A Qualitative Study of Patients' Coping Strategies and Expectations Regarding Spirituality During Hospitalisation

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ABSTRACT

Background: Hospitalisation can be a profoundly unsettling experience, often prompting patients to rely heavily on their spiritual beliefs and practices for comfort and strength. Spirituality, whether it involves prayer, meditation, reading religious texts, or other rituals, can provide significant psychological comfort and help patients navigate the emotional turmoil of their health challenges. The objective is to explore patients' personal coping strategies and expectations regarding spirituality during hospitalisation.

Methods: This study applied a phenomenological approach. Ten participants were recruited through purposive sampling. They participated in in-depth, face-to-face, and audio-recorded one-time interviews. All interviews were transcribed verbatim and analysed using thematic analysis to identify key themes.

Results: Two themes were identified: (1) personal coping strategies with the subthemes: a) faith in God, b) reflection on family, and c) unleashing the power of self-motivation, and (2) Personal expectation with the subthemes: a) fostering attentiveness and empathy in patient care, and b) hospital management's role.

Conclusion: Patients seeking treatment in hospitals often need more than just physical medical interventions; their overall well-being can also significantly benefit from spiritual care. These findings suggesting hospital management teams to address staffing issues and enhance training programs to foster a more compassionate and patient-centric approach in patient care.

Keywords: Spirituality; Coping; Expectation; Patients; Qualitative study

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INTRODUCTION

Spirituality is defined as "a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering" (1). In the literature, spirituality is generally conveyed as prominent aspects such as meaning and aim in life, connectedness, internal strength, excelling oneself, and being a broader concept than religion (2).

Karimollahi et al. (3) reported that patients come to the hospital expecting to be cured. Thus, they seek physical care and information to release themselves from stress. Additionally, the author reported that every patient wants a caregiver with them, knowing that not having one could affect their basic needs in the ward. Jadidi et al. (4) found that patients stated that their main spiritual needs are interest in God, religious instructions, and knowing more about the world after death. Thus, they expected healthcare providers to provide them with these religious beliefs, which would result in inner peace within themselves. Moreover, Perrin et al. (5) mentioned that patients want healthcare providers to treat them as individual human entities, being listened to and should be given more attention.

Spirituality influences individual behaviour and attitudes in various situations, such as mental and physical health issues (6). Most studies show that spirituality positively affects health, reducing anxiety and concern among patients and their families, and helping them more readily accept and manage their health conditions (7). Kurniawati et al. (8) reported that patients attended by healthcare professionals for spiritual care were motivated to be positive and took meaning in sick conditions to get a better life. Health issues and life challenges often lead individuals to seek ways to cope with or overcome them, and in many cases, spirituality provides the necessary strength and meaning (9).

Even though Malaysia's healthcare system is generally well-organised and efficient from the aspect of pharmaceutical medical preparation, the spiritual aspect of the patient is still not fully addressed (10). Moreover, there is a lack of qualitative studies regarding spirituality conducted in Malaysia. Most qualitative research is conducted in Western countries with different cultures and beliefs. Thus, this study aimed to explore patients' personal coping strategies and expectations regarding spirituality during hospitalisation.

METHODS

Research Design

This study employed a phenomenological approach, which is particularly suited for capturing the core essence of a phenomenon by examining it through the experiences of those who have lived it (11).

Setting and Samples

Participants were selected from one teaching hospital through purposive sampling. The inclusion criteria for the participants are male/female, age 18 to 60 years, diagnosed with acute (broken bone/infection) or chronic disease (diabetes/hypertension/cancer), ward (medical, surgical, orthopaedic, oncology) and admitted for at least three days. The study conducted interviews with participants until data saturation occurred, which is when further interviews no longer provided new information or additional codes for analysis (12).

Data Collection

Participants were recruited from May to November 2023. Before conducting the interviews, the researcher spent time establishing rapport with the participants. An interview guide was used to gather participants' responses during the informal, semi-structured, and face-to-face interviews. With participants' consent, voice recorders were used alongside note-taking to capture the conversations for precise transcription and analysis later. All the interviews were held in a convenience room within the ward and lasted between 20 to 40 minutes.

Data Analysis

Data was analysed using thematic analysis. This technique involves identifying data themes, which serve as the foundation for categorisation (13). The method requires an in-depth data analysis, where the researcher carefully codes the data to discover significant themes. These codes and themes help unify data collected through various methods (14).

