The Role of Doctors and Other Health Personnel in Promotion of the Community's Islamic Spiritual Health

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Abstract

Human health includes physical, social, mental and spiritual dimensions and medicine is perfect when all aspects of health are considered. There are several reasons for the need for health personnel familiarity with issues related to spiritual health that some of them are: Finding best responds to the spiritual needs of patients, the use of spiritual care to improve health in four levels of prevention, the correct decision when creating a conflict between the spiritual beliefs of the patient and the diagnostic and therapeutic processes as well as spiritual beliefs of physician with the aforementioned processes. Members of the health team can affect the spiritual health in various forms including the impact on presentation of services environments, attention to client's spiritual health, presentation of spiritual health services and self-care education to patients. The spiritual health issue should be entered into the educational curriculum of medical sciences and its theoretical and practical aspects to be taught properly. Also, spiritual health topics should be included in the continuing education programs of medical practitioners.

Keywords: Spirituality, Health, Health Personnel, Promotion.

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Introduction

f old, in addition to consideration of physical problems most doctors and philosophers also focused on social and spiritual issues and examined patients comprehensively. But this kind of attitude and care was gradually relaxed and just physical issues received medical attention as the only cause of health problems.

Following the Renaissance in Europe and problems created at the time between the church and scholars of various disciplines, spirituality was gradually removed from the sciences and some people believed that everything could be resolved intellectually and there was no need to connect with the source of inspiration for the advancement of science. Hence gradually all issues of spirituality were entrusted to clergy and the church and scientific matters to the scientists of different disciplines (1). About medicine, it was also believed that the only path to progress was acquiring knowledge in pathophysiology and understanding of the human body that created the context of eliminating health issues and medical problems and increasing human health.

What nowadays in the world is seen as a belief is that a person's health is not only limited to physical health but it also includes mental, social and spiritual health and these dimensions are interconnected (2).

In recent years, focusing on the relationship between spirituality and clinical interventions with an emphasis on the attitudes towards health has largely been on the rise (3-5). This consideration led to the addition of mental health to other aspects of health by the World Health Organization (WHO). Because the different countries have different religions and even some countries consider religion apart from all their plans, the WHO decided each country should address the spiritual health according to its cultural and social conditions (1).

The need for health personnel to be familiar with the subject of spiritual health

There are major reasons that health personnel should be familiar with the subject of spiritual health; the most important ones are:

Due to the beneficial effects of spirituality to improve primary prevention and early prevention indicators, health personnel could adopt measures which promote the public health.

Many patients have spiritual beliefs and they feel spiritual needs related to physical and mental illness. Therefore, health personnel can help to promote holistic health by responding to the needs.

Spiritual care helps the individuals' abilities to cope with stress and disease.

Patients' spiritual beliefs may conflict remedial measures for them, so it makes difficult accompanying health measures.

The impact of spirituality on health effects is known and can influence disease treatment outcomes.

Spiritual beliefs of health services provider could influence medical decisions in case pain medications, abortion, contraception, etc.

Spirituality of family and community influences the type of support that patient will have at home after discharge from the hospital.

Spiritual health promotion at different levels of prevention

Spiritual care in each community has four levels of prevention to be implemented.

- A) **Primordial prevention**: Full attention has been paid to the prevention in different religions and especially in Islam, but it is has not yet been applied in the health system. Primary prevention (i.e. prevention of appearing risk factors of spiritual diseases) unlike physical health is not generally considered for spiritual health in any society or if it is implemented, it is based on traditional culture and without coherent plan for this purpose (6).
- B) **Primary prevention**: WHO and its member states in the last century attempted to understand the risk factors for diseases and in many cases by eliminating or lessening these factors they could reduce the severity of noncommunicable diseases. But it must be admitted that risk factors for consideration for the spiritual health of children and other individuals (vulgar audiovisual products and unsound writings and inspirations) have been much infrequently taken into account (6).
- C) Secondary and tertiary prevention: In recent years it has been recommended for

identifying and treating patients whose spiritual health is adversely affected. Focusing on this in Western countries is mainly due to spiritual health effects in reducing or improving physical, mental and social diseases. This has not yet been focused on in Islamic countries and although clergymen preach collectively, no regular schedule is available for individual care for those who are spiritually unhealthy (6).

Unlike people who focus on secondary prevention and using mental health until patients better cope with their diseases, we rely on primary prevention and then early prevention because this type of prevention leads people to be less affected to mental and physical diseases. To achieve this goal the spiritual health of fathers and mothers before conception, during pregnancy and spiritual health in the early years of a child's life are very important.

The role of health personnel in providing spiritual health care services

Human health includes physical, social, mental and spiritual dimensions and medicine is perfect when all aspects of health and defects are considered by practitioners and they attempt to remove them. Paying attention to human dignity and communicating with them, taking into account the origin and source of health that is God, and paying attention to the role of the doctor who should know himself as a means to improve all aspects of human health, are among the responsibilities and duties of the physician.

