Spiritual Health Consulting Model for Health Promotion in Clients

Minoo Asadzandi[1,2*]

1 Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran
2 Department of Anesthesiology, Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran.

Abstract

Background and Objectives: Neglect of God may cause adverse emotions, unhealthy lifestyle, and high-risk behaviors. Such a spiritual vacuum, damages the bio-psycho-socio-spiritual health of individuals. Study was conducted to design and validate the spiritual health consulting model for health promotion in clients.

Methods: In this qualitative study, universal models of nursing care, prominent models of health training, and theories of motivation were content analyzed. Considering the constructs of spiritual care model of Sound Heart, after adopt appropriate themes and clinically use of prominent models, spiritual health consulting model was developed using the three-step theory synthesis of Walker and Avant.

Results: Sensitizing and informing clients of consequences of unhealthy lifestyle, high-risk behaviors, and adverse emotions, with a sense of perceived threat, motivate clients to modify themselves. The modification of four spiritual relationships (with the nature, people, himself, God), besides the use of subjective norms, result in the behavioral intention, making clients determined to modify their behaviors. Family's cooperation, spiritual advisers' behavior as a role model, and self-control training can facilitate the implementation of the consulting by creating a sense of self-efficacy and increasing client's self-esteem.

Conclusion: Failure to pay attention to the lack of spirituality may threaten psycho-socio-spiritual health of clients and cause social crises. Spiritual advisers are required to maintain and promote the spiritual health in clients based on a community oriented and holistic model.

Keywords: Spirituality, Health, Referral and Consultation.

Correspondence: Should be addressed to Ms. Minoo Asadzandi. **Email:** zandi498@yahoo.com

Introduction

Growth of 20-25% prevalence of psychiatric disorders in Iran compared to 21.5% in 2012 (1) damage to health, happiness, ability to perform activities of daily living (2) and caused 50% of psychosomatic disorders. So that 30% of people referred to health centers suffer from psycho-socio-spiritual problems (1). The incorporation of the spiritual health dimension into the concept of health, introduced an important dimension, to health experts (3). "The Copenhagen Declaration on Social Development" and "Bangkok Charter "emphasized the spiritual dimension for health promotion recently (4). "The International Council of Nurses" finds nurses' role in promotion of an atmosphere in which human rights, values, habits, and spiritual beliefs of people, families, and the society are respected (5,6). Regarding the health promotion approach that increases the level of communities and

individuals health, nursing services are not limited to patients, the needs of all clients in different community are considered (7). Moreover, the emphasis on community-based healthcare and addressing patients' beliefs for treatment necessitates the provision of health services in accordance with the values of individuals (8). Therefore, for followers of Abrahamic religions, spiritual health should be defined, considering the definition of heavenly soul (heart) from the unseen world and its capacities (9). Soul gives existence and has capable of perceiving, feeling, moving, reasoning, and willing (10). Perception is the essential component of the heart (soul) emotion and action originate from perception. The heart has been interpreted as the wisdom in some Hadith (11). Spiritual health is having a Sound Heart, which leads to eternal salvation and arises from faith (12). The effect of human's mental states on functioning of the nervous

system, the endocrine glands, and immune system has been proved over the last two decades (13) and the holistic orientation of the healthcare, emphasizes on all dimensions of health. Unfortunately, despite the emphasis on health promotion and provision of medical services in all levels of prevention (6), the spiritual health promotion of clients in different age groups is still neglected, and the unhealthy lifestyle, high-risk behaviors, and adverse emotions, threaten bio-psychosocial-spiritual health of clients (14).

Analyze the causes of these hazards, such as: failure to optimally use the leisure time, genetic factors, hormonal changes during puberty (15), personality characteristics such as: thrill-seeking, poor self-discipline, impulsivity, innovativeness, high negative emotions, effects of social and familial factors (poor supervision of the family) (16), and low risk perception (17) cannot obviate the threat to clients' health. Therefore, health personnel should provide services with the aim of promoting spiritual health. They should also consider the healthcare recipients as a wide range of people (including adolescents during puberty, youths at the age of marriage, pregnant and breastfeeding women, parents with little children, old people, etc.) who need help to pass through a period of physiological changes (18), while there are no training models to promote spiritual well-being. The necessity of spiritual care for patients based on spiritual care model, (19) should not prevent us from paying attention to the spiritual health of the community and clients with self-care ability. Due to the lack of training model for spiritual health promotion in the community, this study aimed to design and validate the spiritual health consulting model for health promotion in clients.

