

Original Article

Nursing Experience in Providing Spiritual Support to Patients with Acute Coronary Syndrome at Emergency Unit: Phenomenology Study

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Abstract

Background: Acute coronary syndrome (ACS) is categorized as a life threatening cardiac disease. ACS patients who come to the emergency installation are likely to experience anxiety for fear of death. Psychological issues are closely related to the outcome of ACS disease, therefore nurses must act quickly in knowing the situation that occurs so as to minimize morbidity and mortality.

Aims: This study is intended to explore the nurses' experience on giving spiritual support that has been given to the patients with acute coronary syndrome in the emergency installation.

Method: This descriptive phenomenology study was conducted with semi-structured interviews with open-ended questions. Purposive sampling technique was employed on 8 nurses working in the emergency room.

Result: The participants provided an overview of the importance of such spiritual support as an effort to get closer to God in a state of illness, either support is given by the nurses themselves or involving the family members; this support aims to reduce anxiety.

Conclusion: As the significance of the spiritual support given to the patients, this may contribute to the provision of optimal care. Therefore, nurses should refer to the results of this study to further improve the intervention of spiritual support not only to guiding prayers, but can also be in the form of direction with distraction techniques in order to speed up the healing process and reduce the fear of patient's death.

Keywords: nurses, spiritual support, acute coronary syndrome, phenomenology

Background

Acute coronary syndrome (ACS) is caused a disturbance in the flow of blood vessels that can be life-threatening and even cause death (Kolansky, 2009). Indonesia is as one of the developing countries where the rate of incidence of coronary syndromes. Basic Health Research of the Republic of Indonesia in 2007 stated that ACS becomes the third highest factor that causes of death, after

stroke and hypertension (Cahyaningtias *et al.*, 2016). Some signs and symptoms of ACS patients are acute and shortness of breath chest (Joob & Wiwanitkit, 2013). In addition to the perceived physical disturbance, psychological complaints often arise within the ACS patients. Research conducted by Rozanski & Kubzansky (2005) mentioned that there is influence of clinical condition of coronary heart patients on the psychological status. In accordance with the

opinion asserted by Wittchen et al. (2011) that patients whom are treated in the hospital are likely to experience mental disorders such as anxiety and depression due to their fear of death. In addition, psychological issues in terms of the ACS cases are closely related to the outcomes of ACS disease; therefore nurses are demanded to act quickly in knowing the situation that occurs so as to minimize the morbidity and mortality potentials. One action that nurses and medical staffs can take is by providing spiritual support to the patients.

Spiritual support is an important aspect in the holistic care of patients (Cetinkaya, Azak, & Dünder, 2011, Blasdell, 2015, Sapountzi-Krepia et al., 2018), including patient's safety that can be achieved by providing care according to the patient's biological, psychological, social and spiritual needs (Sapountzi-Krepia et al., 2006, Baldacchino, 2015). Appropriate assessment of the patient's spiritual needs will improve the conduction of effective treatments. Such simple interventions with the patient, listening to the complaints, emphasizing the importance of balancing the needs of the spirit, mind and body can help the patients in the healing process (Abuatiq, 2015). Spiritual support is not just limited to nurses' responsibility, family involvement is an important factor that nurses should include in their strategy while providing medical treatment (Kostak & Celikkalp, 2016). Family involvement in providing spiritual support will help the effectiveness of nurses' spiritual care interventions to the patients. Qualitative research conducted by Hodge, Horvath, Larkin, & Curl (2012) suggests that family involvement in spiritual interpersonal connections can have implications for the patient's healing process because families are likely the closest party who and able to tell truthfully the depressing realities that patients may encounter during illness; patients have the motivation and coping of individuals who are effective in dealing with the illness they suffer.

Spiritual support however receives less concern from medical staffs including nurses. High workload and overcrowded rooms are the most apparently predisposing factors. In order to meet the needs of patients holistically and create professional nursing care, it is necessary to improve the intervention by exploring the

experience of nurses in providing spiritual support to ACS patients in the emergency room.

Method

It is a qualitative research by nature with descriptive phenomenology. The research was conducted by a researcher team of University of Brawijaya Indonesia who have experiences and high integrity in the field of cardiovascular. The research was conducted for four months from September to December 2017 at Public Hospital in City of Malang where there is high number of (referral) ACS patients every year.