To promote mental health in the community and for healthy people who refer to the doctor to make sure of their health as well as patients, the role of the health team members can be expressed in the following cases:

1- Environments providing health care services: the environments must have the structure and appearance of Islamic environments and health personnel serve their clients with proper Islamic behavior. Nurses, secretaries and those in the environment must treat people (especially the lower social class) with Islamic compassion and affection. The environments should be such that the client feels the importance of spirituality through a

prayer hall, reading the Koran and Islamic abundance of recommendations in relation to health (written, video, movies). These environments will be effective in increasing people's spiritual beliefs.

- 2- Health personnel's attention to spiritual health: Members of the medical team from health personnel to specialist should be familiar with mental health issues and apply them properly. When healthy and sick people see them, members of the medical team should pay attention to promote spiritual well-being of patients.
- 3- The method of providing spiritual health care services: At the stage of providing health care services there is no need to measure the spiritual health through questionnaires or medical history but paying attention to the speech and gestures of the clients sensitization is required, and the health team should use every opportunity for this purpose.

Training packages should be provided to educate the public and training should be started from the first levels of health. Training packages in special cases (pregnancy, obese people, diabetics, and people with heart disease) must be provided by teachers, based on religious and scientific evidence.

Although a practitioner should not directly ask religious questions, but he/she should have the sensitivity and pay attention to intervene and help patients when necessary. The health team members should be able to reduce the stress of a patient or his/her close relatives, such as parents, as much as possible to be better prepared to provide self-help and service to family. Some patients are involved in spiritual diseases in difficult conditions. For example, monotheistic beliefs of a person may be weakened due to illness or incident. In such cases medical staff with the help and advice of the clergy should be able to remove people from this spiritual crisis.

4- **Self care**: In Islam, self-assessment and self-care are recommended (O you who have believed, upon you is [responsibility for] yourselves.) (7). One must be able to perform self assessment and calculation of his/her soul. One must know which moral and behavioral characteristics are signs of spiritual health and

know a sound heart as a heart that there has nothing in it except God and strive to achieve this exalted stage. He must know sick heart symptoms such as envy, hatred, arrogance and anger and risky behaviors such as addiction, laziness and factors removing spirituality. They should search the symptoms in themselves and avoid them. As self-care and attention to the prevention tips are important in physical, mental and social health aspects, self-care is a very important element in continuity human spiritual health. Health personnel encourage patient to health care in all areas and to support them as much as possible.

Empowering health personnel in the area of spiritual health

In general, health personnel must know spiritual health as one of the health aspects during a complete training. Unfortunately, at present, education in the faculties of medical groups is focused on physical factors and, to a lesser extent, on social and psychological factors and there is no compiled education about spiritual health.

The spiritual health issue should be added to the educational curriculum of medical sciences and its theoretical and practical aspects should be taught properly. Also, spiritual health topics should be included in continuing education programs of medical practitioners.

Paying attention to spiritual health in education requires proper curriculum planning. The document on the development and modernization of the medical education system of the Ministry of Health and Medical Education has referred to the following: The university should be a factory for humanization. The training of wise, capable, creative, self-confident, free people should be focused by our higher education system (8). The principles of the development and modernization of the medical education system of the country are as follows: Godliness and sincerity of actions in the direction of divine satisfaction, paying attention to human dignity and all human areas, material, and spiritual domain (8). Therefore, proper guidance has been provided by practitioners and policy makers of the country's medical education in writing the program for the growth and excellence of spiritual health education. Within the framework of the medical education system, in clinical and theoretical education, medical students, especially medical, nursing, midwifery students should be introduced to the topic of spiritual well-being as one of the important dimensions of health, lifestyle and life satisfaction to have a more comprehensive look at the client and to provide them with a more complete and appropriate service and care in keeping with human and moral dignity.

The role of spiritual health consultants

A limited number of members of the health team are aware of some of the spiritual problems of the patient. However, most health service providers generally do not intervene in spiritual care for those with spiritual problems; rather patients are referred to clerics and those who are skilled enough. This is also true for other aspects of health. For example, a person with schizophrenia is first diagnosed with a general practitioner or an expert but he does not treat this patient and sends him to the psychiatrist. Similar to this kind of action, an early diagnosis and then reference are also made for the problems of spirituality. Obviously, the patient's willingness advance this satisfaction to process is important. The difference is that physical or mental patient is referred to diagnose and treat by himself or by others and so he will collaborate on questions and answers and on everything, but it is not the case in matters of belief. There are many delicacies, and expectations from the medical staff should be limited.

Spiritual counselors should be spiritual individuals who, in addition to having full knowledge of the main religious issues, have the information and the full potential of various interventions to correct the spiritual problems of humans. Having proper behavior, connecting with the patient, applying methods of boosting spirituality and psychological and communication abilities are essential.

Conclusion

Considering the importance of the dimension of spiritual health and its impact on other dimensions of health and the need to institutionalize attention to this aspect of health in the health system, the establishment of necessary arrangements for familiarizing health system staff with this subject and the necessary training on how to provide spiritual care are essential. In addition to the changes in the content of the training courses and the creation of the necessary framework for the provision of care and spiritual counseling, the cooperation of the clergy is also indisputable.

Conflict of interest

The authors declare that there is no conflict of interest.

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No

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