

Research Paper

Explaining the Religious Strategies of Parents and Nurses of Infants Admitted to the Neonatal Intensive Care Unit: A Qualitative Study



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ABSTRACT

Background and Objectives: Paying attention to religious beliefs is not a new approach but has attracted the attention of various scientists for many years, both to analyze the reasons for turning to religion and in the direction and manner of its impact on behavior. The more people pay attention to strengthening their beliefs, religious beliefs, and religious behaviors, the better they can protect themselves from psychological harm. Therefore, this study aims to explain the religious strategies of parents of infants admitted to the neonatal intensive care unit (NICU).

Methods: This qualitative study was conducted in 2020. The statistical population included parents and nurses. The research sample was selected by purposeful sampling, including 16 mothers, 6 fathers, and 6 nurses. Data were collected via in-depth quasi-structured interviews. Data analysis was performed by conventional qualitative content analysis.

Results: Data analysis was obtained in three categories, search for hope and trust in God (2 categories), neglect of the health team to the spiritual needs of parents (2 categories), spirituality, and coping with illness (2 categories).

Conclusion: The results of this research can be useful at both theoretical and practical levels. The present study helps to improve healthcare team knowledge about parents' religious strategies in the NICU. Educational interventions should be performed to familiarize nurses with the correct communication with parents' religious beliefs.

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Introduction

No stage in the family cycle causes profound changes, but the birth of a child, and the birth of a high-risk baby make the family experience a challenge and a feeling of emptiness [1, 2]. The neonatal intensive care unit (NICU) is a special unit, which provides medical treatments and nursing care are provided for critically ill patients [3]. Technological and scientific advances have led to an increase in the survival rate of low birth weight preterm infants in neonatal intensive care in recent decades [4].

Most studies have shown that parents of sick infants suffer more stress than parents of term and healthy infants. Infant hospitalization in the intensive care unit causes many emotional problems for families. Their severe anxiety is due to the infant's illness, the child's suffering, and the intensive care environment unfamiliar to them [5]. In such situations, the goal of medical care is not only the treatment of the patient and their symptoms, but also the holistic care approach and attention to issues, such as beliefs, culture, and religion [6]. The more people pay attention to strengthening their beliefs, religious beliefs, and religious behaviors, the better they can protect themselves from psychological harm [7].

Over the past 25 years, much emphasis has been placed on spiritual care. Spiritual needs are an essential component of chronic care [8]. Religion is related to a power superior to God, and an organized nature, and includes certain customs and rituals [9]. Spirituality includes communication with self, others, nature, and God. Spirituality permeates all aspects of life and becomes a part of the whole person. Spirituality is a broad term that can include religion [10]. Attention to religious beliefs is not a new approach, but it is a subject that has attracted the attention of various scholars for many years, both to analyze the reasons for turning to religion and in the direction and manner of its impact on behavior [11]

Prayer means seeking help from the infinite power of God, which causes a feeling of peace [12]. Various quantitative studies have shown the effect of Quran and religion and spiritual health on mental health [13, 14]. Although one of the critical principles in evidence-based care is the attention of the care team to spiritual and religious strategies, various studies in Iran and the world showed that the care team neglected such a crucial need of patients [15-17].

In the care field of Iran, attention to spirituality in intensive units is very little, while the first step in providing spiritual care is to identify the spiritual needs and strategies of patients [18]. Parents use many religious strategies for hospitalized infants due to the critical conditions of infants and their impact on families in the NICU. Then identifying religious needs and strategies can help in planning appropriate interventions to improve the quality of care for infants and families [19]. On the other hand, qualitative research helps to understand people's experiences and needs in the cultural, social, and care context [20]

Most studies on the impact of religion and spirituality on spiritual health are quantitative. No qualitative study in Iran has looked at the in-depth study of explaining the religious strategies of parents of infants admitted to the NICU from a holistic perspective as a religious, cultural, and health phenomenon. Of course, the care team's awareness of religious strategies helps them to cope with stress and crisis by strengthening their parents' religious beliefs. Therefore, this study was conducted to explain the religious strategies of parents of infants admitted to the NICU.

Methods

The present study was conducted by conventional content analysis approach. In analyzing the contractual content, the researcher allows the categories to appear from the data. This approach is used to describe the phenomenon [21]. The researchers started sampling after getting the code of ethics and receiving the introduction letter to start working in the hospital.

