Experience of heart failure patients’ in meeting spiritual needs during hospitalization: a Muslim perspective

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ABSTRACT

**Introduction:** Spirituality plays an essential role in the care of heart failure (HF) patients. However, little is known about whether a patients’ spiritual needs have been met during hospitalization. This study aimed to explore the experience of HF patients in meeting spiritual needs during hospitalization.

**Methods:** The study was conducted at a governmental hospital in East Java, Indonesia, using a descriptive exploratory design with a qualitative approach. The population of this study was patients with HF who were obtained through a purposive sampling technique. The data were collected from fifteen participants through interviews and field notes.

**Results:** The thematic analysis resulted in six big themes, which are perception about spirituality, the form of spirituality, the importance of spirituality for patients, obstacles in meeting spiritual needs, patient’s perception of the nurse’s role, and patients’ hope.

**Conclusion:** Muslim HF patients perceived that spirituality and religiosity were an integral part. Nurses should help patients meet spiritual needs by reminding and facilitating worship as a form of HF Muslim spirituality.

**Keywords:** heart failure, patient’s experience, spirituality, spiritual needs.


INTRODUCTION

Heart failure (HF) is a syndrome of abnormal structure and function of the heart that causes inadequate cardiac pumping, resulting in inadequate tissue perfusion.1 HF is a global threat where the prevalence and burden of health loss increase, especially in the elderly and people of low to medium socio-demographic areas. The global prevalence of HF is 64.34 million with 346.17 billion USD expenditure.2 The prevalence of HF in Indonesia based on medical doctor’s diagnosis was 0.13%, and based on symptoms was 0.3%.3

Patients with heart failure (HF) have a different spiritual trajectory from other chronic diseases. The course of HF results in a spiritual concern and a unique pattern of spiritual well-being when compared to other illnesses.4 Studies have shown that spiritual well-being in HF patients reflects a decline in physical patterns, which become essential interacting factors in the illness experience.5-7 Although there was an overall decline in spirituality during the physical deterioration phase, the relationship between both of them fluctuated throughout the early, middle, and terminal stages of the disease.8,9

The unpredictable clinical trajectory made patients struggle with spiritual problems and their illness’s physical and emotional challenges.8 Approximately half of the patients with HF reported unmet spiritual needs and expressed a strong enough desire to be fulfilled by the health care professionals.10 Studies on other cardiovascular patients in acute settings reported barriers to spiritual activities during hospitalization.11 Nurses considered psychosocial and spiritual problems could be ruled out because physical problems were more life-threatening than psychosocial and spiritual problems. Contrarily, patients revealed that they needed a nurse to help with their physical problems and psychosocial and spiritual needs.11,12 However, little is known about whether a patients’ spiritual needs have been met during hospitalization. This study aimed to explore the experience of HF patients in meeting spiritual needs during hospitalization.

METHODS

**Study design**

This study used a descriptive exploratory design with a qualitative approach to explore the experience of HF patients in meeting spiritual needs during hospitalization. Exploratory research was chosen because it explores the individual’s perspective about the actual situation faced.13

**Setting and participants**

Participants were recruited through a purposive sampling technique from a cardiac outpatient clinic at a governmental hospital in East Java, Indonesia. Participants were eligible for this study if they met the following criteria: 1) have been diagnosed HF by the doctor with NYHA class I-III, 2) have been hospitalized before because of HF, 3) able
to communicate verbally using Bahasa/Javanese, and 4) willing to participate in the study. Participants were not eligible if they needed intensive care or had a mental disorder. The researcher searched for HF patients by looking at the outpatient clinic computer. A total of twenty-one HF patients were recruited during this study. Five patients were excluded because they had never been hospitalized. Sixteen patients who met the criteria were contacted while waiting for the doctor’s examination. They were informed about the purpose, risks, and benefits of the study. Only fifteen participants agreed to participate in the study, then they were asked about the place and time for the interview. Participants’ identities are hidden in codes of letters and numbers to maintain confidentiality. The information presented in the report is only data related to the research.