The initial step includes a meticulous transcription of the data from notes and audio recordings. The researcher then thoroughly examines the transcripts to detect important meanings and patterns. The next step is to create preliminary codes that capture these meanings and patterns. This involves collaborative discussions with qualitative research experts to pinpoint relevant text segments and assign suitable codes, grouping similar meanings under common codes. Subsequently, these codes are examined to identify and validate potential themes, ensuring each theme's cohesiveness and relevance. The themes are then clearly defined and named. The reporting phase presents the findings in detail, enhanced with examples to aid understanding. The NVivo software helps organise the data into defined themes, facilitating the reporting process.

Trustworthiness

Tobin and Begley (15) recommend achieving dependability and confirmability in research by keeping a detailed audit trail. This study maintained a comprehensive audit trail to document every action and any changes during data collection, analysis, interpretation, and reporting. The researcher thoroughly noted observations about the research process, interactions with participants, personal reflections, and analytical insights in a research diary that supported the audit trail. Furthermore, discussions with a team of qualitative research experts strengthened the study's rigor. These discussions offered invaluable insights and feedback, enhancing the credibility and reliability of the research findings.

RESULTS

Demographic Characteristics of The Participants

Ten participants were involved in this study, and their backgrounds are detailed in **Table 1.** Two themes related to the patients' spirituality were identified: 1) personal coping strategies and 2) personal expectations.

Theme 1: Personal Coping Strategies

Faith In God

Most participants have faith in God in attending to their spiritual needs. They keep remembering Allah and recite *selawat* (Prayer of peace and blessing upon the Prophet Muhammad S.A.W) and *istighfar* (seeking forgiveness) to fulfil their spiritual needs.

"At first, it was really hard for me, because I needed to go home to take care of my child, but I have been taught by Ustaz [Religious teacher] that whatever is happening in my life, I have Allah (God)."

(P3)

"I recited selawat repetitively. I am not able to walk and in pain. So, I keep praying to Allah to strengthen me and ease my healing process."

(P5)

"I have to remember Allah. I am Muslim. Everything that happened in my life such as sadness, pain, disappointment and many more, I have to remember Allah. I will recite istighfar, selawat, and others."

(P8)

Reflection on Family

For some participants, family is the source of their strength. P1 and P7 expressed their willingness to heal by remembering their family at home, while P2 mentioned his wife as his strength to go through the disease.

"I have three children. Still going to school… so focus only on family matters, no other things."

(P1)

"Yes, I am really tired, I could not walk, and my legs were in pain. But I have to be strong. I will always remember my children at home."

(P7)

"My wife and my friends are the source of my strength. They visit me or video call me."

(P2)

Unleashing The Power of Self-Motivation

Few participants have the self-motivation to keep them strong in going through the healing process. P4's shift from unwillingness to a proactive stance on health suggests an awakening to the value of life and personal well-being while P5 recognized that there are patients in worse conditions fosters a sense of gratitude and positivity.

Table 1: Socio-demographic characteristics of the participants (n=10)

Patient	Age	Gender	Marital Status	Diagnosis	Days of admitted
1	41	Male	Married	Spinal cord injury, diabetes, hypertension	41
2	44	Male	Married	Fracture of left tibia & fibula	15
3	47	Male	Married	Septic shock & viral fever	23
4	39	Female	Divorced	Pancreatic cancer	33
5	35	Male	Married	Fracture of right femur	11
6	38	Male	Married	Meningitis, Community Acquired Pneumonia (CAP)	45
7	40	Female	Married	Fracture of spine	18
8	55	Male	Divorced	Colorectal cancer	25
9	43	Male	Divorced	CAP, chronic kidney disease	40
10	51	Female	Divorced	Patella fracture	13

"Previously, I was not willing to be healthy again, but I think it is for my own benefit. So, I have to be strong."

(P4)

"I have to be strong, there are many patients with worse conditions than me. I have to think positive and feel grateful."

(P5)

Theme 2: Personal Expectation

Fostering Attentiveness and Empathy In Patient Care

The majority of participants expressed their dissatisfaction with nurses' attitudes. P2 and P4 mentioned that nurses need to be more attentive to patients' spiritual needs.

"They [nurses] should come to my room and ask about my condition to strengthen my emotions and spirit, instead of chattering at the counter."

(P2)

"I feel a little bit offended. Instead of scolding me, they [nurses] should ask me in the first place, the reason I do not want to take the medication. I am a patient, for sure I am in a sick condition and have my own reason."

(P4)

Other participants also have been poorly treated by nurses. They expect nurses to be more empathetic in doing their tasks and treat

patients as their family members.

"A few of them [nurses] treat me a little bit harshly. For example, when they need to wipe my body or lift up my leg, Sometimes I want to scream out because it is really painful. I asked them to do it slowly, but they just treated me the same."

(P6)

"Some of them [nurses] are arrogant, they should not treat me that way, they should treat patients like their family or relatives."