Data collection

Study participants, including parents and nurses, actively participated in the study with informed consent. A total of 28 participants participated in the study, including 16 mothers, 6 fathers, and 6 nurses. The inclusion criteria for parents included willingness to participate in the study at least 24 hours after the infants' admission to the NICU. The inclusion criteria for nurses included having at least 6 months of work experience in the NICU and the desire to participate in the study. The exclusion criteria for all participants included unwillingness to participate in the study. Sampling continued until data saturation.

Before starting the research, the objectives of the research were explained to the participants, and after obtaining the consent form, the data was collected through a quasi-structured interview. Interviews with parents were conducted with the open question (Table 1). The interview with the nurse was conducted with the open question "Please explain. Probing questions were used in the continuation of the interview. To obtain more accurate data during the interview, the researcher will pay attention to the purpose of the interview, provide feedback, gain trust, and avoid inducing opinions to the interviewee, and not correcting the interviewee's statements. The average interview duration was 50 minutes. Sampling data collection and interviews will continue until the researcher receives data saturation. Data saturation means that participants do not raise any new issues or facts and the information received is repetitive.

Data analysis

Interviews and data analysis were performed simultaneously. The conventional content analysis method was used to analyze the data in this study. The process of qualitative data analysis was performed based on the steps proposed by Granheim and Landman [21].

In this study, using content analysis, after reading the interviews several times, first the interviews were written word by word, and then the obvious and hidden concepts were identified. Then these concepts were coded, summarized, and classified, and main categories were extracted. The codes were discovered based on meaning units taken from the participants' descriptions and then divided into different sub-categories based on differences or similarities. The classification was done in such a way that each code is only in one code. Then, by constantly comparing the sub-categories and, consequently, their appropriateness and similarity, each one replaced the categories. Finally, by comparing the categories and thinking about it, the main categories were obtained.

Data trustworthiness

The four Guba and Lincoln criteria were used to ensure the trustworthiness of the research [22]. The researcher's long-term involvement, the researcher's contact, and communication with the research environment and relevant authorities and participants helped to gain the participants' trust and also helped the researcher to understand the research environment. Participants' review was used to confirm the accuracy of the extracted data and codes. To review the observers, the text of some of the interviews, the codes, and the extracted categories

were reviewed by two faculty members in addition to the researchers, and 90% agreement existed among the extracted results. The researcher also shared the results with some of the parents who did not participate in the study, and they confirmed the appropriateness of the results. The fifth criterion is the ability to conduct qualitative research, in which the researcher has had the experience of conducting several qualitative studies.

Results

A total of 28 participants, including 16 mothers, 6 fathers, and 6 nurses, participated in the study. The mean age of mothers was 33, the mean age of fathers was 44 years, the mean age of nurses was 44 years with the mean work experience of nurses 20 years, and the mean work experience in neonatal intensive care was 8 years (Table 2).

A total of 185 primary codes, 6 subcategories, and 3 categories were extracted from the research data. Data analysis was obtained in three categories, search for hope and trust in God, neglect of the health team to the spiritual needs of parents, spirituality, and coping with illness (Figure 1).

Search for hope and trust in God

This category consisted of two subcategories, searching for hope and trust in God, reading the Quran, and praying. Most parents sought hope and trusted in God by hospitalizing their children in the NICU. When the infant was admitted, the parents felt relieved by praying and reading the Quran.

A mother said about this: "When my child was hospitalized, we were very worried and we were constantly sad, but well, well or we have to make everything to see what God wants..." (Mother 4).

When I saw my baby under the complicated machines, I was very scared. At first, I cried, but after reading the Quran and praying, I felt better. I prayed and said the names of God and the prophets..." (Mother 9).

A father said: "When my child was hospitalized, I felt very lonely. I went to a holy place in our village, I prayed, and I cried, and I helped the poor people with some money until I calmed down..." (Father 4).

Table 1. Interview guide

Participant	Example Semi-structured Interview Guide	Probing Question
Mothers and fathers	What do you do when a baby is admitted to the NICU? What religious strategies do you use when a baby is admitted to the NICU? How do religious strategies help you?	- Can you explain more? - Please give me an example. - Please give me more information.
Nurses	Can you explain religious strategies? What are the religious strategies of the parents of the hospitalized infant in the NICU? What are the benefits of knowing parents' religious strategies for the care team?	- Can you explain more? - Please give me an example. - Please give me more information.