Data collection
Data were collected using semi-structured interviews during July 2020 in the hospital setting. The participants were asked using open-ended questions, such as:
1. “In your opinion, what is meant by spirituality?”
2. “How important were the spiritual needs for you when you were being hospitalized?”
3. “When you were hospitalized, were the spiritual needs met? By whom? Who helped you to fulfill those?”
4. “How is the role of the nurse in meeting your spiritual needs?”
5. “What do you think about how should spiritual care be for HF patients, especially during hospitalization?”

The first author arranged the questions from a prior study about developing the spiritual care model in patients with HF. Before conducting the interview, the researchers conducted a pilot test of interview guidelines to several HF patients who were not included in the participants of this study. Words that are poorly understood and unclear are corrected. The interviews lasted 15-45 minutes and were conducted face-to-face by the third (DAA) and the fourth authors (ASA), who have previous experience in qualitative research. During the interviews, the researchers implemented strict health protocols using a mask, face shield, and distance due to the COVID-19 pandemic. Data was recorded by using two portable voice recordings. The sample size in this study was according to the data saturation. All participants completed the interviews, and in the fifteenth participant, the data had been saturated.

Data analysis
The recording data were transcribed verbatim by DAA and ASA. After transcribed, the first author (FO) conducted data analysis using thematic analysis supervised by the second (AY) and third authors (NDK). Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) from data (2). There are six steps for conducting this analysis, including 1) familiarising with the data by actively reading and re-read, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. The researchers who conducted the data analysis were experienced nurses specializing in cardiology, psychiatric, and holistic nursing. To maintain the trustworthiness of the data, researchers arranged to give a copy of transcribing to the participants for the data affirmation.

RESULTS
Fifteen HF patients participated in this study. The participants’ characteristics are shown in Table 1. All the participants were Muslim, with a mean age of 59.6 (38-75). Most of the participants were male, not educated and finished junior high school, married, admitted to the hospital for the first time, had a range time since HF diagnosis 2-84 months, and NYHA class I.

Six big themes were generated from the study based on the thematic analysis, as shown in Table 2. They were perceptions of spirituality, the form of spirituality, its importance for patients, obstacles in meeting spiritual needs, patients’ perception of the nurse’s role, and patients’ hope.

Theme 1: Perceptions of spirituality
Patients perceived spirituality as a belief, religious activities, and transcendency. Some patients with a solid Javanese cultural background perceived spirituality as believing in supernatural things, such as objects with power. Some other patients also stated that spirituality was related to believing in Allah’s power that governs life.

“I think it is hanging on unseen things.” (P1)

“The power that governs our life is Allah. Allah is number one. If we want to be healthy, we must go to Him.” (P3)

Most patients perceived spirituality as religious activities. They mentioned that spirituality was a similar meaning to religiosity and related to worship to God. Patients also revealed that spirituality was a connection with Allah, and spiritual need was the need inside the soul.

“Spirituality is religiosity. Spiritual need is related to the worship to God.” (P15)

“Spirituality is a connection with Allah, and the spiritual need is the need inside the heart through the soul.” (P5)

Theme 2: Form of spirituality
Most patients perceive spiritual activity during illness as a religious activity associated with ma‘lidhah worship (directly related to God). Some patients stated that they could still perform worship when sick in various forms such as prayer, remembrance, and du’a. Some patients also said that they could still perform ablution (wudhu or tayammum) before praying, as stated by the following patient:

“It is only two days. At that time, the prayer was for a few minutes. I cannot pray with stand up, so just do what I can.” (P4)

“What I do is not worship using body limb movements because I cannot. However, my heart is always remembered, continues to istighfar. I ask for healing.” (P3)

“I can still perform wudhu before praying with the help of my wife and daughter.” (P3)

“During hospitalization, I cannot perform wudhu, just tayammum because I had been installed infusion.” (P12)

Theme 3: Importance of spirituality for patients
Patients considered that spiritual activity was vital for them, especially when they
were sick. They hoped that their wishes would come true. In addition, they also considered that spiritual activity was an obligation that might be done. It could be seen from the following patient’s statements:

“It is very important, because Allah said, “pray to me I will answer,” so every time I always ask Him. Most people pray because they are afraid of going to hell and hoping for heaven, I do not, because I feel I have an obligation.” (P1)

