International Journal of Gerontology 13 (2019) 293–297
https://doi.org/10.6890/IJGE.201912_13(4).0006

International Journal of Gerontology

journal homepage: http://www.sgecm.org.tw/ijge/

Original Article

The Determination of Spiritual Needs in Elderly, Hospitalised and Muslim Patients

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ARTICLE INFO

Accepted 8 April 2019

Keywords:
spirituality,
inpatient,
aged,
Muslim patients

SUMMARY

Background: Spiritual concerns are especially important for older people and those faced with their own mortality. This study was conducted to determine the spiritual needs and level of satisfaction of hospitalised patients aged > 75 years.
Methods: This descriptive study included patients aged > 75 years who were hospitalised in eastern cities of Turkey. Data including socio-demographic variables and spiritual needs were collected on questionnaires. The results were presented as frequency and standard deviation.
Results: The patients comprised 53.8% females and 46.2% males with a mean age of 79.5 ± 0.3 years, and 81.2% were illiterate. In respect of daily living activities, 18.8% were interdependent for bathing, and the interdependent rate was high for instrumental activities. The spiritual needs of the patients were defined as praying (96.3%), reading religious texts (96.3%), attending religious services (95.0%) and being together with family (91.3%). The rate of spiritual needs was determined to be high.
Conclusion: When it is considered that spirituality has a positive effect on the life hope of patients, spiritual care is more valuable than many medical interventions for elderly and terminally ill patients. Education and awareness of health professionals is important. Arrangements should be made in hospitals for the spiritual needs of patients to be met. Finally, more comprehensive studies are needed to examine spiritual care and effects.

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1. Introduction

Disease is not only a pathological state of structural and cellular dimensions, but is a process with mental, social, spiritual, environmental and psychosocial outcomes. For patients admitted to hospital, the time of the treatment process from admission to discharge can be difficult and traumatic. Within this process, patients can use different mechanisms to cope with the pain, discomfort and unknown situations that they experience. Of these mechanisms, religious belief is most strongly felt,which necessitates the fulfilment of spiritual requirements.

The World Health Organization defined palliative care as an approach which eliminates pain, and physical, psychosocial, spiritual and all other problems with early diagnosis and interventions, thereby resolving the problems of patients and their families related to life-threatening diseases.[1]

The meaning of life in Latin is defined as the result of knowledge acquired throughout life as a spiritual feeling, the relationships with oneself and others, one's place in the universe, understanding the meaning of life and making efforts for acceptance.[2–4] In a broad perspective, the spiritual view is a people-focussed care service that aims to strengthen the spirituality of individuals or patients (personal development, morals), increase attachment to life, be at peace with the internal (spiritual) world and remove fear.[3] The meaning of life and life experience is an area encompassing a broad dimension.[5,6]

Experiences and activities such as laughing, listening to music, reading books, walking, communicating, spending time with one's peers, seeing friends and family, praying and observing religious worship are evaluated in the context of a spiritual perspective for patients.[7] Every person has characteristics encompassing a spiritual area such as the cultural structure in which one was brought up and lives, speech and communication forms, healthy beliefs and practices, traditions and rituals and religious beliefs and practices. Almost all patients pray throughout thetreatment process, as required by their beliefs, and expect help and support from their beliefs and creator. With advanced age and disease status, the dependence on spiritual values increases and spiritual requirements emerge more.[7] In Turkey, the concept of spirituality is perceived as a requirement related to religion and the creator. In different societies, it has been seen that as age increases, so these requirements increase and there are more interventions to meet these needs.[8] Spiritual requirements within current medical treatment and care are an important element for patients. However, spiritual requirements have lagged behind physiological and psychological requirements and have been ignored by healthcare service providers.

It has been observed that, in patients whose spiritual requirements are met, the effect of physical treatment increases and the hope that is needed to regain health is not lost. During treatment, it is important to provide spiritual strengthening with music, group or

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religious treatments according to the life philosophy, beliefs and sociocultural characteristics of the patients. Recent studies have reported that spirituality during cancer treatment is a factor with a positive effect on mental health.[9–13]

In a study of cancer patients, hope was maintained as a result of spiritual coping in 93% of cases.[14] Cancer patients with a high level of spirituality have been shown to have low levels of depression and anxiety, better health habits and higher levels of hope and quality of life.[14] Studies which have stated the importance of including spirituality as an area open to development in clinical practices, conducting experimental studies and the evaluation of the effects, have shown promising results for patients requiring long-term treatment.[11]

In Turkey, the regulation on Patients Rights' (1998) stated that "precautions should be taken for religious obligations of patients." However, there have been no studies about spiritual care in hospital, except for a few studies about the views of nurses on spiritual carein Turkey, and the Turkish Presidency of Religious Affairs explains spirituality as a support for patients.[15]

The aim of this study was to determine the spiritual needs of patients aged > 75 years with a length of hospital stay of ≥ 30 days and the levels to which these needs were met in the clinics.

