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Provision of Spiritual Care in the Neonatal Intensive Care Unit in Iran from Healthcare Providers' Perspective: A Qualitative Study

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ABSTRACT

Background: The provision of spiritual care along with holistic and comprehensive care is an important need for families with children hospitalized in an intensive care unit. This study aimed to explore the perceptions of healthcare providers regarding the spiritual care of parents with a newborn in a neonatal intensive care unit (NICU) in Iran.

Methods: This study was conducted using conventional qualitative content analysis, which adopts open coding, classification, and abstraction. A total of eight nurses and one doctor participated to be interviewed.

Results: Based on data analysis, three categories of nursing support needed for spiritual care as well as the necessity of changes in structural conditions were identified in this study.

Conclusion: Hospital administrators must undertake measures to change circumstances in NICUs. In addition, nurse managers should plan training courses on the importance of providing spiritual care to patients and their families.

Keywords: Healthcare team, Neonatal intensive care unit, Spiritual care

Introduction

Sometimes the preterm neonates need to be kept in the neonatal intensive care unit (NICU) to live and to grow the maturity of their organs (1). Therefore, a significant number of parents require early intervention in form of professional healthcare for their neonates (2).

Evidence shows that the parents of neonates hospitalized in NICUs are not prepared for taking unpredictable ethical decisions. Therefore, most parents in these units prefer to take the least responsibility for treatment decisions since they believe that doctors know what is best for their low birth weight and premature neonates (3).

Increased tension in the family can affect individuals' ability to fulfill their roles. When families are living in stressful situations, they may experience varying degrees of threats. The parents who have a child in pain and suffering, feel failed, blameworthy, and experience more stress.

In such conditions, parents should receive the necessary training, observe their neonate's behaviors, and receive information about neonatal care skills to experience less stress (4). Therefore, such families require the spiritual care that should be provided by a nurse or priest. Spiritual care for patients includes giving enough attention, verbal and nonverbal communications, active listening, touching the patient, and responding to questions asked by the patient and family members. The nurses also need to pray with/for the patient, accompany the patient in performing the rituals, refer them to a clergyman or priest, spend time with patients, stay by the patient's side in the experience of pain, distress, or other problems and needs, and try to make life more meaningful for them (5, 6, 7, 8). Personnel should provide care to the whole family since a child's hospitalization is a critical situation in which the spiritual needs

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of the whole family should be considered (9).

Unfortunately, appropriate care and spiritual support are not provided to parents with neonates in NICU, and the primary concern of nurses in these units is to provide physical care.

On the other hand, a lack of attention to the emotional and mental distress of parents leads to a parents' loss of interest in neonatal care at the time of discharge and increases neonates' and parents' vulnerability (10). Accordingly, the stressful and critical state of the mother and her uncertainties about the future undermine her self-confidence, faith, and interpersonal communication. As a result, the adaptation mechanisms will become insufficient and may induce a sense of loneliness in the mother. In other words, the individual will suffer from a spiritual crisis (11).

This study aimed to understand spiritual care issues among the parents of neonates in NICUs from the perspectives of healthcare providers.

Methods

This qualitative study was performed using a conventional qualitative content analysis method that is appropriate when there is a limitation of available theories or studies on a specific phenomenon (12). The content analysis process includes open coding, classification, and abstraction (13). In total, eight nurses and one doctor participated in this study. The inclusion criteria were being a healthcare provider, working in NICU, and expressing willingness to participate in the study. The study was performed in the NICUs of hospitals affiliated with the Ardabil University of Medical Sciences, Ardabil, Iran.

Face-to-face semi-structured interview sessions were conducted in the staff room. Each interview session lasted between 15 and 25 min. At first, a general question was asked: "What do you think about the concept of spiritual care in the NICU?", and further information was sought by asking further questions, such as "Why should this be so?", "What do you mean about that?" or such requests as "Please explain this relationship further". All interviews were transcribed verbatim, words of the text that contained the key concepts were highlighted, and the codes were extracted. After extracting the concepts and codes of sentences and paragraphs, they were grouped into categories based on their similarities and differences. The categories were also merged based on their relationship, which reduced them to a few main themes. Researchers tried not to involve their presumptions in the data analysis as much as possible.

