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Exploring the Concept of Spirituality among Patients with Chronic Illnesses: A Conventional Content Analysis

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ABSTRACT

Background: Spirituality is a complex multidimensional concept, a global phenomenon, and a main aspect of human existence. It promotes coping with problems and facilitates recovery from illnesses.

Objectives: This study aimed to explore the concept of spirituality among patients with chronic illnesses.

Method: This qualitative study was done using conventional content analysis. Participants (16 patients) were selected by purposive sampling in Medical hospitals in Iran. Data collection was performed through face-to-face semi-structured interviews and was continued until data saturation. The data were analyzed through conventional content analysis.

Results: Participants' experiences of spirituality were grouped into the following four main categories: spiritual relationships; reliance on God; belief in divine foreordination and patience and thankfulness.

Conclusion: Spirituality among patients with chronic illnesses is to establish relationships with God, others, and self, rely on God, believe in His foreordination, tolerate difficulties with patience, and be thankful to God. Nurses can use spirituality to improve patient outcomes.

***Keywords**: Spirituality, Chronic illness, Relationship, Concept, Content analysis*

INTRODUCTION

The prevalence of chronic illnesses has significantly increased in recent decades due to increased life expectancy, lifestyle changes, and medical and technological advances[1] The prevalence of chronic illnesses is increasing in all countries, including England, Canada, Australia, China, and Iran[2].

Spirituality is a complex multidimensional concept, a global phenomenon, and a key component of human existence[3]. It has significant relationships with different aspects of health, so that without spirituality, people may experience physical, psychological, or social dysfunction[4]. Spirituality facilitates recovery, boosts self-esteem, enhances life satisfaction, creates a sense of meaningfulness in life, and improves hopefulness and psychological comfort[5]. Most of new health-related theories and models include a spiritual component[6].

Despite the long history of spirituality in research articles, and due to the fact that spirituality is a subjective concept[7, 8],there are controversies over its definition, components, and roles[9]. Such controversies are due to the facts that spirituality is a subjective concept and hence, its definitions have been provided based on the immediate context, paradigm, and ideology [10]..

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METHOD

Design and Participants

This qualitative study was done using conventional

content analysis. Content analysis is a systematic method for the detailed description of phenomena and results in valid inferences from data and new knowledge and insight. It is the most appropriate for exploring experiences and attitudes[11].

Study participants were sixteen patients with chronic illnesses (cardiovascular, renal, neurologic, respiratory, and rheumatoid diseases and diabetes mellitus). Sampling was performed purposively and with maximum variation in terms of participants' gender, age, education level and underlying chronic illness. Patients were selected from the internal medicine, neurologic, and dialysis care wards in medical hospitals.

Data collection

Data were collected from May 2015 to March 2016 through face-to-face semi-structured interviews to data saturation. Interview questions were, "In your opinion, what does spirituality mean?" and "What are the components of spirituality?" Interviews were held in quiet hospital rooms in duration from 32 to 51 minutes and recorded digitally. Immediately after each interview, it was transcribed and then typed word by word.

Data analysis

The conventional content analysis approach suggested by Graneheim and Lundman was used for data analysis. Data was reviewed several times in order to obtain an accurate understanding about its content. Then, meaning units were identified and condensed. The condensed units were labeled with appropriate codes and the codes were categorized into subcategories based on their similarities and differences; subcategories were labeled based on the codes. Subcategories were also categorized into main categories based on their similarities and differences. Finally, appropriate labels were attached to the main categories based on their subcategories, condensed units, and meaning units.

Data Trustworthiness

Credibility of the findings was ensured through member checking and prolonged engagement with the study subject matter and data collection. Dependability was established through member checking, peer checking, and debriefing. For establishing confirmability, we attempted to create a written description of all research activities to provide others with the opportunity to trace our activities. Transferability was ensured through maximum variation sampling.

Ethical considerations

The protocol of this study was approved by the Ethics Committee and the Institutional Review Board of Tarbiat Modares University, Tehran, Iran (approval codes: IR.TMU.REC.1394.79 and 52D3742, respectively). Participants were informed about the aim of the study, the advantages of participation in the study, the anonymous handling of the study data, and the voluntariness of participation. Informed consent was obtained from all participants.

