

Spiritual Care and its Impact Among Care Givers: Results of Survey from Teaching Hospital in Karachi, Pakistan

Maha Tahir¹, Babar Irfan², Omar Irfan³, Kashmira Nanji³ and Waris Qidwai³

ABSTRACT

Objective: Spiritual needs have been of great importance in care giving both religiously and culturally in our society. The aim of this study was to investigate the importance of spiritual needs of care givers and role of spiritual support in care giving.

Methods: A cross sectional study was conducted during July to September, 2015 at a tertiary care teaching hospital in Karachi, Pakistan. Participants 18 years old and above, involved in care giving to a family member were consecutively recruited. A pre-tested questionnaire was used to assess information and SPSS was used for data analysis.

Results: A total of 400 participants were recruited. About 54% of the participants were males. Most of the participants (80%) feel that care giving gets easy with spiritual support.

Conclusion: Spiritual care has favorable impact on psychological and spiritual well being of care givers. Physicians need to be aware of the value held for religious beliefs and spiritual implementation by patients and their care givers.

Keywords: Spiritual need, Care givers, Impact, Pakistan

How to cite this article:

Tahir M, Irfan B, Irfan O, Nanji K and Qidwai W. Spiritual care and its impact among care givers: results of survey from teaching hospital in Karachi, Pakistan. J Dow Uni Health Sci 2017; 11 (3): 93-96.

INTRODUCTION

A care giver can be any individual that gives care to someone who is unfit or debilitated. Informal care givers are those who attend to their friends and family with no monetary benefit; while formal care givers usually are paid care suppliers¹. More than half (59% to 75%) of the care giver population is embodied by women². Evidently, female care givers are commonly required for activities of daily living (showering, toileting and dressing) while males provide monetary support³.

Evidence suggests that patients and their caregivers along with the use of hospitalized treatment have

frequently looked up for spiritual support from perusing sacred books to going to worship places⁴. Use of religious or spiritual beliefs are known to help care givers to handle the care giving experience enabling a better quality of relationship with the care recipients, which has been associated with lower levels of depression⁵. Spiritual treatment is prevalent, complimentary treatment in the United States⁶. A study demonstrated that 82% of individuals hold confidence in the healing performance of spirituality⁷. Moreover, about 66% of parents utilize various forms of spiritual remedy for their ill children⁸⁻⁹. This aspect of care giving has been unexplored in Pakistan. Therefore the aim of this study was to investigate the importance of spiritual support in care giving.

METHODS

A cross-sectional study was conducted at a tertiary care hospital in Karachi, Pakistan during July 2015 to September 2015. A total of four hundred participants, aged 18 years and above and either currently or formerly involved in the care giving to a family member were consecutively recruited through the consecutive sampling technique. Sample size was calculated using EPI info. Written informed consent was obtained from

1. 4th Year MBBS student, Dow International Medical College, Karachi, Pakistan,

2. Final Year MBBS student, Jinnah Sindh Medical University, Karachi, Pakistan

3. Department of Family Medicine, Aga Khan University Hospital, Stadium Road, Karachi, Pakistan

.....
Correspondence: Dr. Omar Irfan, Department of Research, Aga Khan University Hospital, Stadium Road, Karachi, Pakistan.

Email: omarirfan1@hotmail.com

the eligible study participants. Revision and approval of the study protocol was affirmed by the Departmental Research Committee of the Aga Khan University.

Data was collected through a pre-tested structured questionnaire, conducted in English and Urdu languages. The participants were recruited from clinic waiting areas of the hospital. The questionnaire was comprised of two sections; the first included demographic details (age, gender, occupation, education) of the participants. The participants were also asked about their current care giving details such as time since involved in care giving. The second section of the questionnaire included questions pertaining to spiritual care, its importance, and impact on care giving.. The questionnaire was developed using the identified objective, literature search and feedback from other Family Physicians of the institution. It was pilot tested before data collection for the survey. Data from the questionnaire was extracted and analyzed using SPSS version 19.0. Frequencies and proportions were reported for all variables.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Informed consent was obtained from all patients for being included in the study.

RESULTS

The final analysis comprehended information from a total of 400 Care Givers. Table I displays the socio-demographic aspects of the study's participants.