Quality assurance

The trustworthiness of the study was upheld by including a sufficient number of subjects, fulfilling the scientific procedure effectively, and achieving saturation. Additionally, voice recordings were used to gather information, and taped interviews were transcribed to avoid missing data. Some members were requested to affirm a brief portrayal of each interview. The two analysts performed content coding and analysis independently to guarantee consistent patterns and obtain comparable results. In addition, we attempted to fortify the study through peer checking.

Ethical consideration:

Ethical approval was obtained from the Ardabil University of Medical Sciences, Ardabil, Iran. In addition to providing information about the objectives of the study to participants, they were ensured of the confidentiality of their information. Additionally, they were assured that they can leave the study at any time.

Results

The demographic characteristics of the participants are presented in Table 1. Based on data analysis, the following three categories emerged (Table 2).

Table 1. Demographic characteristics of participants

No	Age	Experience (years)	Education	Position
1	28	3	Bachelor	Staff Nurse
2	28	3	Bachelor	Staff Nurse
3	27	4	Bachelor	Staff Nurse
4	29	3	Bachelor	Staff Nurse
5	40	17	Bachelor	Head Nurse
6	37	14	Bachelor	Staff Nurse
7	34	11	MS student	Staff Nurse
8	34	9	MS student	Staff Nurse
9	46	17	Neonatologist	Dean of ward

Table 2. Main concepts of spiritual care from healthcare providers' viewpoint

Themes	Sub-themes
Nurses' support	-Allowing mothers to have contact with baby -Doing religious rituals near the baby
Need for spiritual care	-Reducing anxiety of the mother -Training nurses
Necessity for structural changes in the existing conditions	-Providing an appropriate space for the mother -Providing enough space for religious practices

Nurses' support

This category includes two subcategories: 1) allowing mothers to have contact with the baby and 2) praying near the baby. Almost all participants stated that for the provision of spiritual care, the nurses' support was needed. Mothers described this support as having the permission to be present beside the baby, have contact with the baby, and pray near the baby. In this regard, a participant believed that "the nurses should help parents support their children. The newborn situation in this unit is very critical, when the mother comes and touches and feeds the baby, it is much different from a baby whose mother is not absent. I have experienced it. It is very effective, and we should not inhibit their presence and even help them (parents) … "[n3].

Another participant stated:

"... I remember that our monitors represented numbers, but a touch of a baby by his/her mother or even a verbal communication impacted that numbers, and baby's conditions were getting better ..." [n5].

Need for spiritual care

According to the findings, the need for spiritual care was found in two subcategories: 1) reducing mothers' anxiety and 2) educating nurses. Most nurses said that spiritual care reduced parental anxiety, and nurses should be trained in this regard. A participant said, "a nurse should help by talking to the parents, let them be alone and have body contact with their baby, they need to pray, their tension would reduce by praying, reading Quran, or placing it near their child, this way they feel calm.... "[n4].

Another participant said:

"Personnel should be trained not to cut the emotional connection between the patients and other family members. This is a spiritual need. If the family bonds get disconnected due to the baby's hospitalization, they would be disappointed. … By using family-centered care, the family status becomes clear that underlies spiritual care. This is a new subject for us, and our staff should necessarily have training. There is a need to train nurses regarding good communication with families. This should be followed strictly... "[d1].

Necessity of changing structural conditions

This category was found to include two subcategories: 1) providing appropriate space for the mother and 2) providing enough space for religious practices. All participants stressed the need for structural changes regarding the provision of spiritual care and necessary and sufficient space for the mother's presence to practice religious rituals. Concerning this issue a participant said:

"Unfortunately, due to space constraints, spiritual care is not feasible. There should be curtains and seats so that the whole family be able to stay here, but there is not enough space; actually, it is not possible, and the most we do is to allow the mother and first-degree family members to visit the baby, space is extremely limited... " [d1]. Too many people inside NICU may spread infection, just the mother and two other family members might be allowed. Rituals should be allowed, but it should be in a way that it does not spread infection.

Another participant stated that:

"Due to a high number of patients, there is not enough space here for parents to stay with their babies, so, if we can provide an appropriate space for their presence and help them to practice the spiritual rituals, pray to God, and be alone with the baby it would be helpful, we need the proper space ... [n6].