NICU: Neonatal intensive care unit.



Neglect of the health team to the spiritual needs of parents

This category included two subcategories, ignorance of parents' spiritual needs, and ignorance of religious beliefs. Most parents stated that nurses and doctors are not aware of their spiritual needs, on the other hand, nurses stated that they do not have special methods and skills to assess parents' spiritual needs. Most parents seek communication with the care team in search of this need.

Nurse said: "Most of the mothers ask us to put the Quran and verses on the baby's head. They believe that by placing the Quran and praying, their child will get well soon" (Nurse 3).

A mother said: "We gave a piece of green cloth to the nurses and told them to tie the bandage on the baby's hand. They said this is a special care unit and it is sensitive and causes infection" (Mother 8).

Another nurse said: "We don't know what to do with parents' religious beliefs and what is the correct approach, how to evaluate spiritual needs and what is the right thing to do" (Nurse 5).

Spirituality and coping with the child's illness

This category included two subcategories of effort and hope for new healing and the use of spirituality.

Most parents were looking for a new treatment for their baby in the NICU. Most parents said that praying and communicating with God helped them solve problems. And this hope in God increased their efforts to heal.

A nurse said in this regard: "Most parents regularly ask the doctor and nurse if a new treatment has come for the infant or not. They use religious methods, such as prayer. Many of them after religious actions feel better.

This hope makes them try. Strong faith makes it easier for them to adapt" (Nurse 2).

Another father said: "I tried very hard to treat the baby, I asked other doctors, it was very difficult, at first it was harder, nobody helped me but God helped us to be able to endure these difficulties, we still hope in God." (Father 2).

Another mother stated: "At first I cried a lot, but it was God's will. We are satisfied with his satisfaction. I am sure that God is not alone with us" (Mother 3).

Another mother stated: "At first I was ungrateful, but then my relationship with God increased. I have a secret from God and I need the situation not to get worse, therefore I ask God for help. If I did not have these beliefs and faith, I would not be able to cope with all these problems" (Mother 5).

Discussion

Data analysis was obtained in three categories, search for hope and trust in God, neglect of the health team to the spiritual needs of parents, spirituality, and coping with illness. Infant hospitalization has adverse psychological consequences for the parents in the NICU [23]. Hope and trust in God and prayer and spirituality can bring inner peace to parents by creating hope and encouraging positive attitudes. Believing that God who controls situations and oversees worshippers can help families come to terms with their child's illness. The results of other studies confirmed this result. A study conducted by South Asians living in the United States found that private religious and spiritual practices, such as prayer, belief in God, and thanksgiving were associated with mental health [24].

The results of the current study showed that the care team does not care about the parents' beliefs and religious needs. Various studies confirmed our result [15-

Table 2. Characteristics of participants

Participants	No.	Age (y)	Experience (y)	Experience in NICU (y)
Mother	16	33	-	
Father	6	44	-	
Nurse	6	44	20	8

NICU: Neonatal intensive care unit.

17]. Meanwhile, a researcher stated that it is essential to pay attention to the spiritual needs of parents in special care units and their beliefs should be respected [25]. Also, in emphasizing this importance, the results of a systematic review showed that one of the standards of care is the initial assessment of spiritual needs to provide appropriate intervention [26], another research results recognized that healthcare team should improve their knowledge about religious strategies in intensive units [19]. Therefore, the training of nurses and the care team is essential in examining the spiritual needs of parents and proper communication with their religious beliefs.

The results of the current study showed that parents use strategies to seek hope and spirituality. Other studies were consistent with our study. The results of a study showed that high levels of religion and spirituality promote mental health [27]. A direct relationship is observed between physical health, spiritual health, and prayer [28]. Because prayer therapy is one of the treatment methods through which a spiritual and spiritual connection is created between a person in need and God, this connection causes renewal of spirit and elimination of despair, which is effective in accepting illness and reducing the level of anxiety [29]. Our result showed that religious strategy can help parent to cope with infants' hospitalization. The results of a study showed that nurs-