Table 1: Demographic Characteristic of the Study Participants

| Variable | Number | Percentage |
|-----------------------------------|--------|------------|
| Age | | |
| < 30 years | 228 | 57 |
| 31 to 50 years | 113 | 28 |
| 51 to 70 years | 59 | 15 |
| Gender | | |
| Female | 185 | 46 |
| Male | 215 | 54 |
| Marital status | | |
| Married | 164 | 41 |
| Single/Married/Divorced | 236 | 59 |
| Care status | | |
| Current providing care | 256 | 64 |
| In past five years | 144 | 36 |
| Duration of Providing Care | | |
| < six months | 122 | 31 |
| six months to three years | 69 | 17 |
| > three years | 209 | 52 |
| Occupational Status | | |
| Employed | 183 | 46 |
| Unemployed /housewife/student | 217 | 54 |
| Educational Status | | |
| Below Matric | 19 | 5 |
| Matric & Intermediate | 180 | 45 |
| Graduate | 116 | 29 |
| Post Graduate | 85 | 21 |

About 46.0 % were females and 54.0% of the participants were males. The majority of the participants (57%) were less than 30 years of age. Just below three fifths (59%) of the participants were single. Participants' currently giving care to their family members stood at 64%, whereas 36% were providing care to their family members within the past five years. Parents and grandparents were the most reported to be receiving care. Most of them had or were giving care to their mothers (39%) followed by fathers (26%).

Table 2 depicts the spiritual needs of care givers during care giving.

Table 2: Individual Responses of Participants on Spiritual needs, issues and support among care givers (n=400)

| Questions/Response | Number | Percentage |
|--|--------|------------|
| Spiritual needs for care giver increases during care giving? | | |
| Yes | 315 | 78.8 |
| No | 34 | 8.5 |
| Not sure | 51 | 12.8 |
| Do you feel that increased spiritual needs during care giving can be fulfilled? | | |
| Yes | 305 | 76.3 |
| No | 29 | 7.3 |
| Not sure | 66 | 6.5 |
| Do you feel that care giving becomes easier when spiritual support is used? | | |
| Yes | 320 | 80 |
| No | 28 | 7.0 |
| Not sure | 52 | 13.0 |
| Do you consider seeking spiritual support during care giving for care giver as mandatory? | | |
| Yes | 213 | 53.3 |
| No | 111 | 27.8 |
| Not sure | 76 | 19.0 |
| Do you agree that often patient condition does not improve during care giving and seeking spiritual help reduces frustration among care givers? | | |
| Yes | 293 | 73.3 |
| No | 54 | 13.5 |
| Not sure | 53 | 13.3 |
| Do you agree that care givers seek spiritual help during care giving to derive strength and carry on the process of care giving? | | |
| Yes | 279 | 69.8 |
| No | 44 | 11.0 |
| Not sure | 77 | 19.3 |
| Do you agree that currently, spiritual aspects in care of patients and care givers are being ignored, and not given due importance? | | |
| Yes | 229 | 57.3 |
| No | 53 | 13.3 |
| Not sure | 118 | 29.5 |
| Do you agree that in care giving seeking spiritual help and strength are as important as seeking medical care itself? | | |
| Yes | 253 | 63.3 |
| No | 75 | 18.8 |
| Not sure | 72 | 18.0 |
| Do you agree that care givers in general become more religious and seek more spiritual help and support when faced with care giving situation? | | |
| Yes | 261 | 65.3 |
| No | 61 | 15.3 |
| Not sure | 78 | 19.5 |
| Do you agree that spiritual support during care giving has a favorable impact on psychological and spiritual well being of care givers? | | |
| Yes | 281 | 70.3 |
| No | 44 | 11.0 |
| Not sure | 75 | 18.8 |

Around (78.8%) participants responded that their spiritual needs increases while giving care. Majority of participants (76.3%) believe that increased spiritual needs can be fulfilled during care giving. Most of the participants (80%) feel that caregiving gets easy with spiritual support. About 57.3% of the participants expressed that in recent times, spiritual aspects in the care of patients and care givers are being ignored, and not given due importance.

DISCUSSION

Caregiving involves providing assistance with day to day life activities, medication management or providing financial or emotional support¹⁰. According to the current study, the majority of caregivers comprised of men, mainly for providing financial support to the care recipient. This is consistent with our cultural norms and traditions, in which men are the sole providers of financial support, composing the majority of caregivers.

Results from our study suggest that during care giving more people get indulged in spiritual activities. This finding is understandable because participants believed in the healing powers of God¹⁰. Consequently, spiritual methods are likely contributed in healing the patient. This spiritual approach seems to be shared by other Eastern countries, such as Sri Lanka, which in a recent survey reported 67.4% use of spiritual faith¹¹.