Discussion

This study aimed to provide insight into understanding and addressing issues related to spiritual care from the viewpoints of healthcare providers working at NICUs. The findings of the study performed by Chism and Magnan, in 2009, showed that spiritual care depends on the views of nurses about spiritual care (14). Additionally, Dhamani et al., 2011, reported that nurses needed knowledge and readiness to provide spiritual care and support to clients in need (15).

Dunn et al. contended that there ought to be expanded accentuation on training that advances the nurses' spirituality, both before enrollment and when proceeding with the instructional programs (16).

Other studies have shown how training sessions might help pediatric nurses provide spiritual care (17). A systematic review investigating the parents' needs in the NICU has demonstrated that parents require helpful information, unique care, insurance about the provision of appropriate care for their baby, permission for close contact with the newborn, as well as acceptance by the nurses and formation of a healing rapport with them (18). In addition, enthusiastic support, inviting situations, parent empowerment programs, instructions, and shared care were effective factors in this regard. Based on the evidence, mothers who are included in care become more active. In general, when parents integrate into the care team, they feel more secure, have more control over the circumstances, participate in creating relationships, and feel more convinced and associated with their newborn. The mothers explained the urge to be close to their infant to develop a sense of belonging. When these needs are met, the mothers feel a greater sense of responsibility and confidence and get more familiar with the needs of their fragile infant (19).

Healthcare providers have identified the importance of spirituality; however, it was not true about the components of comprehensive care. Our results reverberate and add clinical stories to a multicenter quantitative investigation of palliative care patients and their families conducted by Heyland et al. in which spirituality were distinguished as an immense and neglected need in palliative care patients and their families (20).

This study recognized various difficulties related to spiritual issues in a NICU. While the healthcare team perceived that spiritual issues are within the scope of practice of interdisciplinary team members, they recognized healthcare providers themselves as an inhibitor. As has been stated in previous studies (21), the healthcare providers found that there was still a profound theory-practice gap and that translating these capabilities into clinical practice in a delicate way is a considerable obstacle. In many studies, educational and training inadequacy are considered to play a role in the creation of this gap (22, 23), and it has been suggested that training on effective spiritual care should be included in the curriculum of healthcare faculties and existing education programs. Caldeira and Hall stated that by asking for prayers, requesting a religious sacrament, or placing some symbolic religious objects in the incubator, parents try to meet their religious needs, which reflects a dimension of spiritual care (24).

Another study found that 60% to 80% of parents were likewise frightful or anxious, had challenges in coping with their child's pain or symptoms, sought medical information about their child's illness, wondered why they and their children were experiencing this situation, asked the reason behind suffering, and felt guilty. Furthermore, it is claimed that empathetic listening, praying with children and families, touching or other forms of silent communication, and practicing religious rituals or ceremonies are effective methods of providing spiritual care (25).

Regarding the change in structural conditions, participants declared that the highly technical environment of NICUs is very frustrating, and securing a private place is crucial for mothers to feel calm. Heermann et al. and Jackson et al. stated that mothers require a private place, for the occasions when family members come together in the ICU (26, 27). Hall's study, in 2009, showed that not being in a private place with the newborn led to the feeling (in mothers) that the infant belonged to the hospital (28).

Limitations

Regarding the limitations of the present study, one can refer to the small sample size that limits the generalization of the findings. Therefore, future studies with larger sample sizes are recommended to confirm the obtained results.

Second, a potential sample bias may have been introduced due to a disproportionate number of spiritually minded and motivated participants who volunteered for the interviews, since they were not a true representative of the general members of the healthcare team.

Conclusion

In this study, we explored the significance of spiritual care in a NICU from the perspective of healthcare providers. The findings showed that spiritual issues were a significant component that, when addressed, might enhance parents' well-being and satisfaction. The participants emphasized the need for addressing spiritual care, changing structural conditions, and training nurses as the key components of spiritual care in the NICU. Therefore, officials and hospital administrators are recommended to undertake the necessary measures to change the

environments of these units. Additionally, nurse managers should plan for training personnel on providing spiritual care to admitted patients and their families.

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Conflicts of interest

The authors declare that they have no conflict of interests.

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