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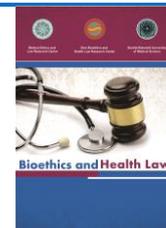
Original Article

An Islamic Model for Taking Patients' Spiritual History

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ABSTRACT

Background and Aim: In the recent years, the spiritual dimension of human nature has received ever-increasing attention for a better healthcare. One way of responding to this issue is taking the patients' spiritual history in healthcare setting. A spiritual history is a set of questions that can explore into the spiritual experiences and beliefs of a patient with a simple interview. This study seeks to establish a new framework for obtaining spiritual history based on Islamic culture. The aim of the present study was to establish a new framework for obtaining the patients' spiritual history by using a qualitative approach.

Materials and Methods: For the purpose of the qualitative study, first, the conceptual framework of spirituality was grounded by a team of experts. Then, a two-part questionnaire was developed based on the selected available tools and Delphi method.

Ethical Considerations: The principles of ethics and integrity in the research, citation, and literature analysis were taken into consideration.

Findings: The 16 finalized questions were divided into two sections. In this regard, the first part was concerned about the beliefs, ethics, values, behaviors, and experiences related to spirituality, which can be used to derive out the required spiritual information from all patients in any situation. The second part was developed based on the spiritual needs of the patients.

Conclusion: As the findings indicated, taking spiritual history can facilitate the establishment of a more intimate relationship between the patient and therapist. It is hoped that the utilization of this Islamic model can improve the patients' quality of life.

Introduction

Spirituality and practice of medicine have been intertwined throughout history[1]. The great Iranian (Persian) physicians have addresses spirituality in the traditional medicine and assisted to the literature related to this domain[2]. In the recent years, an increasing attention has been given to the spiritual dimensions of human nature with the aim of delivering a better care[3-4]. According to the multiple studies recently conducted in the Western and also Islamic countries, the patients desire to satisfy their spiritual needs at desperate times and would like their therapist to consider this[2, 5-8]. However, this need is still ignored in most of the medical centers.

One way of responding to this desire is taking the patients' spiritual history in the healthcare settings[9]. Based on the literature, taking spiritual history is considered as an important practice in the treatment and care process[9-12]. Spiritual history is a set of open-ended questions that entails the patient's beliefs and spiritual experiences and can be used to develop healthcare plans. These questions facilitate the identification of patient's spiritual needs, which results in the improvement of mental situation and care plan.

In addition, this inquiry can lead to the establishment of a closer relationship between the patient and his/her therapist, which in turn can play an influential role in the process of healthcare decision-making. Moreover, these questions can act as a powerful intervention in the process of treatment in some cases. Accordingly, the patients receive a better care, which leads to the improvement of their well-being state.

The first step in considering spirituality in the healthcare services is to accurately define the concept and differentiate it from religiosity, since the literature bears few clear and transparent definitions and differentiations in this regard[3]. The therapists have to

manage different cases with their own judgment when there is no definite criteria in this respect.

Although the abstractness of spirituality concept can pose a challenge in defining and managing information in this domain and therapies may confuse to handle the related information, the possession of a conceptual and applicable definition can be accommodating[13]. The researchers have focused on the development of an instrument for assessing the spirituality in special groups of patients[14-17] or general patient[18-24]; however, none of these tools have been investigated psychometrically in Iran.

With this background in mind, the aim of this study was to design a model for taking the patients' spiritual history. Therefore, the first task was to present a practical definition of spirituality and religion, followed by the development of the model questions based on the religious context of Iran.

This qualitative study was carried out in three phases. In the first phase, an expert panel was gathered that consisted of six experts (i.e., two psychiatrists, one educational science expert, one philosophy researcher, and two psychologists), two patient representatives, and a project director (community medicine specialist). Expert panel is the best option for the investigation of a new subject with multiple dimensions[25]. The expert panel discussed the issues related to the development of the framework of spirituality and spiritual history form. The second phase involved an advanced literature review on the national and international documents[26-34]. After obtaining a consensus about the spirituality definition in the interdisciplinary team, the practical framework of this subject in the health system was presented. Subsequently, an advanced literature review was performed in order to find the appropriate tools for taking a patient's spiritual history (Table 1).