RESULTS

Participants were mostly female and age range 25–72 years. Participants' experiences of spirituality were grouped into four main categories, namely spiritual relationships, reliance on God, belief in divine foreordination, and patience and thankfulness (Table 1).

Spiritual relationship

Spiritual relationship, contained the three subcategories of relationship with God, relationship with others, and relationship with self.

Relationship with God

Participants noted that they attempted to relate with God through continuously remembering and praying to Him and reciting the Holy Quran. Such activities gave them a sense of meaningfulness in life. They also highlighted that the problems associated with their chronic illnesses did not prevent them from remembering and praying to God.

"I cannot do household activities but I pray to God and feel calm" (P. 4).

Relationship with others

Participants also attempted to establish friendly relationships with their family members, other patients, and their neighbors and asked God to bless them.

"My children perform all my daily activities. I hope God is satisfied with them. I always pray to God for them and ask Him to fulfill their needs" (P. 1).

Relationship with self

When they felt gloomy, study participants attempted

to restore calm and psychological balance through crying and self-talk.

"I need to calm myself and avoid getting upset at my children' neglectfulness towards me. I need to forget their unkind conduct" (P. 7).

Reliance on God

The second main aspect of spirituality among patients with chronic illnesses was reliance on God. Reliance was to trust in God's will and actions and to believe in His help and support for those who obey Him. The three subcategories of this category were accurate purposefulness, hopefulness, and reliance-based practice.

Accurate purposefulness

Accurate purposefulness in life had helped our participants rely on God and surrender themselves and their actions to His will.

"I rely on God in life and in dealing with problems" (P. 4).

Hopefulness

Belief in God and reliance on Him had brought hope to the life of our participants.

"I rely on God and believe that there is just a short way remaining to my recovery" (P. 1).

Reliance-based practice

Our participants based their practice and actions on their reliance on God and His help and support. They noted that they could not successfully perform their activities without God's help and support.

"My doctor recommended surgical operation. I believed that the results of the operation would depend on God's will; thus, I went to the operating room: (P. 8).

Belief in divine foreordination

Most participants believed in God's foreordination and its effects on their lives. The two subcategories of this category were belief in divine expediency and acceptance of divine foreordination.

Belief in divine expediency

Belief in divine expediency is the belief that God has considered the bests for every person and that God's considerations, even illnesses, are based on His comprehensive knowledge and have some good reasons. Our participants considered their health and illnesses as God's choices for them and believed that all actions of God are knowledge-based and are beneficial to human beings.

"Whatever He knows is expedient and is beneficial to me. My recovery depends on His expediency" (P. 4).

Acceptance of divine foreordination

Belief in divine expediency had helped our participants accept and be satisfied with whatever happened to them. Such acceptance and satisfaction empowered them to perform their activities with confidence and calmness.

"We easily cope with problems, don't preoccupy with them, and don't say "Why me?" We believe that all God's actions are based on His expediency" (P. 9).

Patience and thankfulness

The fourth category of the study was patience and thankfulness. Patience was complaint-free toleration of difficulties and problems, calmness maintenance when facing them, and thankfulness to God.

Complaint-free toleration

Submission and obedience to God enhance people's spiritual capacity, so that they can accept difficulties and deal with them with patience, calmness, and even happiness.

"I'm not unhappy with my illness. It is God's will and He will give me the necessary patience" (P. 9).

Maintaining calmness while dealing with difficulties

Complaint-free toleration and acceptance of difficulties had helped participants maintain their calmness while dealing with difficulties. Calmness, in turn, helped them better tolerate the difficulties associated with their illnesses.

"I experience many difficulties due to my illness; however, I forget all of them" (P. 11).

Satisfaction with the status quo

Satisfaction with the status quo despite experiencing

illness-related difficulties guides patients towards achieving inner peace and stability and being thankful to God for whatever He foreordains for them.

"I'm not unhappy for what has happened to me and for my illness. I'm satisfied with whatever God gives me and I'm thankful to Him" (P. 2).