Methods

This study is the result of the sixth stage of the investigation taken over one and half decades:

1-Vienna's schools of psychotherapy, systemic theory, homeostasis, quantum theory, rules of physics, humans' needs, characteristics of a perfect human in psychology as assumptions of nursing care models, and over 35 nursing care models, were studied. Seven universal care models were analyzed based on total ratio analysis that is comparable to the perceptual analysis and communication analysis of Carly in nursing (20).

2-Meta-paradigmatic concepts of the model were defined. The concept of soul was derived from the paradigm of Abrahamic religions, and the concept of sound hearth was derived from Quran and hadiths based on the method of adopting concepts (21).

3-The spiritual care model of sound heart was developed, by using grounded theory method. (22,23).

4-To examine the concept of sound heart in real situations and define experimental parameters and themes of that concept, propositions were extracted through interviewing with patients and their family, clinical observations over the professional life of the researcher, field notes, interviewing with clinical nurses, nursing professors, and clinical psychologists. The instrument for examining patients' spiritual reactions to diseases was developed by using the extracted propositions (24).

5-Spiritual care guidelines were designed, on the basis of religious and scientific evidence. (25)

6-Descriptive theory was developed and examined (26,27) health education models and motivation theories were content analyzed. They were used in clinical research: including health belief in diabetic patients (28), health promotion in soldiers with high-risk behaviors (29), precede-precede model for primary sleep disorder of military nurses (30). After focus group meetings with professors of health education, nursing, and psychology, all relevant concepts for implementing the training model were adopted and then organized as a relevant whole within a model. The spiritual care consulting model was developed by using the three-step theory synthesis of Walker and Avant.

The following items were performed to determine accuracy and reliability of the qualitative data analysis: 1-Long-term engagement and continuous observation 2-

Integration 3-Peer review 4-Search for contrary evidence 5- Acceptability of the researcher 6- Determination 7- Review by participants (31).
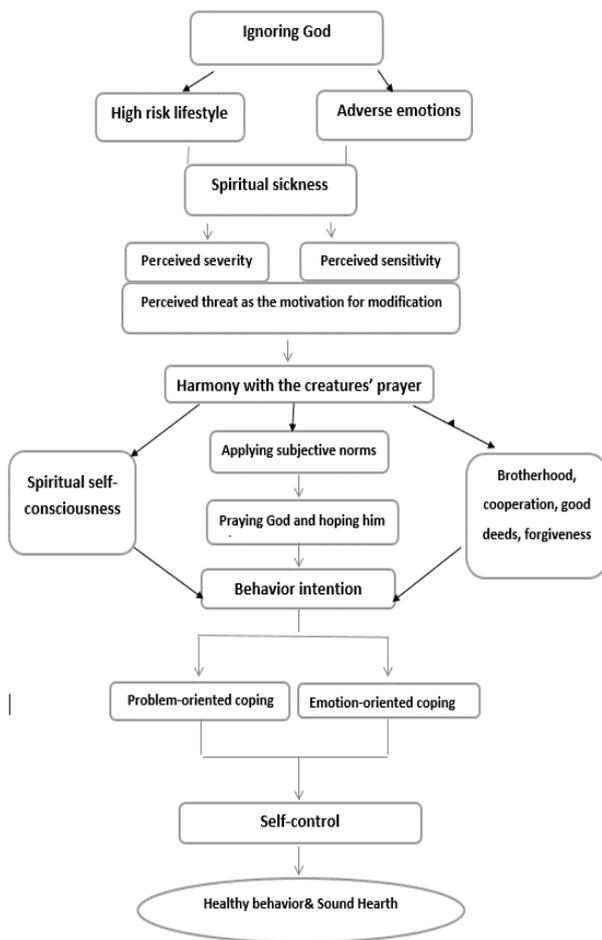