2. Methods

2.1. Study design and participants

This descriptive, cross-sectional study was conducted in state hospitals in 5 provinces of eastern Turkey (Bingöl, Muş, Elazığ, Batman, Bitlis). Patients aged ≥ 75 years who were hospitalised for treatment between 15 January and 15 June 2018 were enrolled in the study. The inclusion criteria were age of ≥ 75 years, at least 30 days of treatment as an in-patient, conscious and well-oriented, and willing to participate in the study. A total of 80 Muslim patients were included (Bingöl = 12, Muş = 18, Elazığ = 20, Batman = 20, Bitlis = 20). Patients were excluded if their length of stay in hospital was < 30 days, if the questionnaire was not fully completed, if they were unconscious or if they did not wish to participate in the study. We selected all patients from the hospitalised patients' registration systems and included all patients who met to inclusion criteria.

2.2. Data collection tools

After screening the relevant literature, a questionnaire was prepared by the researchers comprising 50 items related to the socio-demographic characteristics (age, gender, education, disease diagnosis, duration of treatment, dependency status, and belief status) and spiritual needs, and the extent to which they were fulfilled. Spiritual requirements were evaluated by listing and asking the question "Are these practices spiritual requirements for you?" to be answered as "yes" or "no". In addition, to determine the strength of the need felt for these requirements, the defined practices were evaluated according to a 5-point Likert response; 1 = I certainly do not need this, 2 = I need this a little, 3 = I am not sure, 4 = I need this a lot, and 5 = I certainly need this very much. The questionnaires were completed in face-to-face interviews with the researchers. Each questionnaire took an average of 30 minutes to complete.

The most frequently selected practices from the list of spiritual requirements were determined as: read a religious text (Koran), pray, count prayer beads, see happy smiling faces around me, attend religious services, be with family, talk about day to day things, talk with someone about spiritual beliefs, perform the Salaat (ritual prayers), think happy thoughts, be with people who share my spiritual beliefs, be with friends, be around children, laugh, have information about family and friends, sing or listen to music, read inspirational materials, and use inspirational materials.

2.3. Ethical approval

Permission for the study was granted by the management of the hospitals where it was conducted and approval was given by the Ethics Committee of Bingöl University (no: 2018/20). Written informed consent was obtained from all of the study participants and their next of kin.

2.4. Statistical analysis

Data obtained in the study were evaluated using SPSS 22.0 software. Results were presented as frequency and mean values. Data of spiritual requirements analysed correlated with sociodemographic characteristics and dependency status. The standard level of statistical significance at $p < 0.05$ was used.

3. Results

The patients included in the study comprised 53.8% females and 46.2% males with a mean age of 79.5 ± 0.3 years. Of the total patients, 81.2% were illiterate, 46.8% used a prosthesis, 16.5% were physically disabled and 51.2% were living with their extended family. The subjective perception of 32.5% of the patients of their own age was as advanced old age. Almost half of the patients had heart failure and a quarter were cancer patients, but the perception of health status was stated as at a moderate level by 52.5% (Table 1).

When the dependency status of the patients was evaluated, the rate of full dependency was high for activities of daily living (bathing, dressing, toileting needs). In the instrumental activities, the majority of the patients were fully dependent for laundry, cooking and housework activities. The level of dependency was determined to be lower for activities of daily living and higher for instrumental activities (Table 2).

The majority of patients defined practices related to religion as spiritual needs (pray, count prayer beads, read religious text).

Reading the Koran was reported as a spiritual need while in hospital by 95% of the patients, and the level of need was stated as 'I do not need this or I am not sure' with Likert response points of 2.98 ± 1.61. Praying and counting prayer beads were reported as spiritual requirements at a high rate and the level of need was reported as Likert response points of 4.18 ± 1.14.

Performing ritual prayers was stated as a spiritual requirement by 88.6% of the patients and the level of need was 'I am not sure or I need this' with Likert response points of 3.43 ± 1.58. Reading or making use of inspirational materials was defined as a spiritual requirement by approximately half of the patients but the Likert response points were at the level of ' I do not need this'.

No statistically significant correlation was determined between sociodemographic characteristics, dependency status and spiritual requirements.

4. Discussion

In recent years, there has been increasing interest in spirituality as a key structure in clinical psychology and other health sciences. New findings and examinations of religion and spirituality have shown a positive relationship in mental health outcomes as "spirituality is the aspect of human existence that gives a person humanity".

Table 1
The sociodemographic characteristics of the study patients.

