

Spiritual Self-care in Iranian People: A Qualitative Study using a Phenomenological Approach

LEILI MOSALANEJAD¹, MEHDI DASTPAK², SAEED ABDOLLAHIFARD³, RAHIM PNDAR⁴

ABSTRACT

Introduction: There is a considerable amount of evidence concerning the existing links between religion, spirituality and health. Spirituality improves individual's attitude towards environment and causes reduction in negative feeling and tension.

Aim: To evaluate the experience of individuals in relation to spiritual self-care, using phenomenological approach.

Materials and Methods: The present qualitative study was conducted with a phenomenological approach. A total of 47 ordinary people (including students, retired people, housewives, and unemployed people) were selected through purposive sampling technique. The data were collected through semi-structured interviews and continued until data saturation.

Lincoln and Guba criteria (including, credibility, transferability, dependability, and confirmability) was used to confirm the reliability of the data. Walcott thematic analysis method was used to analyse the data.

Results: Based on the analysis, results were placed in two main categories, including religious care and non religious care based on spirituality and four subcategories including religious compliance, respect for the rights and dignity, commitment to humanist and ethical behaviour and finding meaning and purpose in life.

Conclusion: The people take care of themselves by religious and non religious ways based on spirituality. Hence, attention to the religious needs is one of the key factors in their health promotion.

Keywords: Iran, Phenomenology, Qualitative study, Spiritual care

INTRODUCTION

Various researches have been carried out to discover factors which help people in abnormal conditions and spare them from being badly affected by strain of adversities [1]. In today's life, we relatively witness much more stressful experiences which have jeopardised individuals' mental health. Furthermore, they cause mental problems in humans [2,3].

Health has been analysed in terms of some specific dimensions as following: physical, mental, social and spiritual health [4]. Spiritual health gives rise to a harmonious link among internal powers, and the vital features of life such as peace, harmony, close relation with self, God, society and environment [5].

Spiritual health is an experience on the basis of two different perspectives [6]:

- 1) **Perspective concerning religious health:** focusses on individual's perception of health in spiritual life when they are connected with a higher power.
- 2) **Perspective concerning self-health:** discusses the way individuals get along with themselves, society and the environment.

When spiritual health is seriously put at risk, the individual may suffer from some emotional disorders such as loneliness and depression. Spiritual and religious support as well as a connection with the higher power appears to be very useful. It also boosts the bond amongst people and causes a reduction in the intensity of medical positive symptoms and results [7].

In recent years, there have been remarkable evidences regarding an existing link between religion, spirituality and mental health [8]. Many studies suggest that there is a connection between spirituality and physical health, mental health, and improvement in the way

patients get along with their disease [6,7] also showed that spiritual health enhances mental function as well as adaptation with disease [6-8]. Sterling RC et al., showed that reduction in spirituality is in connection with resorting to alcohol [9].

As a general rule, those researches studying the connection between religion and health within the population of healthy people, disabled, cancer and mental patients, have concluded that faiths and religious practices play a positive role in prevention and improvement of mental and physical illnesses. Furthermore, they help the patients to adapt with their conditions and the concomitant complications [10]. Studies have also shown that people who have high spiritual levels, have a higher well-being and happiness, more life satisfaction, and significantly higher purpose, higher self-esteem, they adapt faster to mourning situations, get more social support and are less lonely, suffer less depression and improve faster; suicide rate and anxiety are lower and they have a higher level of marital satisfaction [11].

Humans are multidimensional creatures and each aspect of human existence may affect their adjustment. Spiritual dimension has been at the center of these dimensions and attention to it can have a significant impact on people's health. Studying and explaining spiritual self-care based on the experiences of people is a major help for the promotion of health.

Also, it should be noted that people give more attention to physical as well as mental care. However, with regard to the necessity of attention to all human dimensions, the role of spiritual care in people's life has been paid less attention. It may be understood that the researchers think, spiritual care is present normally in culture, and it remains in the unconscious behaviour. There are many quantitative researches done in this field by a variety of researchers [1,8,10,11]. However, only few qualitative researches have examined

the deep meaning of spiritual care in the life of people, as well as manifestations and indicators of it in life are unclear.

Therefore, this study aimed to examine the experience of the people of Jahrom city about spiritual self-care using a phenomenological approach.