Fig 1: The algorithm for implementing spiritual counseling for health promotion in clients

Result

Sensitization

"O, believers, take care of yourselves," Quran mentions the neglect of God as a cause of self-ignorance, adverse emotions, unhealthy lifestyle, and high-risk behaviors. Spiritual advisors should familiarize clients with these threats (fig 1). (32)

"Perceived sensitivity" (individuals' perception of the risk of a disease or a health condition) is useful for predicting preventive behaviors in high risk people (33). "The perceived severity" (individuals' perception of consequences of a disease or a threatening condition) refers to feelings about seriousness of a disease, evaluation of medical and clinical outcomes (such as death, disability, and

probable social outcomes, the influence of the disease on occupation, family life, and social relations (6). The perceived sensitivity (the integration of perceived sensitivity and perceived severity) is more influential in determining the motivation of preventive behaviors. (34).Spiritual advisors should train the destructive outcomes of high-risk behaviors, adverse emotions in different age groups (35).

Promoting the relationship with the nature (listening to creatures' prayers)

"We showed our signs to you, perhaps you think on them" Quran encourages people to reflect on the creation of heavens and the earth, night and day cycles, the creation of the soul and body, and other manifestations of the divine power and wisdom, in order to find out the God's majesty and goal of the creation. (36) Thinking not only inhibits the neglect but also results in making appropriate decisions, avoiding sins, favorable outcomes of activities (37).Advisors should replace high-risk behaviors, with others in which the clients are rather interested including various sports (swimming, shooting, and horse riding) (38) promoting the relationship with the nature and listening to creatures' prayers(the sounds of water and birds), nature excursions, reading poems and books, painting, calligraphy, raising flowers and other plants, keeping pets, and so forth. (32,33).

Increasing self-consciousness and expanding the relationship with people

Advisors should encourage clients to reflect on the position of the human being in the universe, their creation out of the divine love (39), the necessity for maintaining health in all aspects of life, thinking about personal lifestyle and the role of high-risk behaviors in incidence of disease, accepting the responsibility of their choices by using puppet show, storytelling, educational videos, funny clips, educational brochures and pamphlet, and discussions in friendly group meetings (40). Feelings of brotherhood, cooperation, and doing favors to poor people should be developed in clients through visiting deprived areas and helping them to solve their problems. Consult with wise people be encouraged (40).

Developing subjective norms and expanding the relationship with God

Subjective norms should be developed by describing life stories of divine prophets, perfect people and also showing real examples of the consequences of high-risk behaviors and improper lifestyle through visiting prisons or watching documentaries (14). The religious spirituality is mostly the remembrance of God, belief in the presence of God and His divinity, acting for the sake of God (41). It is necessary to teach the skill of remembering God by praying (42) such as the five daily prayers in mosques , methods of faith healing (41), to encourage clients to develop their friendship with God, who is compassionate and merciful, endless in wisdom and power, a beloved who never fails, is never defeated, is creating something new every second; whose power is not barred by rules of creatures" He Himself" has created; a source of grace, love, and blessing; listens to whispers of His servants and love them; His love is more than father and mother, and he never leaves His servants alone and helpless (43).

Behavioral intention and teaching appropriate spiritual skills

After Intention to change behavior and ethics, clients will be ready to learn different spiritual skills and religious evidence-based guidelines for spiritual self-care (25).

Self-control and self-assessment

Clients are recommended to evaluate their emotional status and take daily notes in order to perform stipulation, meditation, and assessment (43). Mentors are present in different places (home, school, university, mosque, etc.) where the clients are present, and help them in this regard (44).

Discussion

The spiritual health counseling model, implies that healthy behaviors should be predicted through developing the required knowledge and attitude and encouraging clients to adopt healthy behaviors (45).The prediction of behaviors generally depends on the value people give to the consequence of a behavior and the expectation they have about consequences of a behavior (46) which is consistent with the model.

The model makes use of theories of learning in different age groups, to create a stable and measurable changes in emotions and behaviors as follows:(47)

1- Critical theory: It considers learning an ongoing conversation and implies that each individual has its own beliefs about health. Changes in behaviors and thoughts occur by changing in beliefs through asking questions. (48).