DISCUSSION

Findings revealed that spirituality is multidimensional and includes the four dimensions of spiritual relationships, reliance on God, belief in divine foreordination, and patience and thankfulness.

Relationship with God, others, and self is one of the main dimensions of spirituality among patients with chronic illnesses. An earlier study also reported relationships with God, others, self, and nature as aspects of spirituality[12]. a study reported spirituality as a set of values, attitudes, and hopes which are related to a supreme being[13]. Another study considered relationship with a supreme being as a main component of spiritual health[14]. Relationship with such a supreme being motivates, enables, and empowers people for life[15], improves their quality of life, strengthens their interpersonal support, reduces their health-related problems, and facilitates their recovery from illnesses[16]. Moreover, this relationship improves stamina, gives meaning to life, and boosts mental energy[17].

Reliance on God was another main aspect of spirituality in the present study. Reliance is to confide in God and His ability to well manage affairs and to surrender affairs to Him. Reliance on God is one of the outcomes of obedience to Him. It is based on the notion that God is sufficient for those who are obedient to him[18] and can consider the bests for them[19]. Our findings showed three main aspects for reliance on God, namely accurate purposefulness, hopefulness, and reliance-based practice. Purposefulness can be associated with hopefulness. People with firm religious beliefs confide in God, know that He does not leave them alone, and hence, hopefully continue their lives even in the absence of effective support systems[20]. Strong faith in God enables people to effectively cope with difficulties and thereby, improves their health and well-being and boosts their hope for future[21].

Melkus & Gaston also believes that in the care plans for chronic patients, such as diabetics, should be given special attention to spirituality and religion. Because spirituality and religious provide some ways for the person to achieve the mental, emotional and personal well-being and empowerment[22].

Belief in divine foreordination was the third main aspect of spirituality among patients with chronic illnesses in the present study. The two subcategories of belief in divine foreordination were belief in divine expediency and acceptance of divine foreordination. People who believe in divine expediency and base their lives on God's satisfaction instead of personal interests will receive support from God[23].

In the study of Karin Jor, it is noted that most patients are worshiped for reasons:1-disease-centered prayer, (2) assurance-centered prayer, (3) God-centered prayer, (4) other-centered prayer, and (5) lamentations[24]. While it has been pointed in this study that they are worshiping God for the sake of God's satisfaction.

The last main category of the study was patience and thankfulness with the three subcategories of complaint-free toleration, maintaining calmness while dealing with difficulties, and satisfaction with the status quo. This category was in fact the outcome of the third category. In other words, people who believe in divine foreordination and accept it are satisfied with what God brings to them and hence, patiently accept it without making serious complaints. An earlier study also indicated that the main components of patience were to avoid getting anxious and making complaints and to maintain calmness in difficulties[25]. Patience is a key indicator and a key predictor of spiritual health, People with good spiritual health believe in God's help and support for them and hence, rely on Him [26], feel greatly clam and satisfied, are thankful to God[24], and are able to effectively cope with their problems[16].

Table 1. The main categories and subcategories of spirituality

Subcategories	Main categories
Relationship with God	Spiritual relationships
Relationship with others	
Relationship with self	
Purposefulness	Reliance on God
Hopefulness	
Reliance-based practice	

Cont... **Table 1. The main categories and subcategories of spirituality**

Belief in divine expediency	Belief in divine foreordination
Acceptance of divine foreordination	
Complaint-free toleration	Patience and thankfulness
Maintaining calmness while dealing with difficulties	
Satisfaction with the status quo	

CONCLUSION

This study concludes that spirituality among patients with chronic illnesses is to establish relationships with God, others, and self, rely on God, believe in His foreordination, tolerate difficulties with patience, and be thankful to God. Such spirituality will be associated with satisfaction, calmness, purposefulness, and meaningfulness in life. Of course, spirituality is context-bound and is greatly affected by the immediate sociocultural context; thus, studies in different contexts are needed to explore the different aspects and outcomes of spirituality. Such studies will provide nurses with better understanding about the concept of spirituality and will enable them to use it for improving patient outcomes.

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Conflict of Interest: Nil

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