**Table 1. Participants’ characteristics.**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age, years (range)</td>
<td>59.6 (38-75)</td>
</tr>
<tr>
<td>Sex (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10 (67)</td>
</tr>
<tr>
<td>Female</td>
<td>5 (33)</td>
</tr>
<tr>
<td>Education (%)</td>
<td></td>
</tr>
<tr>
<td>Not educated</td>
<td>5 (33)</td>
</tr>
<tr>
<td>Elementary school</td>
<td>3 (20)</td>
</tr>
<tr>
<td>Junior high school</td>
<td>5 (33)</td>
</tr>
<tr>
<td>Senior high school</td>
<td>1 (7)</td>
</tr>
<tr>
<td>Higher education</td>
<td>1 (7)</td>
</tr>
<tr>
<td>Marital status (%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>15 (100)</td>
</tr>
<tr>
<td>Frequency of hospitalization (%)</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>9 (60)</td>
</tr>
<tr>
<td>Twice</td>
<td>4 (27)</td>
</tr>
<tr>
<td>more than twice</td>
<td>2 (13)</td>
</tr>
<tr>
<td>Mean time since diagnosis, month (range)</td>
<td>37 (2-84)</td>
</tr>
<tr>
<td>NYHA class (%)</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>11 (73)</td>
</tr>
<tr>
<td>III</td>
<td>4 (27)</td>
</tr>
</tbody>
</table>

**Table 2. Themes generated from the study.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Subthemes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believe in the unseen</td>
<td>Belief</td>
<td>Perceptions of spirituality</td>
</tr>
<tr>
<td>Believe in the power that governs life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to religion</td>
<td>Religiosity</td>
<td></td>
</tr>
<tr>
<td>Connected with God</td>
<td>Transcendence</td>
<td></td>
</tr>
<tr>
<td>Related to the soul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prayer</td>
<td>Worship</td>
<td>Form of spirituality</td>
</tr>
<tr>
<td>Du’a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dhikr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wudhu</td>
<td>Ablution</td>
<td></td>
</tr>
<tr>
<td>Tayammum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wish come true</td>
<td>Means of getting God’s mercy</td>
<td>Importance of spirituality for patients</td>
</tr>
<tr>
<td>Feeling as obligation</td>
<td>An obligation</td>
<td></td>
</tr>
<tr>
<td>Forbidden to touch the water</td>
<td>Wrong perception</td>
<td></td>
</tr>
<tr>
<td>Not an obligation for the sick</td>
<td>Physical condition</td>
<td></td>
</tr>
<tr>
<td>A severe condition during hospitalized weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconsciousness</td>
<td>Lack of nurse’s role</td>
<td></td>
</tr>
<tr>
<td>Not remind worship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not facilitate worship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only giving medication</td>
<td>Focus on the patient’s physical needs</td>
<td>Patient’s perception of the nurse’s role</td>
</tr>
<tr>
<td>Motivate the patient to obey the doctor advise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worship is a patient’s business</td>
<td>Personal business</td>
<td></td>
</tr>
<tr>
<td>Reminding for worship</td>
<td>Play a role in meeting the spiritual needs</td>
<td>Patient’s hope</td>
</tr>
<tr>
<td>The patient’s spiritual needs need to be met</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The patient also conveyed other obstacles because the role of nurses was lacking in reminding and facilitating worship.

“As far as I remember, the nurse never reminded me to pray.” (P4, P5, P7, P9, P10, P14)

“The nurse told me to drink warm water, taught me how to urinate and defecate. However, for spiritual matters, never remind and teach.” (P8)

“There were no facilities here. I have never been asked, this person was Muslim or not. I only prayed alone with the help of my wife and children. So might the hospital did not pay attention to this.” (P12)

**Theme 5: Patient’s perception of the nurse’s role**

Most hospitalized HF patients rarely expressed or requested that nurses meet their spiritual needs because they perceived that the nurse’s job only focused on the physical needs and not being responsible for their worship (spiritual) affairs.