Materials and Methods

Table 1. The search strategy for advanced reviewing the literature

(interview*[tiab] OR "Interview" [Publication Type] OR "Interviews as Topic"[Mesh] OR "Interview, Psychological"[Mesh] OR)

AND

(guide*[tiab] OR "Practice Guideline" [Publication Type] OR "Health Planning Guidelines"[Mesh] OR "Guidelines as Topic"[Mesh] OR "Guideline" [Publication Type])

AND

(patient*[tiab] OR client*[tiab] OR "Patients"[Mesh] OR "Survivors"[Mesh])

AND

(spiritual*[tiab] OR Psycholog**[tiab] OR "Spirituality"[Mesh])

All the available tools were in form of questionnaires with open-ended questions. We used four tools used for taking spiritual history, namely Beliefs, Explanation, Learn, Impact, Empathy, Feelings (BELIEF), Faith, Importance, Community Address (FICA), Hope Organizational Personal Effects (HOPE), and Spiritual Personal Integration Ritualized Implications Terminal (SPIRIT) (21-24). These tools were employed to be compared with our conceptual framework (Table 2). After the implementation of multiple revisions and removal of duplicate questions, an item pool with 33 questions (out of 84 items) was generated.

In the third phase, the Delphi method was performed in two rounds. In the first round, the questions were validated by 11 experts, including a psychiatrist, two social medicine experts, a social researcher, two psychologists, an epidemiologist, a pain fellowship practitioner, a sociologist, and two representative of patients. The relevance, clarity, and simplicity of each item were assessed for determining the content validity index (CVI)[35]. Furthermore, the necessity was estimated for determining content validity ratio (CVR)[36]. This phase resulted in the inclusion of 22 questions.

Based on the experts' recommendations, in the first round of Delphi method, the questions were classified into general (i.e., for all patients) and selective (i.e., for those who are in need of profound inspection)

categories in order to increase the administrative capacity of the interview questions to all healthcare fields, even under severe and emergency situations. Subsequently, the classified questions were sent for the second round of Delphi method. Based on the results of this round, 16 questions were finalized by obtaining the feedbacks and consensus of 10 experts.

Ethical considerations

The principles of ethics and integrity in the research, citation, and literature analysis were taken into consideration.

Table 2. The selected tools for this study from the literature

Instrument Name	Standing for	Date of Introduction	Designer(s)	Comments
SPIRIT	**S**piritual belief system **P**ersonal spirituality **I**ntegration with a spiritual community **R**itualized practices and restrictions **I**mplications for medical care **T**erminal events planning	1996	Maugans	This mnemonic instrument is for the healthcare providers in order to take the patients' spiritual history, including general and specific issues, based on their desires.
FICA	**F**aith or beliefs **I**mportance and Influence **C**ommunity **A**ddress	2000	Puchalski & Romer	This instrument discusses the patients' religion and spirituality in the treatment and healing process and helps the healthcare providers to use it in improving the patients' physical well-being.
BELIEF	**B**eliefs **E**xplanation **L**earn **I**mpact **E**mpathy **F**eelings	2000	Dobbie, Medrano, Tysinger & Olney	This is an educational-clinical instrument for deriving out the spiritual beliefs of the patients. The healthcare providers can use it to gain more understanding of influence of the patients' beliefs on their treatment.
HOPE	**H**: Sources of hope, meaning, comfort, strength, peace, love, and connection **O**: Role of organizational religion **P**: Personal spirituality/practices **E**: Effects on medical care/ end-of-life issues	2001	Anandarajah & Hight	This is a flexible and easy-to-use instrument for evaluating spirituality and helping the healthcare providers to enter the relevant discussions with their patients. This instrument can give them self-awareness on how spirituality can influence treatment and care.

