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Holistic approach in relation with spiritual intervention among critically ill adult patients – Effect on Depression and Anxiety

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Abstract

Introduction: Every Illness or disease is always associated with psychological variations. These variations may include anxiety, depression, pain, quality of life and sometimes suicidal ideations. This study was intended to investigate to what extent the patients with chronic illness feel better with selected spiritual interventions. Research Methodology: The study was conducted in Krishna hospital, Karad. 60 patients were selected by purposive sampling techniques, withv one group pre test – post test design. Hamilton Anxiety Rating Scale (HAM-A) & PHQ-9 Patient Depression Questionnaire scale was used to assess the symptoms. Selected spiritual nursing intervention included were Listening to religious music, Bibliotherapy (reading scriptures of their religion), Meditation of their choice, providing place for praying, Facilitating relationships with others, Simple relaxation therapy and helping to forgive. Results: The findings shows that there is significant difference in their mean pretest and post test scores of depression (t = 34.11) and pain (t= 10.08) which shows that there is significant effect of spiritual intervention on these parameters.

Keywords: Holistic approach, spiritual intervention, critically ill, depression and anxiety.

INTRODUCTION

Every Illness or disease is always associated with psychological variations. These variations may include anxiety, depression, pain, quality of life and sometimes suicidal ideations. During such states, often requires inner psychological energy and strength which is beyond what one is normally equipped with. Maintaining equilibrium of body, mind, and spirit will definitely reduces such psychological disturbances. Spirituality is considered to be a source of comfort, hope and faith in situations like this crises1 and especially helpful in chronic illness, terminally illness and end stage sufferings2. Along with patients their families also deal with stress, loss, suffering, challenges, and even death, they may attempt to find meaning and purpose for their illness or they may try to define causalities. The hospitalization environment also makes them to feel need of inner peace and strength which is provided by "spiritual" approach. Spiritually based nursing care is considered as an important aspect of physical and psychological dimensions in nursing profession. Apart from specific nursing intervention in spirituality, nurses are also providing interventions by caring, supporting, being empathetic, facilitating participation of patients in religious activity & promoting a sense of well-being.

Many researchers also stated in their research that religious/spiritual interventions (RSI) have a role in changing an individual's thoughts, promoting greater acceptance of illness and social support and a deeper understanding of existence together with encouraging belief and

faith that could have an impact on patients' outcomes 3, 4.

Many researchers have proved that spiritual interventions helps in increasing the patients' Psychological well being5. Spiritual interventions have also been found to help prevent and improve a range of physical illnesses and cope with chronic pain and fear of death5, 6, 7, 8,9,10. However, despite positive relation between spirituality and health, Pargament et al (2001)11 and Stratta et al (2012)12 found negative aspects of religiosity that are associated with thoughts of guilt, abandonment or punishment. In their study they mentioned that feelings such as 'God is punishing me, does not like me and has abandoned me', will effect outcome with a greater prevalence of depression, anxiety and mortality. This study was intended to investigate to what extent the patients with chronic illness feel better with selected spiritual interventions.

Research Methodology:

The core objective of the study was to assess the effect of spiritual nursing intervention on selected parameters of critically ill patients. Selected spiritual nursing intervention included were Listening to religious music, Bibliotherapy (reading scriptures of their religion), Meditation of their choice, providing place for praying, Facilitating relationships with others, Simple relaxation therapy and helping to forgive. Parameters which were considered among critically ill were anxiety, depression, Pain, quality of life and suicidal ideations. The study was conducted in Krishna hospital, Karad. By purposive sampling techniques, total sixty patients were selected. Critically ill patients without cognitive variations were selected for the study. The study carried out with one group pre test – post test design. Dependent variables are psychological variations among critically ill and Independent variables were spiritual interventions. Permission from the Institutional Ethics Committee and hospital authority was obtained prior to starting the study.

To collect socio-demographic data, structured interview schedule was used. It consisting of 12 items as gender, age in years, gender, social support, Educational status , Previous practice of spirituality and System of disorders.

PHQ-9 Patient Depression Questionnaire scale is tool is used with 9 items to assess the depression. This questionnaire consists of total score for the 9 items, which ranges from lowest from 0 to highest of 27. This is each item are scored from 0, 1, 2, and 3, to the response categories of ―not at all,―several days, ―more than half the days, and ―nearly every day, respectively.

Hamilton Anxiety Rating Scale (HAM-A) is used to assess the anxiety with of 14 items, each item contains five responses are rated as 0, 1, 2, 3 and 4. Total score is 30. According to author of this tool, level of anxiety classified as <17: mild; 18–25: moderate; > 25: severe.