“Nurses only focused on the patient’s health problems.” (P10)

“The nurse only checked and gave the drug injection.” (P13)

“Never helped prepare ablution water because it was not asked for. That (ablution and prayer) was a personal matter for each, not someone else’s. The nurse reminded us it was time to sleep, take medicine. However, not for prayer, because that was another task.” (P3) (P11).

**Theme 6: Patient’s hope**

The patients expressed their hope that the nurse would play a role in meeting the spiritual needs of the patients in the form of reminding worship. In addition, the patients also expressed their desire that their spiritual needs could be met.

“In my opinion, not only nurses, all health professionals ought to remind patients to worship during hospitalization.” (P1, P2)

“It might be that those related to spiritual needs were still lacking. Because of that, they needed to be improved. For medical matters, it was good enough. I think healing is not only from medical but also spiritual.” (P12)

**DISCUSSION**

The purpose of this study was to explore the experience of HF patients in meeting spiritual needs during hospitalization. All participants considered that spiritual needs were essential to be met. Some participants experienced that they could still fulfill their spiritual needs during hospitalization, but others could not for several reasons. Spirituality in the context of HF Muslim patients leads more to religiosity. This finding is expected to help nurses in providing the proper spiritual intervention for them.

**Perceptions of spirituality**

Participants in our study reported various perceptions about spirituality. Most of them perceived that spirituality is related to religiosity and worship activities to get closer to God. In the spiritual context of Islam, there is no dichotomy between religiosity and spirituality. Islam considers that ritual worship (as a form of religiosity) is a framework for achieving spirituality. A devout Muslim will always try to get closer to Allah as the Almighty in the form of increasing worship, both in a mahdihah (direct relationship with God) and ghairu-mahdihah (related with fellow humans and the environment). Thus, it is difficult to separate the spiritual perception of a Muslim from his religious context. This finding is similar to the study in Norway's old age population, where Christianity has influenced the philosophy of life of the participants. The study concludes that religiousness cannot be separated from spirituality. It shows that religion plays an essential role in the formation of meaning and implementation of spirituality.

However, there was a patient who perceived that spirituality is related to supernatural things. It is more influenced by the background of the patient, who comes from a Javanese ethnicity. In Javanese society, there is a set of spiritual practices and beliefs called Kejawen. It offers an esoteric understanding of religion and spirituality, which circulate mainly outside formal religious traditions. Some practitioners who incorporate other traditions into Kejawen belief, such as Hinduism, still believe that particular things have a supernatural power to be respected.

**Form of spirituality**

Most of the participants indicated that prayer is a form of implementing the fulfillment of spiritual needs. In the context of Islamic spirituality, prayer is an obligation for every Muslim, even in a state of illness. Quran Surah At-Taghabun verses 16, said that “So fear Allah as much as you are able and listen and obey and spend (in the way of Allah), it is better for your selves.” Muslims must pray five times a day, namely Fajr, Zuhur, Asr, Maghrib, and Isha. If they are not able to pray standing up, then sit down. If they cannot sit, then lie down. If they are not able to, then with an inner signal. Before praying, a Muslim must first purify themself, either by ablution or tayammum, for those unable to perform ablution. Some participants showed that they could still perform ablution, but most were unable and only performed tayammum. Tayammum is worship to Allah in the form of wiping the face and hands using a clean shal’t. Shal’d is the entire surface of the earth that can be used for tayammum, whether there is land on it or not. This finding indicates that some Muslim HF patients still try to fulfill their spiritual needs by performing obligatory prayers. It is different from HF patients who have other religions or beliefs, where they are more dependent on interventions provided by nurses or outsiders to meet their spiritual needs.

A study in HF Christian in Kenya showed that although church fellowship generally offered spiritual and social support, some patients felt let down by the church, which they perceived to favor those who offered more tithes.