Variables	N	%	Variables	n	%
Age (years)			Age perception		
75–79	42	52.5	Middle-aged	15	18.8
80–84	29	36.3	Old-age	39	48.8
85 +	9	11.3	Elderly	26	32.5
Gender			Prosthesis use		
Female	43	53.8	Yes	37	46.8
Male	37	46.3	No	43	53.2
Education status			Disability status		
Illiterate	65	81.2	Yes	13	16.5
Primary school	15	18.8	No	67	83.5
Marital status			Family structure		
Married	50	62.5	Nuclear	32	40.0
Divorced	30	37.5	Extended	41	51.2
Income status			Living alone	7	8.8
Retirement salary	26	32.5	Medical diagnosis		
Old age pension	38	20.0	Cancer	16	20.0
No income	16	47.5	Congestive heart failure	45	56.3
Hospitalisation duration			Chronic obstructive pulmonary disease	16	20.0
30–35 days	54	67.5	Other	3	3.8
36 days +	26	32.5			
Total	80	100	Total	80	100

Table 2
Level of dependence of the patients for daily living and instrumental activities.

Life activities	Independent n(%)	Partially dependent n (%)	Dependent n (%)
Bathing	46 (57.5)	19 (23.8)	15 (18.8)
Dressing	57 (71.3)	15 (18.8)	8 (10.0)
Toileting	62 (77.5)	10 (12.5)	8 (10.0)
Mobility	53 (66.3)	20 (25.0)	7 (8.8)
Incontinence	55 (68.8)	19 (23.8)	6 (7.5)
Nutrition	63 (78.8)	12 (15.0)	5 (6.3)
Total	**60 (75.0)**	**14 (17.5)**	**6 (7.5)**
Instrumental activities			
Telephoning	24 (30.0)	17 (21.3)	39 (48.8)
Shopping	23 (28.7)	20 (25.0)	37 (46.8)
Cooking	19 (23.8)	17 (21.3)	44 (55.0)
Doing housework	20 (25.0)	16 (20.0)	44 (55.0)
Laundry	19 (23.8)	12 (15.0)	49 (61.3)
Taking a bus	29 (36.3)	19 (23.8)	32 (40.0)
Taking medications	13 (16.3)	30 (37.5)	37 (46.3)
Managing money	18 (22.5)	23 (28.7)	39 (48.8)
Total	**18 (22.5)**	**21 (26.3)**	**41 (51.2)**

Table 3
The spiritual requirements defined by patients in the study

List of spiritual needs	Is the item a spiritual need for you?	
	Yes n (%)	No n (%)
Pray	77 (96.3)	3 (3.7)
Count prayer beads	77 (96.3)	3 (3.7)
Read a religious text (Quraan)	76 (95.0)	4 (5.0)
Attend religious services	73 (91.3)	7 (8.7)
Be with family	73 (91.3)	7 (8.7)
Talk about day to day things	72 (91.1)	8 (8.9)
Talk with someone about spiritual beliefs	71 (88.8)	9 (11.2)
Perform the Salaat (ritual prayers)	70 (88.6)	10 (11.4)
Think happy thoughts	69 (87.3)	11 (12.7)
Be with people who share my spiritual beliefs	68 (86.3)	12 (13.7)
Be with friends	66 (82.5)	14 (17.5)
Be around children	66 (82.3)	14 (17.5)
Laugh	65 (81.3)	15 (18.7)
Have information about family and friends	64 (80.0)	16 (20.0)
See happy smiling faces around me	62 (77.7)	18 (22.3)
Sing or listen to music	45 (56.3)	35 (43.7)
Read inspirational materials	41 (51.2)	39 (49.8)
Use inspirational materials	40 (50.0)	40 (50.0)

The meaning of life for a person is related to the structures that give direction and are involved in the significance of their existence. Determining spiritual needs and an awareness of these will assist healthcare personnel in understanding and implementing spirituality in clinical practices.[11]

The sociodemographic characteristics of the elderly individuals included in this study were consistent with the elderly status in Turkey and with the elderly profile defined in the framework of the national action plan.[16] The spiritual requirements of the elderly patients in the study were at a high level and the majority of these requirements included religious practices. Approximately two-thirds of the patients were independent in daily living activities, while half were dependent for instrumental activities. In patriarchal societies, respect for the elderly is directly related to the fulfilment of their basic living needs.[17] Elderly individuals who fulfil their own daily living needs are listened to within the family and society and exhibit a strong image which is accepted as leadership, and this is directly proportional to independence in daily living activities.

Reasons for inadequacy and dependence in instrumental activities may be a low level of education, living within the extended family, not working, and infrequent use of cognitive faculties. In addition, in a patriarchal society, fulfilling instrumental requirements by the young is accepted as a sign of respect. In contrast to expectations, no significant relationship was determined between sociodemographic characteristics and spiritual needs and therefore this situation could not be discussed. The most significant reason for this can be considered to be that the cultural characteristics of the 5 provinces in eastern Anatolia where the study was conducted are similar to each other and in these regions the religious beliefs and requirements are more intense than in other regions. A more conservative sect of Islam is mostly dominant in these regions.