Findings

Spirituality as a concept

In this study, spiritually was defined as 'the beliefs and behaviors, which describe the belonging and connectedness to God, who is the Lord of the world'. The main foundation of spirituality is monotheism.[37] Therefore, spirituality is more than having faith in a religion or religiosity. Religion is a belief system composed of organized acts and behaviors, which supposedly help people to achieve more understanding in their spirituality. In this sense, spirituality created based on faith in God and a theistic belief system can lead to the following changes and outcomes in the essence and life of a human being:

- Having a meaningful world and life
- Having a sublime as a source of hope, power, and support
- Having the motivation for facing the challenges of life, sacrificial, etc.
- Having ethical instruction to act accordingly
- Experiencing an inner peace and transcendence

In addition, anything that can strengthen the relationship of a person to God, such as art and nature, can be a sign of spirituality in that person.

Questions

Out of the 84 available questions regarding spirituality in the instruments obtained from the literature, 33 items were chosen for the first round of Delphi based on their compatibility with the given definition of spirituality in this study. Based on the results of the first round, 11 questions were excluded, and 22 items were kept according to their validity index. The remaining questions were divided into two categories. The first category had a CVR of ≥ 75% and a CVI of ≥ 90%; on the other hand, the second category had a CVI of > 90% and a CVR less than that of the first category.

After performing the second round of Delphi and achieving consensus, 16 questions were selected for the two categories (tables 3 and 4). In this regard, 2, 4, 7, and 3 questions were selected from BELIEF, FICA, HOPE, and SPIRIT tools, respectively. The first category of the questions (Table 3) was concerned about the beliefs, ethics, values, behaviors, and experiences related to spirituality.

The therapist can use these questions to derive out the required spiritual information in a concise and beneficial manner. Most of these questions indirectly investigate different aspects of spirituality in an intimate manner.

Table 3. The first category of questions in this model

1- In case of hardships to whom or what do you do you rely on?

2- What gives you hope, peace and comfort in your life?

3- What gives purpose and meaning to your life?

4- If you take believing in God as a principle of spirituality, do you consider yourself spiritual?

5- For some people believing in God is the main source of hope and comfort in dealing with life's ups and downs. Is this true of you?

6- What effect has your spiritual beliefs have had on your morale during the illness?

7- What role do you think your spiritual beliefs will have in regaining your health and well-being?

8- Usually which religious acts give you peace and comfort (e.g. saying prayers, praying, reading from the Holy Quran, going to holy places, etc.)?

9- Is there any medical care which should be considered forbidden, taboo, or abhorrent according to your beliefs?

The second category of the questions (Table 4) was developed based on the spiritual needs of the patients at the healthcare centers in order to reveal the condition, based on which the therapist can improve his/her relationship with the patient. It is hoped that the fulfillment of these needs may restore the patients' spiritual peace and comfort in order to accelerate the treatment process.

Table 4. The second category of questions in this model

1- According to your beliefs, are there any special points in my relationship to you as your therapist which I should have in mind?

2- Is there any compatibility between your beliefs and the treatment method used to treating you? (Have there been any problems in this case?)

3- Is there anything you want to talk about regarding your beliefs or treatment?

4- Are there any specific conditions which I should know about while treating you (e.g. special nutrition regimes, using blood products, etc.)?

5- How would you like me or my other colleagues to consider your spiritual beliefs in the treatment process?

6- What would you like me to provide you for your spiritual peace and comfort (e.g. a Holy Quran, special place for prayers, etc.)?

7- Do you need to be introduced to someone with spiritual expertise?

Conclusions

The inclusion of spirituality in the healthcare process requires the achievement of a mutual understanding of this concept[26]. Many researchers have tried to distinguish between spirituality and religiosity by giving a thorough and universal definition of spirituality, which can include theist and atheist perspectives[38]. However, in this study, the concept of spirituality was considered from a theist point of view. Therefore, the definition of this concept in the present study included the characteristic of transcendence in addition to the three characteristics of cognitive, experiential, and behavioral specified in the other studies[24].