In order to find out the significance of association between selected demographic variables and anxiety & depression, the data were subjected to ANOVA test.

Results:

Section I: Demographic variables of chronically ill patients

Sl no	Demographic variables		Frequency	Percentage
01.	Age	30 to 40 years	10	17%
		41 to 50 years	17	28%
		Above 50 years	33	55%
02.	Gender	Male	30	50%
		Female	30	50%
03.	Social supports	Only Wife	07	12%
		Only Children	19	32%
		Both wife and children	14	23%

		Other family member	14	23%
		Single staying	06	10%
04.	Educational status	Up to primary	12	20%
		Degree	41	68%
		Post doctoral	07	12%
05.	Previous practice of spirituality	Yes	33	55%
		No	27	45%
06.	System of disorders	Cardiovascular	15	25%
		Respiratory	16	27%
		Neurological	17	28%
		Gastrointestinal	05	8%
		Postoperative	04	7%
		Miscellaneous	03	5%

Maximum critically ill clients 55% were belongs to above 55 years of age, 68% are having education up to under graduate degree, 55 % have exposed to previous spiritual practice, and maximum patients diagnosed with Cardiovascular 15 (25%), Respiratory 16 (27%), Neurological 17 (28%) disorders. Both genders were equally selected.

Section II: Effectiveness of spiritual intervention on depression.

Table A: *Level of depression among critically ill clients*

	Score	**Pre test**	**%**	**Post test**	**%**
No depression	00-04	3	5.0	22	35.0
Mild depression	05-09	11	18.3	32	53.3
Moderate depression	10-14	23	38.3	4	6.7
Moderately severe depression	15-19	19	30.0	2	3.3
Severe depression	20-27	4	6.7	1	1.7

Above table shows that maximum 23 (38.3%) critically ill clients were having Borderline clinical depression, 18 (30%) had moderate and 11 (18%) patients were having mild depression in pre test. After spiritual intervention maximum 32 (53%) went to mild mood disturbances and 21 (35%) were belongs to normal.

Table B: *Mean SD and Mean Difference of depression*

Variable	Test	Mean	SD	Mean difference	Paired t Value	P value
Depression	Pre test	47.33	5.18	13.91	34.11	0.0001***
	Post test	33.42	4.82			

The mean pre test score of depression was 47.33 and post test was 33.42 with standard deviation of 5.18 and 4.82 respectively. Mean difference found was 13.91 and P value 34.11. Hence, it is proved that spiritual interventions are effective in decreasing the depression among critically ll.

Table C: *Level of anxiety among critically ill clients*

Level of anxiety	Score	Pre test	%	Post test	%
Mild	Below 17	8	13.3	45	75.0
Moderate	18-25	41	68.3	13	21.7
Severe	Above 25	11	18.3	2	3.3

Above table shows that maximum 41 (68.3%) critically ill clients were having moderate, 18 (30%) had severe anxiety. After spiritual intervention maximum 45 (75%) went to mild anxiety and 13 (21.7%) were belongs to moderate anxiety.

Table D: *Mean SD and Mean Difference of anxiety*

Variable	Test	Mean	SD	Mean difference	Paired t Value	P value
Anxiety	Pre test	41.77	5.13	22.29	81.22	0.0001***
	Post test	19.48	4.14			

The mean pre test score of anxiety was 41.77 and post test was 19.48 with standard deviation of 5.13 and 4.14 respectively. Mean difference found was 22.29 and P value81.22. Hence, it is proved that spiritual interventions are effective in decreasing the anxiety among critically ll. The findings shows that there is significant difference in their mean pretest and post test scores of depression (t = 34.11) and pain (t= 10.08) which shows that there is significant effect of spiritual intervention on these parameters.

Section III: Association of Demographic variables of chronically ill patients with depression.

Sl no	**Demographic variables**		**Mean**	**Standard Deviation**	**F value**	**P value**
01.	Age	30 to 40 years	40.58	4.22	1.01	0.33
		41 to 50 years	40.25	4.62		
		Above 50 years	40.26	4.32		
02.	Gender	Male	40.52	4.12	1.07	0.28
		Female	40.63	4.21		
03.	Social supports	Only Wife	40.54	4.89	1.11	0.45
		Only Children	40.21	4.89		
		Both wife and children	40.85	4.54		
		Other family member	39.84	4.25		
		Single staying	40.01	4.62		
04.	Educational status	Up to primary	40.38	4.32	1.41	0.78
		Degree	39.52	4.12		
		Post doctoral	39.65	4.21		
05.	Previous practice of spirituality	Yes	40.25	4.89	1.02	0.41
		No	40.87	4.21		
06.	System of disorders	Cardiovascular	40.54	4.32	1.32	0.28
		Respiratory	40.98	4.2		
		Neurological	40.78	4.32		
		Gastrointestinal	40.51	3.99		
		Postoperative	40.91	4.02		
		Miscellaneous	39.21	4.71		

The above table shows that there is no significant difference in mean pretest depression scores and demographic variables among critically ill patients. Based on these findings, it interpreted that there is no significant association between depression and demographic variables among critically ill patients.