The majority of patients reported almost all of the practices defined on the list of spiritual requirements as spiritual needs. The spiritual needs reported at the lowest level were listening to music

Table 4
The level of need felt for spiritual requirements.

List of Spiritual Needs	Mean ± SD*	Need rate (%)	Rate of need satisfaction (%)
Read a religious text (Quraan)	2.98 ± 1.61	95.0	91.1
Pray	4.18 ± 1.14	96.3	83.5
Count prayer beads	4.18 ± 1.14	96.3	83.5
See happy smiling faces around me	3.66 ± 1.32	93.7	75.9
Attend religious services	3.80 ± 1.46	91.3	84.6
Be with family	3.88 ± 1.30	91.3	87.3
Talk about day to day things	3.47 ± 1.44	91.1	83.5
Talk with someone about spiritual beliefs	3.68 ± 1.33	88.8	84.8
Perform the Salaat (ritual prayers)	3.43 ± 1.58	88.6	84.8
Think happy thoughts	3.61 ± 1.41	87.3	83.5
Be with people who share my spiritual beliefs	4.03 ± 1.30	86.3	84.8
Be with friends	3.50 ± 1.36	82.5	87.2
Be around children	3.58 ± 1.36	82.3	84.8
Laugh	3.53 ± 1.19	81.3	64.6
Have information about family and friends	3.62 ± 1.36	80.0	59.5
Sing or listen to music	3.17 ± 1.56	76.3	65.8
Read inspirational materials	2.13 ± 1.42	51.2	47.4
Use inspirational materials	1.87 ± 1.11	49.4	53.2

* Based on responses to Likert scale from 1 (never) to 5 (always).

or singing, reading inspirational texts and using inspirational materials. Praying, reading the Koran, attending religious services or participating in religious conversations, and helping those in need were reported to be the spiritual requirements most felt to be needed by the elderly patents. In a study by Ross, which determined the spiritual needs of elderly patients, religious requirements were the most predominant.[18] Throughout the world, religion is perceived as the largest component of the concept of spirituality. The need felt for religious practices increases with factors such as advancing age, a decrease in quality of life, having a chronic disease, approaching the end of life and fear of death. Meeting these needs for hospitalised patients is extremely important.

In the current study, the majority of the practices related to religion defined by the patients as spiritual requirements were determined to be fulfilled at a high level in the hospital environment. However, most of the patients reported that they made personal efforts to fulfil these needs. The level of need felt by the patients for religious worship such as reading the Koran and performing ritual prayers, which they had stated to be spiritual requirements, was seen to be low. This could be attributed to there being no obligation in Islam to perform acts of worship when an individual does not feel physically well or is ill.

In a previous study of priority requirements of patients monitored for 4 months in Intensive Care, physical requirements were reported to be primary and only 1 patient stated that spiritual requirements were a priority. It was emphasised that in the evaluation of this, it should be taken into consideration that this patient was at the end stage of life and there were factors such as previous experiences, mistakes made and things that they wished to do.[19]

According to the results of a meta-analysis examining the relationship between spirituality and depression, self-respect and well-being, objective data were obtained that religious individuals and those with a high level of spirituality were less depressed and had higher levels of self-respect and well-being.[20] Previous studies in the literature have shown that spiritual requirements have an important place in the treatment of diseases. The desire of a patient to survive, pain suffered while ill, and uncertainty cause a significant degree of anxiety and loss of hope of life. Even in the most conservative approaches, emotional problems emerge on admission to hospital. However, previous studies have shown that spirituality significantly reduces emotional stress.[21–25]

Alcohol dependence and mental disorders have been found to be related to low disease prevalence and relapse in cross-sectional studies and there are studies showing that spirituality has increased after recovery.[11] It has also been reported that clinicians who have not received specialised training in mental disorders have difficulties identifying mental problems in patients and their families.[26] It is clear that if clinicians and all healthcare providers have knowledge of spiritual needs, and can identify and fulfil these needs, this will make a significant contribution to the recovery process of the patients.

5. Conclusions

The determination of spiritual requirements becomes more important in cases of chronic disease and particularly for the elderly, who have greater spiritual needs. When it is considered that the spirituality of the patient has a positive effect on the hope of life, it is more important than many medical interventions that are used for elderly or terminally ill patients. It is necessary to determine the spiritual needs of patients to be able to fulfil these in the hospital environment. In this respect, it is important that areas are established that will fulfil the needs of patients for religious belief and worship, and that these needs are met by asking the patients. It is also important that awareness is raised and healthcare personnel are trained on this subject. Finally, more comprehensive studies are needed to examine spiritual care and effects.

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