This research has obtained ethical approval from Medical Faculty of University of Brawijaya Number 216/EC/KEPK/06/2017.

There were 8 participants involved in this study whom were determined by the assistance of the facilitator as well as the chair of the critical care (CC) room which is part of the emergency unit. The rationale was that the researchers were assumed not to know the condition of the previous emergency unit. Initially, there were 12 participants; there were two people refused to be involved while the other two were hard to contact due to their busyness as junior manager of the nursing. The initial 12 participants in this study were taken based on samples of descriptive phenomenology research (Gentles, Charles, & Ploeg, 2015).

Participants received an explanation of the purpose and significance of the research undertaken and after approval, which was intended to obtain the statement of consent. The researchers and participants did not know each other before the research. Interviews were conducted in the emergency room in accordance with the participants' agreement for about 30-60 minutes, and it was recorded with recording device. The ethical principles applied during the study.

The sampling technique employed in this research was through purposive sampling (Streubert & Carpenter, 2011) based on some criteria such as having worked at the emergency unit for at least one year, had experience of handling ACS patients, and obtaining certificate on Basic Trauma Cardiac Life Support (BTCLS).

The data analysis used is Van Kaam model (M Reiners, 2012), with the following stages, namely:

(1) creating list of participants' expressions or answers, performing reduction and elimination to the answer; (2) classifying and creating sub-theme pictures based on expected categories; (3) validating and re-identifying the sub-themes and finalizing with the theme setting; (4) validating and re-identifying the sub-themes and finalizing with the theme setting; (5) the textural representation, referring to the statements from each participant which shows phenomena; (6) providing description of the structural meaning of how the phenomenon occurs; and (7) providing narrative explanation of the essence of a phenomenon under study and gaining meaning of the participants' experience through the phenomenon. The final process is merging the categories, sub-themes and themes, and they were presented in the form of chart structures and or narratives.

Result

Interviews on eight participants have been summarized. Demographic data showed that the age is within 28 to 58 years; gender consisting 5 male and 3 female nurses; in terms of education level, one nursing obtained Bachelor's Degree on nursing and the other 7 nurses obtained diploma (D-3 on nursing); in terms of tenure at the emergency unit, 3 people have been working at the emergency unit for ≤ 10 years and the other 5 people have been working for more than 10 years; and all participants have obtained a BTCLS certificate. The main theme of the research is on the importance of spiritual support to fulfill psychological needs of the ACS patients. This theme implies that the spiritual is an important component in the effort to meet the holistic needs of the patients; spirituality is considered as a complex problem as it covers the nurses' awareness as a service provider. Sub-themes that appear were on how the spiritual care support with distraction techniques reduce anxiety and family's involvement in the fulfillment of the spiritual needs.

a. Spiritual care with Distraction Technique to Reduce Anxiety and Fear

In short, support is an assistance while distraction is a therapeutic or healing distraction technique, and anxiety is a condition of worry of the patients. The way that nurses can do in reducing anxiety is to provide distraction techniques with the aim to

strengthen the patients. Fear is anxiety and worry about something negative. This fear comes from the unconscious of the patients who considers that the cause of death is the disease. The participant's statement can be seen as follows:

"I always talk to the ACS patients if the pain occur is due to the heart disorder, like the disruption of the blood vessels. In order not to increase metabolism and oxygen, you (patients) must be calm; if you are calm, later the oxygen will stabilize automatically and your chest pain decreases. So I always ask the patients to stay calm, asking for a deep breath, slowly." (P5)

"I always ask him (patient) to istighfar (Islam: the act of seeking forgiveness from God). In case that the patient seems to be dead, don't stop repeating istighfar, citing shalawat (Islam: the salutation upon the prophet of Islam); no disease that does not heal, but death." (P4)

"ACS patients are usually scared half-heartedly with their condition, they are afraid of dying, (worse after) knowing the surrounding patients in the P1 room (priority one) are unconscious. Yes, we have to strengthen (the patients), no need to fear, because there is a specialist, pray lots and ask (for healing from) God; if you ask for healing, not to the same human, and the doctor is also human; just ask from God." (P7).