**Importance of spirituality for patients**

Participants considered that spirituality was essential for them, especially when they were sick. Spirituality in the form of getting closer to God acts as a way to get grace and mercy from God for healing their illness. Islamic spirituality teaches that every situation ordained by God is good for every Muslim, including illness. The illness will bring good if faced with patience. Sickness will also wash away sins, gain God’s forgiveness, and bring salvation from hellfire. The findings in this study also showed that patients perceived spiritual needs as an obligation that must
be met. They assumed that even though they were sick, the obligation to worship God must still be done. The purpose of every Muslim’s life is to get closer to God and get God’s pleasure by doing what God wants to.14

The obstacle in meeting spiritual needs

Participants faced many obstacles in meeting spiritual needs during hospitalization, primarily because of their impossible physical conditions. Some patients were admitted to the hospital in critical condition and unconscious. Several patients also revealed that they could not move because of weakness and infusion or other tubes installed. Most HF patients are usually admitted to hospital in acute decompensated because of the worsening of the chronically ill, which typically includes difficulty breathing (dyspnea), swelling of legs or feet, and fatigue. Those conditions become a potentially serious cause of acute respiratory distress, which in turn causes unconsciousness.14 Moreover, in those conditions, they felt the lack of the nurse’s role in reminding and facilitating the worship. It is consistent with a previous study in HF patients that nearly half of the patients reported a high level of unmet spiritual needs and moderately strong feelings of constraint in doing so. Spiritual constraint and unmet spiritual needs were associated with poorer spiritual, psychological and physical well-being, but these effects vary, depending on patients’ desire to discuss spiritual needs.12 This finding was also similar to the study on other populations of diseases. A study in neuro-oncology patients showed that some patients with brain tumors report spiritual needs during their hospital stay, and some of these are not met by nurses.25 Another study in the ICU setting also reported that patients face many obstacles in performing religious rituals, including difficulty in prayer, confusion about prayer time, difficulty in performing ablutions before prayer and feeling dirty and impure, thus unable to perform prayer.11

In addition to the above obstacles, there was an obstacle in the patient’s wrong perception of the nurse’s instructions. He assumed that nurses forbade patients to bathe and touch the water. In contrast, nurses mean that patients are prohibited from going to the bathroom to reduce oxygen demand and avoid fatigue.26

Patient’s perception of the nurse’s role

Most patients assumed that nurses had no role in meeting their spiritual needs. They felt that spiritual needs were a personal matter and not a nurse’s obligation. The duty of nurses in their minds was only a task related to medication and improvement of physical condition. Most of the participants stated that they do spiritual activities with the help of their families, especially their wives and children, or by themselves. The nurse’s role should holistically take care of the patient’s physical, psychological, and spiritual problems. Compassionate care should involve serving the whole person, helping patients find meaning in their suffering, and addressing their spirituality.27

Patient’s hope

Participants mentioned that they needed that nurses were meeting their spiritual needs. They also stated that for optimum healing, need not only medication but also the role of spirituality. It is consistent with the previous study that HF patients reported moderately strong desires to have their doctor or other healthcare professional attention to their spiritual needs.22 Critical patients in ICU were also revealed that they need the nurse to help them with physical issues and psychosocial and spiritual needs.11 By understanding the patient’s expectations and spiritual needs, nurses are expected to provide more holistic care interventions to support the patient’s recovery.

Study Limitation

The limitations of this study are the inherent limitations of the qualitative study itself, for example, causal conclusions. The results of this study cannot conclude about the specific causes that state the problem of meeting spiritual needs due to hospitalization. However, the narration provided by the participants provides an overview of each other’s personal experiences regarding how they fulfill their spiritual needs. The experiences expressed by the participants were limited since this study was only conducted at one government hospital, so a larger scale study was needed to find out how the experiences of other patients in hospitals with different facilities were.

CONCLUSIONS

Muslim HF patients perceived that spirituality and religiosity were an integral part. Nurses should help patients meet spiritual needs by reminding and facilitating worship as a form of HF Muslim spirituality.

CONFLICT OF INTEREST

There is no conflict of interest.

FUNDING

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ETHICS APPROVAL

The study was approved by the Health Research Ethics Committee, Faculty of Nursing, Universitas Airlangga, in 2019 with letter number of No.1780-KEPK.

AUTHOR CONTRIBUTION

The first author is responsible for all the research processes, conducting the data analysis, and making the manuscript. The second and third authors supervised all the processes, advising research methodologists and academic writing for this publication. The fourth and the fifth author are responsible for conducting the interviews with the participants and transcribing verbatim.

REFERENCES