This characteristic was considered to be the most sublime and special spiritual experience of a person, which would most probably provide the person with a more firm stance regarding enduring pain and facing death. This interpretation of spirituality is pretty distinct from those stated by others, such as those adopted in the culturally relevant interviewing instruments (e.g., BELIEF)[23].

In the majority of the formal instruments[24], the questions are developed under four domains. The domain of spiritual values and beliefs includes one or a few general questions. In addition, the person's membership in religious communities (i.e., supportive religious organizations) is inquired in these tools in order to find out how much she/he is affected by the beliefs and rituals. These instruments also elicit the patient's specific religious restrictions, customs, and practices, which should be considered by the therapist during the process of treatment.

These marginal and precise questions in some tools, such as HOPE, provide the basis for a better interaction between the patient and therapist, which arouses the sense of self-respect and worthiness in the patient and gives the therapist the opportunity to use spiritual factors for the facilitation of a better patient recovery.

All of the mentioned tools are intended to cover some of the discussed issues. However, the developed questions should be consistent with each society's special cultural and religious factors. One of the most important advantages of the tool developed in this study is its categorization (i.e., categorizing the questions in two sections). This highlighted the dynamicity of patients' spirituality, which is affected by the mental, physical, and environmental conditions. This point has been mentioned as the advantage of these tools in the literature[10].

The first set of questions provides the therapist with an opportunity to learn about the patient's spiritual issues. The second set can be used to gain knowledge on how to apply the spiritual knowledge in the clinical work if the patient is ready for more inspection. It has been noted that in the first stage, the interview should be focused on the indirect investigation of the patients' faith and beliefs so that the patient may give information with the least resistance. This stage might take 5-10 min. The next stage can be undertaken if the patient is ready for it, has a stable condition, and has not shown much resistance in giving information in the first stage.

Taking a patient's spiritual history (in short form or deep interview) is very similar to taking his/her medical history, which can be performed by the therapist based on the conditions and patient's expedient. Moreover, this structural framework establishes the opportunity to follow up a patient's spiritual improvement or

deterioration during the treatment process. The most significant aspect of this tool is probably its locally-based nature and non-inclusion of the religion-based spiritual indicators.

Therefore, this instrument can possibly be used as a flexible and adaptable tool in other social, cultural, and ideological perspectives adopted by other societies. In addition, since this tool has been developed by the experts of different fields who work in the context of spiritual and physical well-being, it is considered as a comprehensive interdisciplinary research instrument. The experts' consensus on the establishment of a common language to derive out the patients' spiritual information has provided the optimum ground for achieving face and content validities for such a tool.

There are some institutes and research centers working on this subject in Iran[26,38]. Regarding this, it seems necessary to have a sound framework for taking patients' spiritual history that has been developed by the Muslim researchers. The assessment of the spiritual situation can promote the health services system. To the best of our knowledge, this tool is the first locally-based developed instrument for deriving out the patients' spiritual history in Iran.

By the establishment of a closer relationship between the patient and therapist, it is hoped that the application of this model would improve the patients' quality of life and accelerate their recovery process[10]. The therapists are supposedly one of the few groups with whom the people tend to share their personal issues and pains. Nevertheless, the therapist must avoid having any prejudice toward the patient and respect him and gaining patient's information for a better healthcare service.

The only limitation of this study was that some experts refused to cooperate in giving feedback or provided it with long delays, which resulted in the elongation of the research process. In the present study, all effort was given to meet the essentials of an appropriate framework for taking patients' spiritual history. However, the integration of the model into the healthcare setting would be the main challenge in this domain. The reliability of this model can be assessed based on the feedback received from questionnaires and theme analysis of the responses.

The Islamic spiritual history taking instrument is the first locally-based tool that can be used by the Muslim healthcare providers. This tool comprehensively assesses the central role that spirituality and religion play among the patients. Taking spiritual history can establish a more intimate relationship between the patient and health providers. Therefore, it is hoped that the utilization of such an Islamic model would improve the patients' quality of life. Given the unique nature of the tool, future studies are needed to test this instrument in patients, especially among those affiliated with Muslim traditions.

Conflict of interest statement

The author declares that they have no conflicts of interest.

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