The above statements describes the nurses' interventions in ACS patients which have been well done through therapeutic communication and distraction techniques. The main goal is to reduce anxiety. The actions by the nurses is to make the patients stay calm, so that the metabolism of the body goes well, not to increase. Nurses assume that if the patient is anxious, then the body's metabolic system will be disrupted. Metabolism serves to regulate the body's balance system, including blood flow therein. If metabolism increases, it will disrupt the circulation of the blood throughout the body, including the heart. This distraction technique effectively provides comfort to the ACS patients, so it is expected to accelerate the healing process and reduce morbidity and mortality.

b. Provision of Spiritual Support by Involving Family Members

The act of spiritual care is not only done by nurses. The significance of family's support is to have positive impact on the patients that is to get closer

to God, leading to death in peace, and giving comfort not to fear and panic. This theme gives meaning to the spiritual support provided by the family members as the nearest persons in an effort to always remember God. This can be seen in the participants' statements:

"We examine first then we ask the family help to read the prayer according to religion. For patients with the signs of death, we do not immediately say so (the death). We explain first, and ask the family to guide the patient." (P8).

"If the patient is still aware, we usually ask their religion and remind them to always remember God. (In case the patients) are unconscious, we return to family to guide prayer." (P6).

"The family supports with prayer, so that the patient does not panic and fear." (P4)

The participants' statements show that the nurses perform the assessment first. If the signs of death appear, the nurses give an explanation to the family, and give the opportunity to family to provide guidance to pray, to facilitate the patients in having a peaceful death.

If the condition of the patients is still conscious and is being through nursing service, hence the nurses are still obliged to give motivation to remember God with good therapeutic communication technique. If the patients are unconscious, however, the nurses should give the opportunity to family members to guide the prayer. The purpose of this spiritual care intervention is to create a good interpersonal relationship between patients and family. This should be done by the nurses in an effort to encourage the recovery of the patients, since the nurses are considered as human beings with the advantage (in the form of medical knowledge) by God, as the intermediary to help ease the burden of the patients, but for the healing of the patients; all has been determined by God

Discussion

The results show that the importance of the spiritual support, that it has a positive impact on the healing process of the ACS patients. The needs of the patients are very complex including biological, psychological, social, and spiritual needs that cannot be separated each other, and these must be

met by nurses. The psychological condition of ACS patients in hospital is often depressed, fearful and anxious (Wittchen *et al.*, 2011). According to Carney *et al.* (2008), the risk factor for the cause of death of the ACS patient since the attack within 5 years is depression. These feelings arise due to patients' perception that heart disease will end in death (Rozanski & Kubzansky, 2005). The role of nurses at the emergency unit is very fundamental in restoring the patients' emotional response as the emergency unit is the main gate of the hospital. One action that can be done is to provide spiritual care. Spiritual care provides benefits to lower anxiety, mental disorder, speed healing, and improve individual coping. A study by Baldacchino (2015) showed that spiritual care therapy has contributed to holistic healing and care. Another opinion by Abuatiq (2015) in his research on critical illness shows that patients who have been given spiritual care measures have low levels of anxiety and stress, have effective coping, and a better disease prognosis.

Guiding the patients closer to God is the first reason why the nurses do this intervention. The exercise of spiritual care is not limited to the nurses, but it can still involve the patients' family members. Research conducted by Baldacchino (2015) shows that family support has a high contribution in an effort to improve holistic care of the patients. In line with qualitative research conducted by Hodge, Horvath, Larkin, and Curl (2012) shows that the presence of family involvement to the patients in terms spiritual interpersonal connections may have implications for the patients' recovery. This result is different from the research done by Moeini, Momeni, Ghasemi, Yousefi, & Abedi (2012) which stated that there is no significant relationship between independent and control groups given well-being spiritual intervention therapy on quality of life of cardiac ischemic patients.

The spiritual care performed by the nurses is expected to give positive impact on the patients, which in turn helping the healing, reducing morbidity and mortality rate. It takes good skills for nurses when it comes to spiritual intervention because the emergency unit is apparently a crowded room, and the ACS patients who come to the emergency unit are in a state of fear and panic,

so it takes patience and responsiveness of the nurses in realizing the quality nursing care.

Conclusion

This study describes that the nurses' experience of giving spiritual support is not only limited to the relationship between the patients and God, but more broadly it is about family involvement, therapeutic communication between nurses and patients. Providing distraction techniques is a nurses' perception that can be done in fulfilling spiritual support of the ACS patient who come to the emergency unit.

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