The results further shows that care giving becomes easier when spiritual support is used, as 80% of participants agreed to it. It is believed that spiritual practices may be instrumental in decreasing stress, diminished anxiety, an expanded feeling of prosperity, and enhanced performance of the immune system⁹. Spiritual healing is often harmonized with medicinal care rather than an alternated for it, in many families,⁷ further strengthening our findings as more than half of the participants termed spiritual care as mandatory along with medical care. Care givers, often parents, engage themselves in these spiritual methods habitually, in pursuit of pardoning their kids from harm's way¹². With regard to spiritual beliefs influencing the care giving attitude, Caffrey devised the link that religious (Buddhist) beliefs were a key driving force behind the motivation to care when studying family caregivers in Thailand¹³.

Strengths of our study included participants from a wide range of age groups, from 18 year olds to more than 60. We interviewed the attendants coming to hospitals for this survey. The advantage of choosing a hospital as a place of interviewing was that it was

convenient to the medical students who took part in the study. As these attendants came from various parts of the city, opinions expressed were representative of the general public. Limitations included that our focus was not a particular disease or ailment. We recruited all Care givers who were giving care to their family members whether for diabetes, hypertension or an elderly having decreased mobility at home. From the religious point of view we could have divided further in different religions and see to what extent they differ in considering spiritual care as important. There is a need to conduct similar studies, preferably in community settings, in other regions of the country, as conclusions of this study cannot be representative of the entire country.

CONCLUSION

Our results portray that the religious and spiritual beliefs of caregivers are important factors in the care giving process having favorable impact on their psychological and spiritual wellbeing. Incorporating Spiritual care at Physician level may aid in the care giving process. Psychosocial interventions in collaboration with religious leaders might help the care givers to connect their belief systems to care giving and to the relation that is at the center of care giving.

Source(s) of support: None

Conflicting Interest None

REFERENCES

1. Grossman BR, Webb CE. Family support in late life: A review of the literature on aging, disability, and family caregiving. *J Fam Soc Work* 2016;19:348-395.
2. Shilling V, Matthews L, Jenkins V, Fallowfield L. Patient-reported outcome measures for cancer caregivers: a systematic review. *Qual Life Res* 2016; 25: 1859-76.
3. Borjalilu S, Shahidi S, Mazaheri MA, Emami AH. Spiritual Care Training for Mothers of Children with Cancer: Effects on Quality of Care and Mental Health of Caregivers. *APJCP* 2016;17:545-52.
4. Lucchetti G, Lucchetti ALG, Oliveira GR, Crispim D, Pires SL, Gorzoni ML, et al. Nursing home care: exploring the role of religiousness in the mental health, quality of life and stress of formal caregivers. *J Psychiatr Ment Health Nurs* 2014;21:403-13.
5. Chang BH, Noonan AE, Tennstedt SL. The role of religion/spirituality in coping with caregiving for disabled elders. *The Gerontologist*, 1998 Aug 1;38:463-70.
6. Bell R, Quandt S, Grzywacz J, Neiberg R, Altizer K,

- Lang W, et al. Patterns of complementary therapy use for symptom management for older rural adults with diabetes. *J Evid Based Complementary Altern Med* 2013;18:93–9.
7. Damianakis T, Wilson K, Marziali E. Family caregiver support groups: spiritual reflections impact on stress management. *Aging Ment Health*, 2016; 1-7
 8. Douglas SL, Daly BJ. The impact of patient quality of life and spirituality upon caregiver depression for those with advanced cancer. *Palliat Support Care* 2013;11:389-96.
 9. Lavretsky H, Epel ES, Siddarth P, Nazarian N, Cyr NS, Khalsa DS, et al. A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: effects on mental health, cognition, and telomerase activity. *Int J Geriatr Psychiatry* 2013; 28:57-65
 10. Ashraf S, Rahman AJ, Satwani H, Naz F, Abbas K, Hassan A. Trend of complementary therapies in paediatric age group. *JPMA* 2010; 60:1015-18.
 11. Broom A, Wijewardena K, Sibbritt D, Adams J, Nayar KR. The use of traditional, complementary and alternative medicine in Sri Lankan cancer care: results from a survey of 500 cancer patients. *Public Health* 2010;124: 232–37.
 12. Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. Caregiver burden: a clinical review. *JAMA* 2014; 311:1052-60.
 13. Caffrey, R. A. Caregiving to the elderly in Northeast Thailand. *Journal of Cross-Cultural Gerontology* 1992; 7: 117-134.