MATERIALS AND METHODS

The present qualitative study was done using a phenomenological approach from September 2015 to May 2016. In this approach, through systematic classification process, directly and inductively, codes and classes were extracted from the raw data [11]. We used purposive sampling and a total of 47 (29 females and 18 males) ordinary people (including students, retired people, housewives, and unemployed people) were selected. Considering the maximum diversity in terms of gender, occupation, educational level and age range (20-80-year-old) participants were chosen from parks, university, mosque, etc. A deep and semi-structured interview with patients was used to collect the data. Sample size was based on data saturation. Sampling continued until data saturation so as no new data was obtained in any category. Inclusion criteria for participants were: (a) age range 20-80-year-old; (b) having the desire to participate in the study; and (c) having the ability to express experiences. Starting the interview with general questions such as: "What comes to your mind when you are asked about spiritual care?", and then moving ahead with questions such as: "How do you take care of yourself spiritually?", "What are the dimensions of pastoral care?", "Explain the manifestations of spiritual care?", etc. Interviews were digitally recorded and then transcribed verbatim, reviewed, coded and analysed immediately. We also extracted semantic code and then the code was subcategorized based on similarities and differences. For the initial encoding, we used the Microsoft Word version 2013. Next, we used member checks and peer checking for credible data increase. Interviews were conducted by a researcher who was familiar with the concept of spirituality. All the interviews were conducted in a peaceful environment and with prior agreement of the participants. All the candidates were interviewed for around 50-70 minutes.

Ethical consideration: In order to comply with ethical requirements while creating an intimate atmosphere we tried to gain the consent of the people to participate in the interviews. Before starting the interview full explanation of the purpose and procedure was presented to all the participants and they were assured that their information would be kept confidential. All the interviews were recorded with the permission of the participants.

STATISTICAL ANALYSIS

Walcott thematic analysis was used to analyse the findings. The first interview transcript was read and initial codes were extracted. Descriptive words and key points in interviews (cases) were identified and tagged. The next step was searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report.

Thematic analysis is used in qualitative research and focusses on participants' perceptions, feelings and experiences as the paramount object of study [12].

Vigor

Evidence describes a series of techniques that can be used to conduct qualitative research and achieve the criteria outlined to verify the credibility of the data with the help of prolonged engagement, triangulation, peer debriefing and member-checking [13,14]. The results were confirmed by two professors and an experienced investigator also confirmed the survey. Transferability was explained in detail in order to avoid the existence of any vague point. The development of questions, method of coding and category extraction were recorded to obtain sufficient conformability. Dependability was

established by using expert comments, and revision was done by the participants and co-workers.

RESULTS

Based on the analysis, the results were placed under two main categories including religious care and non religious care based on spirituality and four subcategories including religious compliance, respect for the rights and dignity, commitment to humanist and ethical behaviour and finding meaning and purpose in life were revealed from 79 extracted primitive codes. These codes were extracted from meaningful and specific units of information [Table/Fig-1]. Demographic information is shown in [Table/Fig-2].

Categories	Sub-categories
Religious care	Religious compliance
Non religious care based on spirituality	Respect for the rights and dignity
	Commitment to humanist and ethical behaviour
	Finding meaning and purpose in life

[Table/Fig-1]: Categories and subcategories of spiritual self-care among Iranian people.

Sex	Age (years)	Education	Job
Female (29)	20-30 (3)	Bachelor (3)	Student (3)
	31-40 (11)	Master's (2) Bachelor (2) Diploma (6) Primary school (1)	Housewife (6) Savoir officer (5)
	41-50 (8)	Master's (1) Bachelor (2) Diploma (3) Primary school (2)	Housewife (6) Retired (2)
	51-60 (3)	Diploma (2) Primary school (1)	Housewife (3)
	More than 60 (4)	Diploma (2) Primary school (2)	Housewife (4)
Male (18)	20-30 (4)	Master's (1) Bachelor (2) Diploma (1)	Student (2) Savoir officer (2)
	31-40 (5)	Master's (1) Bachelor (2) Diploma (2)	Governmental job (2) Self-employment (3)
	41-50 (4)	Bachelor (2) Diploma (1) Primary school (1)	Governmental job (1) Retired (1) Self-employment (2)
	51-60 (3)	Bachelor (1) Diploma (1) Primary school (1)	Retired (1) Self-employment (2)
	Upper than 60 (2)	Diploma (1) Primary school (1)	Retired (1) Self-employment (1)

[Table/Fig-2]: Demographic characteristics of participants.

Religious Care

Religious compliance: It is the subcategory that includes performing religious duties and connection with metaphysics. Some of the participants reported that they gain benefit from religious approaches such as trust in God, resort to Imam, praying, etc., for spiritual care.

