by a divine miracle, they may help patient to recover his/her spirit and hopefulness" (19). Hanson, Dobbs, Usher, Williams, Rawlings and Daaleman have pointed to the role of nurses in helping patients to gain hope and comfort as the most important activities of nursing care arrangements (20).

The nurses' ethical consideration and nursing conduct were among the most important expectations held by patients. They expected the nurses to treat them with kindness, tenderness, empathy, compassion, patience, accountability, respect and serenity. Ethics in nursing points to observing the ethical standards by nurses in providing nursing care (21). Accordingly, observing ethical standard and practical commitment to ethics in providing nursing care are known as the core values of nursing field. This reflects the degree of concern for the patient and the respect for the personality of the patient when providing nursing care arrangements.

Observing respect for the patient was approved by all participants of this study. They expected that nurses should treat them kindly, happily, benevolently and respectfully. Since nursing was combined with honesty, purity and sincerity, they expected the nurses to take care of them sincerely. They argued that if nursing

was done for God's sake, it would last a positive impact on patients.

Given the study conducted by Rahnama et al., the participants noted that some of the nurses were not indifferent to the issues and problems of the patients. Actually, they asserted that the nurses worked with joy and love and they were very intimate to patients. They added that since nurses considered God's sake and they had some robust religious backgrounds, they could create such a helpful climate (19). Similarly, Mahmoodishan, Alhani, Ahmadi and Kazemnejad write as follows: "Iranian nurses hold a spiritual perspective towards the nursing profession. They believe that nursing brings forward spiritual rewards. Given this religious perspective, the nurses delve into nursing in order to satisfy God" (22).

All participants expected the nurses to treat them and their family kindly and tolerantly. Patients pointed to their suffering from an illness and such problems as being away from family. They stated that nurses must treat their family with kindness. Accordingly, the patients strongly expected the nurses to treat them and their family kindly, tolerantly, affably, respectfully, gently and compassionately. Taylor conducted a study in this field and concluded that kindness, respect and trustworthiness were enumerated as nursing approach (23). Similarly, Bjarason concluded that respecting the hospitalized patients could deepen the human dimension of nurse-patient relationship (24). Schumacher believes that respecting the patient makes up the core of nursing care (25).

Other patients' expectations of nurses were that nurses would allow patients to do their prayers on time, especially noon prayer. Accordingly, they argued that nursing duties should not interfere with prayer time. Given this issue, Karimallahi and Abedi assert that many nurses believe that the religion is a private matter and religious practices should be done behind closed doors. As such, nursing activities and services should be accomplished regardless of patients' religion. In other words, the nurse is not allowed to interfere with the patient's religious affairs. Karimallahi and Abedi write as follows: "Many patients resort to prayer in order to achieve peace and comfort. Thus, nurses should support patients in doing prayer and adoration. Therefore, prayer should not be discontinued even during the nursing rounds and care arrangements" (2).

The participants expected the nurses to remove the obstacles to do prayer, including the existence of blood, urine and secretions on the bedsheet. Besides, many participants argued that the aforementioned substances could be considered as barriers to doing prayer and, hence, they expected the nurses to remove them as ideal as possible. Given the barriers to doing prayer in hospital, it may be argued that there are numerous reports at hand. Khansanami et al. investigated the problems and barriers to doing prayer in hospitalized patients and argued that 72.2% of hospitalized patients failed to do prayers at the time of hospitalization. They pointed to such barriers as personal problems (98.2%) and hospital facilities and infrastructure problems (83.8%) as the main issues in relation to this dilemma. Besides, lack of knowledge of the rules of prayer (36.8%), prayers leave due to severe weakness and disease (22.5%), the existence of such conceptions as undesirability of hospital environment for doing prayer, the intention to perform the prayers after full recovery (21.5%) and exemption from doing prayer, similar to fast, due to hospitalization (3.7%) were among other barriers in this regard (10).

In some other studies, patients pointed to some structural and infrastructure problems as barriers to doing prayer. Given the barriers to doing prayer in hospitals, Karimallahi and Abedi assert as follows: "The hospital beds are not facing the Qibla, purity and impurity are not observed in hospital toilets, hospital staff do not contribute to doing prayer, there is no access to shower, if needed, in hospitals and there is no prayer room in care units of majority of hospitals. Accordingly, it may be argued that there are a lot of barriers to doing prayer in hospitals" (2). Praying creates a sense of divine support, confidence, security, peace and hopeful in the person. Accordingly, failure to do prayer in the hospital is considered as an unpleasant experience accompanied by suffering and agony. As a result, it may be

argued that prayer is the most important and easiest way to get the comfort and health (10). It should be noted that the manifestation of and propensity to religious beliefs at the time of occurrence of disease is stronger than any other time in life. As such, performing religious orders at the time of occurrence of disease is considered a powerful source that may boost the recovery process (8).

Halligan cites the experience of caring for Muslim patients and argues as follows: "Those nurses that care for patients should have sufficient information about Islam in order to observe religious norms in this regard. Given this, the most important thing is prayer".

Conclusion

The results showed that hospitalized patients were in dire need of holistic care. As such, they expected nurses to pay due attention to their physical and religious needs. Furthermore, they expected the nurses to treat them kindly and sincerely. Besides, they expected the nurses to respect for their beliefs. Accordingly, the nurses must set their time in a way that their nursing care do not interfere with prayer time.

Conflict of interest

The authors declare no conflict of interest.

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