(P7)

Hospital Management's Role

P3 and P6 suggest hospital management to hire more staff as they see nurses are too hectic with all the tasks. Participants mentioned the lack of manpower, which made them feel neglected in the ward.

"There is a lack of manpower, so it is better to assign more staff…there was one time, I did not eat anything from morning until 3 pm. I pressed the call bell, but no one attended me as they seemed really busy."

(P3)

"I think more staff is needed in the ward. There was one night, a patient next to my bed died and no staff was aware as they were busy and lacked manpower …Hospital management needs to provide programmes for staff in training their

communication skills especially their way in treating and greeting patients."

(P6)

DISCUSSION

This study was undertaken to explore patients' personal experiences of coping and expectation of spirituality during hospitalisation. As all of the participants in this study are Muslims, they believe in Allah [God] and His plan. Faith in God can foster optimistic thoughts about the future, which may reduce feelings of hopelessness and depression while boosting happiness (16). Weather et al. (1) reported that most patients' faith in God reflects their belief that God cares for their personal well-being. Moreover, frequent participation in religious rituals can lead to more consistent behaviour, lessen the fear of loss, and decrease reward sensitivity, thereby reducing impulsive decision-making and actions (17).

Families infuse caregiving with a complex web of meanings that shape their collective experience of illness. This encompasses personal experiences and differences, interpretations of crises, feelings of control, and beliefs regarding the causes of suffering and the nature of healing (18). In this study, participants keep their minds about their families to keep them motivated to be cured from the disease. Anderson & White (19) stated that an ill person views the act of caring for a loved one as playing an active role in reducing the burden on others. Thus, participants felt their spirituality was fulfilled when communicating with their family even through phone.

In this study, some participants mentioned that their self-motivation plays a crucial role, acting as a powerful internal force that propels them through the challenges during hospitalisation. It has been suggested that optimists maintain their effort toward achieving goals even during difficult times due to their positive outlook on the future (20). Research by Carver et al. (21) indicates that optimists can switch among various coping strategies depending on the situation's demands. Given that optimism is linked to maintaining well-being in the face of adversity, adjusting goals flexibly is particularly crucial in understanding how optimism influences well-being (20).

Patients also want nurses and doctors to treat them nicely. They expect healthcare providers to respect their self-esteem and dignity in providing spiritual care (4). Patients feel happy when healthcare providers attend to them and help them in the ward. They value quality staff who affirm holistic, cultural and faith-based personhood in delivering spiritual care (22). Another study also reported that patients feel calm and keep strong to go through their disease by praying and reciting dzikir (23). Patients expect not only efforts from healthcare providers but also from hospital management. They seek action from top authorities to solve a few issues such as the lack of manpower in ward settings.

A limitation of this study is that it only included participants from a single hospital, which might restrict the generalisability of the findings. However, the detailed information gathered from face-to-face interviews helped mitigate the narrow scope, significantly enhancing the results. Additionally, the study was limited to Malay participants, potentially overlooking the spiritual perspectives of other ethnic groups like the Chinese and Indians. Future research should consider including patients from diverse hospital types throughout Malaysia, such as public, private, and teaching hospitals. Such an approach would broaden the research's scope, enhance the representativeness of the data, and provide a more comprehensive view of spiritual issues in various healthcare environments.

CONCLUSION

The findings from this qualitative study highlight the profound impact of spirituality and family support on patients' resilience and coping strategies during hospitalization. Participants frequently turned to spiritual practices, such as reciting prayers and seeking strength from God, to navigate the emotional and physical challenges of their medical conditions. This deep reliance on faith underscores the necessity for healthcare providers to recognise and support the spiritual needs of patients as an integral part of holistic care. However, the study also revealed areas of concern regarding patient care, particularly nurses' need for greater empathy and attentiveness. Participants expressed dissatisfaction with the perceived lack of sensitivity and the hurried interactions with healthcare professionals. These insights call for

hospital management to address staffing issues and enhance training programs to foster a more compassionate and patient-centric approach in nursing care. Such improvements could significantly enhance the overall patient experience, ensuring that both their medical and emotional needs are effectively met.

ETHICAL CONSIDERATIONS

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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AUTHOR CONTRIBUTIONS

NAHMH: data collection, analysis and interpretation for the article.
WHWM: drafted the manuscript, analysis and interpretation of the data, revised the manuscript critically with intellectual contents and approved the final version of the manuscript.
NMS: analysis and interpretation of the data.
ACA: critical revision of the article for important intellectual content.
MS: critical revision of the article for important intellectual content.
SNI: analysis and interpretation of the data.

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