According to the results, the participants put their belief in religion by reading Quran and most of them improve their spiritual health by praying and performing other religious duties, like reading Quran regularly and recalling God in life and job. Spiritual side involved the connection with metaphysical world.

A participant said about the relationship with metaphysics in this way: a good relationship with God by praying, guarantees person's health. In fact, we are a drop and if we get separated from God, the drop vanishes.

"Molavi said a beautiful sentence that is: A drop is the sea when it is merged with the sea. If not, the drop is a drop and the sea is a sea. If the drop is merged with the sea it becomes permanent and

if not it vaporises and vanish due to heat" (Participant number 5. A 22-year-old female).

Another participant said about recalling God and its effect on physical and spiritual calmness: *"recalling God not only brings calmness—but also motivates us to notice our good or bad acts. In the days, we fast we praise constantly and we try to do good work and when we break the fast we feel calmness and all of this comes from recalling God"* (Participant number 12. A 32-year-old female, housewife).

Another participant states about spiritual care by means of spiritual situation: *"When I'm sad and face a difficulty, I pray because it calms me down"* (Participant number 7. A 36-year-old female, officer).

Non Religious Care based on Spirituality

Based on spirituality, non religious care category involves these subcategories: respect for the rights and dignity, commitment to humanist and ethical behaviour and finding meaning and purpose in life. One of the main subcategories to achieve spiritual health is respect for the rights and dignity.

Respect for the rights and dignity: The participants stated that in order to achieve spiritual health and care, we should respect others' beliefs, rights and privacy and we should obligate to collaborative rules and give priority to others' benefits.

One of the participants said about considering other's privacy:

"I have a habit that I don't ask many questions as people ask others, because it's their decision to tell or not to tell and when we ask and they don't answer, it creates an emotional atmosphere for them and even then, when we force them, it means that we are entering their privacy. For example: one person doesn't have a baby or doesn't want to have a baby, but still everyone asks him/her "why don't you visit a doctor?" (Participant number 18. A 32-year-old female officer)

Another one contributing to the purposeful life and reaching perfection stated:

"An effective way of achieving physical health, close connection with God, peaceful life, reaching the true beloved, reaching perfection, and finally, reaching the peak of life, human beings should start from a point. So, spiritual protection affecting the body can be the best start" (Participant number 30, A 22-year-old, student).

Setting a goal in life means that you know where you are going. Setting a goal for yourself and directing your intention towards specific purpose in order to protect spiritual health. Fellow feeling and respecting rights is considered as signs of spiritual protection. Regarding the act of giving the right to live to animals, another participant said:

"When an ant is passing under your foot, it shouldn't be stomped. It has a right to live; so, why it should be crushed" (Participant number 25. A 42-year-old female, employee).

Another one mentioned that:

"Sometimes we are annoyed with insects in the dessert, still I think they have a right to live like us. So, let them live" (Participant number 21, A 53-year-old male).

"One day, accompanying my daughter, we drove 100 km to get to the garden and feed the dog. It was cold and the dog was not able to find any food so we were concerned to feed it. I usually do these types of actions" (Participant number 24. A 41-year-old male employee).

"Loving nature and its beauties as well as getting energy from it are of utmost importance for individual experience and spiritual protection. Not passing the traffic red light is kind of obeying public rights" (Participant number 29).

Respecting others' faith and religious principles, another participant stated:

"We must respect the religious faiths of the patients. In hospital, we must provide patients with a condition that they can observe their respective religious practices. I ask them either directly or indirectly about shortages and do my best to help them" (Participant number 3. A 23-year-old male, nursing student).

Commitment to humanist and ethical behaviour: Another effective non religious approach for spiritual health is commitment to humanitarian and considerate behaviours. Humanitarian behaviour towards all living things is a key to having a life teamed with peace and spiritual well-being. Some relevant extracted codes consist of helping others, respecting animal life rights, responding to the clients, doing good deeds, keeping the secret and obeying parents. So, one of the participants said:

"When a driver hears the siren of an ambulance, he should give way to the ambulance taking a patient to the hospital, in time and save 5 minutes which are essential for the patient" (Participant number 22. A 37-year-old male, self-employed).

Another participant said:

"If someone refers to me, I will try to do his work or guide him". (Participant number 7. A 43-year-old male, employee).