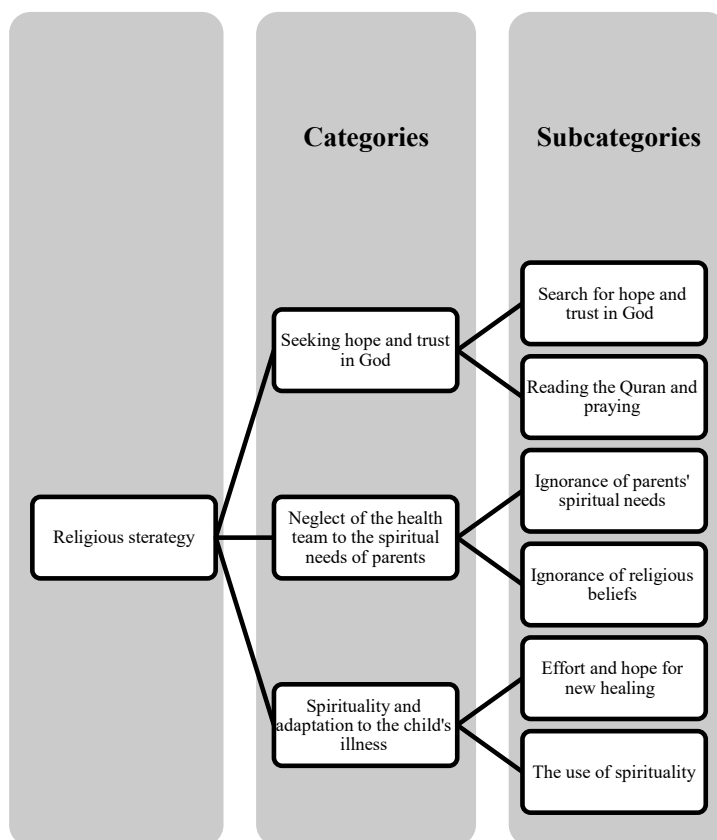


Figure 1. Categories and subcategories

es need to identify parents' religious strategies to adapt them to infant hospitalization in the intensive care unit [30]. Different studies showed that religious strategies help adapt to diseases and crises, which confirmed our results [31, 32]. It is necessary for nurses and the care team to be familiar with these strategies to help patients adapt to critical situations. While researchers stated that spirituality and religion can be used as a stressor, or as a source for developing satisfactory relationships [33]. It can be said that these contradictions are due to cultural differences because the results of a study showed that when examining religious strategies in different countries, it is necessary to pay attention to their cultural and social contexts [34]. This is a qualitative study that cannot be generalized to other societies. This study was conducted in Iranian Muslim society and showed a need for the care team to identify the spiritual needs of the patients. It is necessary to conduct more studies in the field of preparing a tool to assess the needs of parents with babies hospitalized in the care department. Also, educational interventions should be done to familiarize nurses with the correct communication with parents' religious beliefs.

Conclusion

Data analysis was obtained in three categories, search for hope and trust in God, neglect of the health team to the spiritual needs of parents, spirituality, and coping with illness. The results of this research can be useful at both theoretical and practical levels. The present study helps to improve healthcare team knowledge about parents' religious strategies in the NICU. Each of the themes obtained in the present study has potential therapeutic goals to enhance existing interventions and design future interventions. Practically educational interventions should be done to familiarize nurses with the correct communication with parents' religious beliefs.

Limitations

The sample recruitment approach and the nature of the study limited the ability to generalize the presented results. However, the purpose of these studies is not to generalize.

Ethical Considerations

Compliance with ethical guidelines

The present study was approved by Islamic Medicine Research Committee, [Shahrekord University of Medical Sciences](#) (Code: IR.SKUMS.REC.1397.103). Par-

ents and nurses interested in participating in the study were interviewed after obtaining their informed written consent. They were informed about the objectives of the study and told that they could leave the study at any time. In addition to obtaining permission to record audio, the confidentiality of the information was also ensured.

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Authors' contributions

Conceptualization: Haydeh Heidari, Forouzan Ganji and Amirgholi Jafari; Methodology and data analysis: Haydeh Heidari and Marjan Mardani, Investigation: Maryam Omid; Writing original draft: Haydeh Heidari and Marjan Mardani; Funding, data collection, review and editing: Haydeh Heidari.

Conflict of interest

The authors declared no conflict of interest.

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