2- Cognitive theory: It considers changes in thinking patterns by using various sensory data and provision of information as factors changing learners' behavior (34)

3- Social learning theory: It regards the emergence of a behavior as a performance arising from people's expectations of the value of a result (Do I want this result?) or from their feeling of self-sufficiency (Can I reach this consequence?) (49). In this regard, clients who believe that the result is achievable and expectable, they are much likely to change their behavior to achieve that result. (50).

Fishbone, in theory of reasoned action, introduces the subjective norms as individuals' perception of performing a healthy behavior from the perspective of significant others, and normative beliefs as individuals' perception of behaviors that significant others wanted them to perform (51).The clients' love toward significant others can enhance the subjective norms. Moreover, the belief in resurrection and reflection of humans' deeds to themselves, the divine love and attempts for satisfying God, the belief in God's quick reckoning, are considered important religious norms for those people believing in religions (52, 53) these factors develop the motivation for obedience which is used in the model (54).

When clients perceive the spiritual problems as threats, they begin to measure the intensity of the stressor and their control over that and based on the perceived situation, identify their available means of control to reach coping (55). The problem-focused coping is the individuals' ability to think and change stressful situations, and emotion-focused coping is a method used to deal with stressful

situations and focuses on changing individuals' thought and feeling about an event, which is considered in model (44).

Spiritual advisors help clients through developing control beliefs (beliefs about internal or external factors that can inhibit or facilitate a behavior, such as incentives and reduction of inhibitors) and the perceived ability (patients' perception of how difficult a certain behavior is) and providing models for the role of favorable behaviors as mentors, manifest those behaviors. They eliminate barriers, break down a behavior into small procedures, and facilitate the behavioral intention (56). It has been proved that imitation is effective in learning. Teaching is oriented toward models through which, people directly copy behaviors (57). Thus counselors as mentors should provide practical models of a sound heart (58).

The intention of modifying behaviors and emotions is rewarded by God (27). To enforce an intention, take daily notes and self-control as the way of Gnostics (Stipulating, meditation, and assessing themselves, punishing themselves), is recommended (42). Regarding the religions' emphasis on people's authority and determination in their choices, clients should take the responsibility for their choices (42).

Conclusion

The divine religions have emphasized the self-purification and social reform. Spiritual health consulting model teaches individuals, family members, nurses, doctors and Clergymen, ethics and behavior modification techniques.

Conflict of interest

The author declares no conflict of interest.

Acknowledgements

References

1. Jalili SA. Symposium "Day without Depression," 2014.

2. Mohammadi R. public health nursing. Tehran: Nay publication; 2010. [Persian]

3. Anonymous. Spiritual health is important, say our readers. WHO Chron; 1979. p. 29-30.

4. The Bangkok charter for health promotion in a globalized world. Health Promot Int. 2006;21 Suppl 1:10-4.

5. Lee L CK, Davidson J. Eastern and western spiritual beliefs and violent trauma. National community survey. Traumatology. 2008;14(3):68-76.

6. Van Lee, Owen R. Spiritual Care: implications for nurses, professional responsibility. J Clin Nurs. 2006;15(7):875-84.

7. Asadzandi M. Analysis of nursing concepts and theories with introduce Sound Heart model. Tehran: Publication Hydrae; 2014. p. 250-6. [Persian]

8. Baldachin D. Teaching on the spiritual dimension in care to undergraduate nursing students: The content and teaching methods. Nurse Educ Today. 2007;28(4):501-12.

9. Asadzandi M. Access to the Sound Heart identifies the concept of spiritual health. J Med Jurisprud. 2014;6(19-18):143-73.

10. Dastgheib Shirazi H. Sound Heart. Noor; 2018.

11. Saharawi H. step beyond Islamic psychology or psychological health and ethics in Islam. Tehran: Islamic Culture Publications; 2008.

12. Abolghasemi H, Asadzandi M. Reinforcing faith the main care and method of maintaining and improving the spiritual health of patients and clients. J Health promot. 2018;1(1):48-59.