Finding meaning and purpose in life: Finding meaning and purpose in life is a very effective factor for attaining peace and spiritual health. Spirituality enables individuals to find their purpose and meaning in life; so, they can reach perfection. Spiritual health in humans arouse a feeling of life, purpose, joy and vigor. All participants stated that humans are a multi dimensional creature pursuing an intended goal, and they should do their best to discover their abilities and use them for helping fellow men. Regarding sense in life, one of the participant said:

"We feel that we are alone and new to this world so we tend to assign one of the world happenings to ourselves in order to get rid of loneliness. We want to find out about the origin of ourselves and the place we are now, as well as our destination. Spiritual need is regarded as one of our profound needs" (Participant number 29, A 41-year-old female, housekeeper).

Another participant said about the love for nature and care for nature's beauty:

"Seeing nature, mountains and enjoying the beauty of nature, we get a good feeling that the God is with us and helps us, as we are alive, healthy and enjoying nature" (Participant number 29. A 41-year-old female, housekeeper).

DISCUSSION

The first floor of the data is the use of religious care to meet the spiritual needs and achieve peace and health. To acknowledge, many of the participants, religious beliefs and relying on religious issues is one way of pastoral care and it is very important. Several studies also point out the positive role of faith and hope in the power of God, which is endless [15,16].

The examination of 309 heart patients at the University of Michigan Medical Center showed people who used religious ways in their daily lives had less depression and anxiety and achieve recovery faster [17]. At this point, how people adapt to illness or daily stress, is influenced by religion [18]. Willis research findings in 2005 showed that anxiety and depression had a significant relationship between religious support and organised religion is associated with systolic blood pressure. Many patients at the time of contacting the disease become more religious than before as adjustment mechanisms don't have necessary performance to adapt with the disease. Therefore, praying is a more effective mechanism that increases hope by decreasing the feeling of loneliness and pain [19].

Spirituality is a concept that lies in human nature and faith that man finds during his experiences in life, that binds to his origins so that every moment of life becomes significant. Based on the teachings of

the Quran, providing all spiritual needs and spiritual care is required to differentiate between religion and spirituality, to pay attention to the nature of Islam, and changing the attitude of the custodians of spiritual care [20].

Studies have indicated that there is a positive effect of spiritual care on physical and psychological signs, in a way the results of Tajbakhsh F et al., study has indicated [21]. Using religious spiritual care, can decrease the level of anxiety after coronary vessels bypass surgery [22].

Another study was done to investigate the relation between psychological distress and spiritual health in 46 patients with heart disease, demonstrates a reverse relationship between spiritual health point, anxiety and hospital depression. Spiritual beliefs not only affect the way of coping with the disease but also play a vital role in the lifestyle of patients and increase the patient's linkage to the treatment regimen by creating a sense of purposefulness [23].

Religious and spiritual beliefs give many people the strength to cope with difficulties, mental pressure and inescapable incidents that happen in the cycle of life and to be hopeful and optimist for an eternal life. Reason being, people's feeling of metaphysical phenomenon can provide psychological support and it provides a spiritual support that can be measured by phenomenology. When spiritual health is exposed to danger, the person may suffer from spiritual disorders such as: loneliness, depression and lose meaning in life. However, when the spiritual health is improved the person adapts effectively with illness, and pass the last stages of the illness well. So, the support resulting from spiritual or religious sources have a more powerful and beneficial relationship. It can be useful in improving the quality of life, decreasing and controlling psychological health disorders, intrapersonal support, decreasing the severity of positive medical signs and results [23].

The results indicate that persons with strong beliefs have more resistance towards tension and feel more in control towards life events because they know life experiences are full of meaning and they consider them informative whenever they encounter them [19]. The findings of this study also revealed that one of the most important reason that people are not happy with God, is due to the lack of enough knowledge about themselves and the God.

LIMITATION

This study results are limited to the spiritual self-care in the culture and context of Iran; thus, further studies in different cultures must be done for further use of the findings. Moreover, the small sample size in this study is not necessarily representing all people in Iran.

CONCLUSION

Findings of this study indicated that people look after themselves spiritually by religious and non religious care which is based on spirituality. So, performing religious duties, keeping humane

dignities, pledge to human like and moralistic behaviours are the examples of care that entails the base to find meaning and goal in individual's life and promotes spiritual health.

