LETTER TO EDITOR OPEN ACCESS

Faithful Caregiving: Christian, Hindu, Buddhist and Muslim Spiritual Practices in Palliative Care

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Dear Editors,

This letter aims to elucidate the crucial significance of spiritual care in palliative care contexts as perceived by family caregivers who identify as Christian, Hindu, Buddhist, and Muslim. The caregiver's religious or spiritual views strongly influence faithful caregiving. This approach emphasizes emotional and spiritual support in addition to physical care. Faith guides many caregivers' views of pain, healing, and death, guiding their actions and interactions with patients. The caregiver's spiritual beliefs guide their rituals, prayers, and practices in varied cultural and religious situations. Palliative care must recognize and promote these spiritual components to be compassionate and culturally sensitive.

Spiritual care is seen as an essential element of comprehensive palliative care, making a significant contribution to the overall well-being and emotional state of patients dealing with life-threatening illnesses (1). Cultural care entails taking into account the beliefs and cultural background of patients while formulating treatment plans. Nurses should be cognizant of the fact that every person has a distinct cultural and racial heritage and should provide care that honors their individuality (2). Family caregivers play a crucial role in providing this particular form of care, sometimes serving as a connection between medical treatment and spiritual need. We previously studied the spiritual activities of Christian, Hindu, Buddhist, and Muslim palliative care caregivers. This study showed how these caregivers use their faith to provide spiritual and emotional assistance that coincides with their beliefs. Understanding and honouring these varied spiritual approaches can improve patient care and build a more caring environment.

First, Christian caregivers use prayer, religious ceremonies, and church participation to comfort patients and strengthen their emotional resilience. Faith-based activities in palliative care settings have been shown to improve patients' quality of life, reinforcing the importance of spiritual care. Second, chanting, meditation, and spiritual symbols are important to Hindu caregivers. In the face of problems like restricted spiritual services or healthcare experts' misunderstanding, these practices are essential for hope and peace. Culturally sensitive care that acknowledges the patient's spiritual path requires recognizing these practices. Third, Buddhist Caregivers practice awareness, meditation, and sacred text recitation. As they near death, these practices help patients find calm and acceptance. The requirement for culturally competent palliative care is highlighted by the need to understand Buddhist practices and respect them. Fourth, Muslims care for others by praying (Salah), reciting the Quran, and consulting religious leaders. These rituals provide spiritual support to patients and caregivers, who often carry the emotional load of care. Unfortunately, healthcare staff' ignorance of Islamic beliefs might hinder care. Healthcare practitioners must understand these behaviors to provide courteous assistance.

Our study emphasizes "Faithful Caregiving," emphasizing the need of cultural and spiritual competency for healthcare workers. By doing so, they may better fulfill patients' different spiritual needs and provide compassionate, respectful treatment that respects each patient's beliefs and culture. The perspectives shared by Christian, Hindu, Buddhist, and

Muslim caregivers emphasize the significance of adopting a culturally sensitive approach to spiritual care. This approach has the potential to cultivate trust and enhance the results of care (2,3,4,5).

Recognizing and attending to the spiritual needs of patients is a firmly established notion in the field of palliative care. Nevertheless, our writing on "Faithful Caregiving" provides a subtle viewpoint by emphasizing how caregivers' religious beliefs influence their approach to providing care. The main focus of this letter is not just the presence of various spiritual practices but rather the profound effect that incorporating these practices can have on the level of care provided. By seeing caregiving as a manifestation of faith, intricately connected to the caregiver's spiritual convictions, we demonstrate how this perspective improves the emotional fortitude of both patients and caregivers, resulting in more significant and comprehensive care results. This perspective encourages healthcare professionals to surpass cultural competence and aim for a more profound spiritual comprehension. This will provide a care setting that genuinely values and incorporates the religious beliefs of all individuals involved. Nurses should acknowledge that each person has a distinct cultural and racial heritage and should be provided with care that honours their individuality (5,6,7).

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