13. Shaddock BJ, Shaddock VA, Ruiz P Kaplan and Shaddock's Comprehensive Textbook of Psychiatry. Tehran: Arjmand; 2015. p. 301-26. [Persian]

14. Asadzandi M. Talk with spiritual advisers and spiritualists. Resaneh-takhassosi; 2017. [Persian]

15. Kimberly L H, Slater MD, Outing E. Alcohol Use in Early Adolescence: The Effect of Changes in Risk Taking, Perceived Harm and Friends' Alcohol Use. Stud Alcohol. 2005;66(2):275-83.

16. Maher F. Risky behaviors among youth leisure trends and patterns. J Youth Stud. 2004;3(6):118-143.

17. Relizon MR, Sherman A. College student risk taking from three perspective. Adolescence. 2003;38(152):689-705.

18. Barikani N. High-risk behaviors in adolescent's final high school students in Tehran. Iran J Psychiatr clin psychol. 2008;2(6):192-8.

19. Asadzandi M. Sound Heart: Spiritual Nursing Care Model from Religious Viewpoint. J Relig Health. 2015;54(2):130-45.

20. Asadzandi M. Critique of Nursing Models at the Level of Applied Concepts and Equations and Model Designing [PhD thesis]. Faculty of Health, Baqiyatallah University of Medical Sciences, Iran; 2001.

21. Asadzandi M. Spiritual care. Tehran: Resaneh-takhassosi; 2016. [Persian]

22. Asadi M, Asadzandi M, Ebadi A. Effects of spiritual care based on Galba Salim nursing model in reducing

anxiety of patients undergoing CABG surgery. Iran J Critical Care Nurs. 2014;6(4):142-51.

23. Saeidi- Taheri Z, Asadzandi M, Ebadi A. The effect of spiritual care based on Galba Salim model on the sleep quality of the patients with coronary artery disease. Iran J Critical Care Nursing. 2014;7(2):94-103.

24. Asadzandi M, Clients and Patients' Spiritual Nursing Diagnosis of the Sound Heart Model. J Community Med Health Educ. 2017;7(6):2-6.

25. Asadzandi M, Eskandari A, Khademolhosseini SK, Ebadi A. Designing and Validation Islamic Evidence-Based Spiritual Care Guidelines of Sound Heart Model in the Dying Patients. Iran J Critical Care Nurs. 2017;10(3):1-6.

26. Asadi M, Asadzandi M, Ebadi A. The effect of spiritual care based on Galba Salim model on spiritual experiences of patients undergoing coronary artery bypass surgery. J Cardiol. 2014;2(2):67-73.

27. Saeidi Taheri Z, Asadzandi M, Ebadi A. The effect of spiritual care based on Galba Salim model on spiritual experience in patients with coronary artery disease. Iran J Psychiatr Nurs. 2013;1(3):23-34. [Persian]

28. Farsi Z, Asadzandi M, Najafi S. Application of Health Belief Model in Change of Self Care Behaviors of Diabetic Patients. Iran J Nurs. 2010;22(61):61-7. [Persian]

29. Asadzandi M, Sekarifard M, Ebadi A, Morovvati Sharif Abad MA, Salari M. Effects of anger management training based on Health Promotion Model on soldiers engage in risky behavior. Iran J Psychiatr Nurs. 2014;2(4): 68-79. [Persian]

30. Sayari R, Asadzandi M, Sanayi Nasab H, Ebadi A. Mental health status of military nurses. J Mil Med. 2009;11(3):135-41. [Persian]

31. Streubert C. Qualitative research in nursing (advancing the humanistic imperative). Philadelphia: Lippincott com; 1990.

32. Asadzandi M. Spiritual counseling. Tehran: Resaneh-takhassosi publication; 2016.

33. Armitage C, Conner M. Social cognition models and health behavior: A structured review. J Psychol health. 2000;15(2):173-89.