REFERENCES

- [1] Wong K, Yau SY. Nurses' experiences in spirituality and spiritual care in Hong Kong. *Appl Nurs Res*. 2010;23:242-44.
- [2] Vaughan F. What is spiritual intelligence? *J Human Psychol*. 2002;42:16-33.
- [3] Sadock B, Sadock V. *Synopsis of psychiatry: behavioural sciences*. 3rd ed. New York: William & Wilkins 2003;2-3.
- [4] Vader JP. Spiritual health: the next frontier. *The European Journal of Public Health*. 2006;16:457.
- [5] Craven RF, Hirnle CJ. *Fundamental of nursing: human health and function*. 4th ed. Philadelphia: Lippincott & Williams & Wilkins; 2003.
- [6] McClain-Jacobson C, Rosenfeld B, Kosinski A, Pessin H, Cimino JE, Breitbart W. Belief in an afterlife, spiritual well-being and end-of-life despair in patients with advanced cancer. *Gen Hosp Psychiatry*. 2004;26(6):484-86.
- [7] Seyedfatemi N, Rezaie M, Givari A, Hosseini F. Prayer and spiritual well-being in cancer patients. *Journal of the Iranian Institute for Health Sciences Research*. 2006;4(5):295-303.
- [8] Cheraghi M, Molavi H. The relation between the various dimensions of religiosity and public health in Isfahan university students. *J Educ Psychol Studies*. 2006;2(2):1-22.
- [9] Sterling RC, Weinstein S, Losardo D, Raively K, Hill P, Petrone A, et al. A retrospective case control study of alcohol relapse and spiritual growth. *The American Journal on Addictions*. 2007;16(1):56-61.
- [10] Safaee Rad I, Karimi L, Shamosi N, Ahmadi Tahor M. Relationship between spiritual well-being and mental health in students. *Sabzevar Univ Med Sci*. 2011;17(4):274-79.
- [11] Koenig HG. Research on religion, spirituality, and mental health: a review. *Can J Psychiatry*. 2009;54(5):283-91.
- [12] Braun V, Victoria C. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):89.
- [13] Polit-O'Hara D, Beck CT. *Essentials of nursing research: Methods, appraisal, and utilization*. Lippincott Williams & Wilkins; 2006.
- [14] Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qualitative Health Research*. 2005;15:1277-88.
- [15] Green B. Personal constructs psychology and content analysis. *Personal Construct Theory & Practice*. 2004;1:82-91.
- [16] Zhang Y, Wildemuth B. Thematic content analysis. In B. Wildemuth (Ed), *Application of social research methods to questions in information and library sciences* (pp. 308-319). Westport, CT: Libraries Unlimited. 2009.
- [17] Rippentrop EA, Altmaier EM, Chen JJ, Found EM, Keffala VJ. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*. 2005;116(3):311-21.
- [18] Moeni M. Patients' religious beliefs in cardiac pain situations: a qualitative research. *Journal of Qualitative Research in Health Sciences*. 2014;3(1):104-13.
- [19] Wilkins VM. *Religion, spirituality, and psychological distress in cardiovascular disease*: Drexel University; 2005.
- [20] Ai AL, Park CL, Huang B, Rodgers W, Tice TN. Psychosocial mediation of religious coping styles: A study of short-term psychological distress following cardiac surgery. *Personality and Social Psychology Bulletin*. 2007;33(6):867-82.
- [21] Tajbakhsh F, Hosseini M, Sadeghi Ghahroudi M, Fallahi Khoshkenab M, Rokofian A, Rahgozar M. The effect of religious-spiritual care on anxiety post surgery coronary artery bypass graft patients. *IJRN*. 2014;1(1):51-61.
- [22] Salmoirago-Blotcher E, Crawford S, Tran C, Goldberg R, Rosenthal L, Ockene I. Spiritual well-being may buffer psychological distress in patients with implantable cardioverter defibrillators. *Journal of Evidence-Based Complementary & Alternative Medicine*. 2012;17(3):148-54.
- [23] Akhbardeh M. Role of spiritual beliefs and prayer in health promotion of chronic patients: A qualitative study. *Quran & Medicine*. 1390;1(1):05-09.

PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Medical Education, Jahrom University of Medical Sciences, Jahrom, Iran.
2. Postgraduate Student, Department of Foreign Language, Jahrom University of Medical Sciences, Jahrom, Iran.
3. Medical Student, Students' Research Committee, Shiraz University of Medical Sciences, Shiraz, Iran.
4. MSc., Department of Nursing, Jahrom University of Medical Sciences, Jahrom, Iran.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Leili Mosalanejad,
Associate Professor, Department of Medical Education, Jahrom University of Medical Sciences,
Main Campus, Jahrom-84145, Fars, Iran.
E-mail: saedparsa2012@gmail.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Oct 28, 2016**

Date of Peer Review: **Jan 19, 2017**

Date of Acceptance: **Sep 06, 2017**

Date of Publishing: **Jan 01, 2018**