Section III: Association of Demographic variables of chronically ill patients with anxiety

Sl no	Demographic variables		Mean	Standard Deviation	F value	P value
01.	Age	30 to 40 years	41.05	4.1	1.08	0.356
		41 to 50 years	40.52	4.02		
		Above 50 years	40.93	4.6		
02.	Gender	Male	41.21	4.03	1.04	0.55
		Female	40.48	4.02		
03.	Social supports	Only Wife	40.24	3.8	1.02	0.37
		Only Children	40.65	4.2		
		Both wife and children	40.58	4.32		
		Other family member	40.95	4.02		
		Single staying	40.78	4.3		
04.	Educational status	Up to primary	40.74	4.01	1.61	0.82
		Degree	40.62	4.20		
		Post doctoral	40.23	3.98		
05.	Previous practice of spirituality	Yes	40.87	4.56	0.95	0.61
		No	40.77	4.62		
06.	System of disorders	Cardiovascular	40.11	4.33	0.86	0.58
		Respiratory	40.63	4.2		
		Neurological	40.85	4.65		
		Gastrointestinal	40.25	4.21		
		Postoperative	40.52	4.09		
		Miscellaneous	40.96	4.60		

The above table shows that there is no significant difference in mean pretest anxiety scores and demographic variables among critically ill patients. Based on these findings, It interpreted that there is no significant association between anxiety and demographic variables among critically ill patients.

Discussion:

Level of depression and anxiety:

Various studies worldwide have shown different results regarding the psychological variations during critically clients. In a study in Brazil on 471 participants, Fumis RR13 et all found the rates of anxiety and depression were 34% and 17%, respectively. Bandari et al.14 found Even higher rates of anxiety (52%), whereas Choi et al.15 reported a rate of depressive symptoms as high as 90%. In our study maximum 23 (38.3%) critically ill clients were having Borderline clinical depression, 18 (30%) had moderate and 11 (18%) patients were having mild depression in pre test. These results were consistent with J. C. Jackson et al16, Davydow D S17 (2009) and Davydow D S18 (2013).

Regarding anxiety score, maximum 41 (68.3%) critically ill clients were having moderate, 18 (30%) had severe anxiety. Risnes I21, found 3.5% prevalence of anxiety disorders in critically ill. Other study which shows anxiety in critically ill are, Knowles RE 21, Sukantarat K 22 and Jones C et al23.

Effectiveness of spiritual interventions:

In the present study, spiritual intervention had significant impact on depression and anxiety. These effectiveness was demonstrated by many studies such as Richards et al. (2007)24, Taheri Kharameh et al. (2013)25, Koszycki et al(2010)26 and Doehring (2014)27. Khademvatani K et al28., found that there was an inverse correlation of spiritual health with anxiety and depression in patients with myocardial infarction and that the demographic

variables were significantly associated with spirituality in these patients.

Conclusion

Considering the role of spiritual intervention in increasing psychological well being and reducing depression and anxiety is key element in caring the critically ill patients. A greater attention should be paid in combining the nursing care with spiritual health in maintaining psychological health in critically ill. Increasing the existing knowledge about spiritual needs and encouraging the use of spiritual interventions in nurses are essential steps to the successful implementation of holistic nursing care during critical illness.

Limitations:

The limitations of the present study were:

- Effectiveness of spiritual intervention only seen on critically ill patients.
- Generalization of study findings could not be made because of small sample size of sample and the limited area of settings.
- The study is limited to the selected patients who are hospitalized in tertiary hospital, karad.

Recommendations:

Based on the findings the following recommendation is proposed for future research:

- This study is conducted with one group pre test post test design; further study can be conducted with control group design.
- A similar study can be conducted to assess the effectiveness of spiritual intervention.
- A similar study can be conducted on larger sample and larger area of settings for the purpose of generation.
- A descriptive study can be conducted to assess the effectiveness of spiritual intervention based on hospitalized patients.

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Ethics: ethical approval was taken from institutional ethical committee

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