34. Safari M, Shojaeizadeh D,Ghofranipour A, Fazlullah M, Heidarnia AR. Theories, models, methods of health education and Health Promotion. Tehran: Siobhan; 2012. [Persian]

35. Asadzandi M, Farsi Z, Mehri N, Karimizarchi A. Educational intervention focusing on HEALTH BELIEF MODEL in health beliefs, awareness and behavior of diabetics patients. Irani J Diabetes Lipid Disord. 2006;6(2):169-76. [Persian]

36. Tabatabaee M. Tfsyr Al-Mizan (Sayed Mohammad Mvsvyhmdany, Trans.). Qom: Office of Publications; 1971. [Persian]

37. Gheraati M. Noor interpretations. 12 Vol. 2nd Ed. Tehran: Cultural Center of Quran; 2006. [Persian]

38. Elliott MA, Armitage CJ, Baughan CJ. Using the theory of planned behavior to predict observed driving behavior. Br J Soc Psychol. 2007;46(1):69-90.

39. Hosseini al-Hashemi M. Philosophy of Jurisprudence System. Qom: Cultural Center for Islamic Studies; 1996. [Persian]

40. Akbarpour Mazandara H, Asadzandi M, Saffari M, Khaghanizadeh M. Effect of Spiritual Care Based on Sound-Heart Consulting Model (SHCM) on Spiritual Health of Hemodialysis Patients. Iran J Critical Care Nursing. 2017;10(4):1-5.

41. Mousavi Khomeini R. Al-Salat customs. Tehran: Institute for Compilation and Publication of Imam Khomeini; 2005. [Persian]

42- Mousavi Khomeini R. Description of Forty Hadith. Tehran: Institute for Compilation and Publication of Imam Khomeini; 2001. [Persian]

43. Asadzandi M, Taghizade Karati K, Tadrisi SD, Ebadi A. Effect of Prayer on Severity of Patients Illness in Intensive Care Units. Iran J Crit Care Nurs. 2011;4(1):1-6. [Persian]

44. Asadzandi M. Spiritual self-care. Tehran: Resaneh-takhassosi publication; 2016. [Persian]

45. Bastable SB. Nurse as educator: Principles of teaching and learning for nursing practice. 3rd ed. Boston: Jones and bartlet publishers; 2008.

46. David SM, Zareban I, Ansari-Moghaddam A, Shahrakivahed A, Abdolghani A. The effect of health belief model training on physical activity in geriatrics. Int J Humanit Cult Stud. 2016;3(1):1928-34.

47. Abolhasani S, Dusty M, Haqqani F. Application of Learning Theories in Clinical Education. Iran J Med Educ. 2012;11(9):1290-8. [Persian]

48. Relizon MR, Sherman A. Factors influencing adolescents' decisions to engage in risk-taking behavior. J Adolesc. 2002;37(147):585-97.

49. Torre DM, Daley BJ, Sebastian JL, Elnicki DM. Overview of current learning theories for medical education. Am J Med. 2006;119(10):903-7.

50. Angleton P, Calmers H. Applied Use of Nursing Theories. Tehran: Boshra Publications; 2003. [Persian]

51. Ajzen I. The theory of planned behaviour: reactions and reflections. Psychol Health. 2011;26(9):1113-27.

52. Baldachin D, Draper P. Spiritual coping strategies: a review of the nursing research literature. J Adv Nurs. 2001;34(6):833-41.

53. Albarracín D, Johnson Blair T, Fishbein M, Muellerleile PA. Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. Psychol Bull. 2001;127(1):142-61.

54. Akhtar W, Mudassir H. Factor that effect on consumer behavior: The case of boarding students. J Progress Res Soc Sci. 2015;2(2):71-8.

55. Tehrani M, Heidari H. Effectiveness of Group Training Lazarus multimodal approach to increase women's happiness Islam share. J Fundamentals Ment Health. 2014;17(2):102-10.

56. De-Barr KA. A Review of Current Health Education Theories. Calif J Health Promot. 2004;2(1):74-87.

57. Mokhtari Nouri J, Ebadi A, Alhani F,Rejeh N. Importance of role-model teaching in nursing students' education. Iran Q Educ Strateg. 2011;3(4):149-54. [Persian]

58. Asadzandi M. Professors, spiritual characteristics for role- modeling education. Educ Strateg Med Sci J. 2017;10(1):23-35. [Persian]