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Der Pharmacia Lettre, 2016, 8 (19):457-461
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Spiritual growth following mechanical ventilation: A phenomenological study

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ABSTRACT

Attending to the spiritual needs of patients who are faced with life-threatening diseases is crucial in the modern age. The present study was conducted to explain spiritual growth in patients following mechanical ventilation using a descriptive phenomenological approach. The present qualitative, descriptive phenomenological study was conducted through semi-structured interviews held with seven patients undergoing intubation at an ICU and selected through purposive sampling. Data were analyzed using Colaizzi's method. Three themes were extracted from the analysis of the interviews, including spiritual growth, intubation to help connect with the supernatural, seeking help from God and resorting to offerings. Life-threatening diseases and their tribulations strengthen intubated patients' faith, and religious beliefs act as a powerful source for overcoming the misery of illness. Spiritual care can therefore be used in the treatment of critically-ill patients.

Keywords: Intensive Care Unit, Mechanical Ventilation, Spirituality, Phenomenology

INTRODUCTION

Intensive Care Units (ICUs) provide care to patients with acute life-threatening diseases by highly skilled personnel [1]. ICU is a specialized hospital ward that provides comprehensive uninterrupted care to patients in critical conditions, such as those in severe pathological conditions, accidents, trauma and other life-threatening conditions [2]. Although there have been tremendous advances in the provision of physical care in ICUs, little attention has been paid in these units to the patients' psychological care [3]. To achieve full health, attending to spiritual needs is imperative for patients [4 and 5]. Spirituality is associated with reduced mortality, better physical and mental state, healthier lifestyle, less need for healthcare service centers, improved adaptability, sense of well-being, reduced stress and prevention of diseases [6]. The most common ways for spiritual gain include connection with God and religious figures, which are manifested in the remembrance of God, praying and appealing to God and the Infallibles [7].

Religious beliefs are a source of adaptation and guidance for patients with serious diseases [8]. In a study conducted by McCord et al. (2004), most participants considered spirituality effective in their treatment [6] and wanted their medical team to pay more attention to this issue [6 and 8]. Many studies have demonstrated the effect of spirituality on patients' quality of life [9] and reduced anxiety [4].

Considering that mechanically ventilated patients are often in a serious life and death situation and are unable to verbally communicate their needs to others due to their tracheal intubation, their experiences of the role of spirituality in their illness can contribute to the present understanding of spiritual care in intubated patients. Very few studies have examined the role of spirituality in intubated patients. The present study was therefore conducted to

explain the role of spirituality in the process of recovery in patients under mechanical ventilation using a descriptive phenomenological approach.

MATERIALS AND METHODS

Qualitative research is focused on how social experiences are created and their meaning in life. Phenomenology is one of the best research methodologies to describe phenomena and understand human experiences deeply (19). In this study, bracket was conducted based on the principles of Husserl (20). That is, the researcher writes his/her beliefs, presumptions and experiences regarding the phenomenon of hospitalization in the ICU before starting the study in order not to affect the study process while determining the participants' experiences.

The study population included the patients admitted to the ICU of Imam Ali hospital (AS) in Zabol City who had experienced intubation at least once and had gained consciousness during the intubation. These patients were in ICU for a while. They had no tracheal tube during the interview and were under favorable conditions for an interview. Purposive sampling started and was continued until data saturation i.e. when no new information is obtained any more. Study inclusion criteria included previous experience of intubation, favorable current conditions for interviews, no sharp pain and acute problem, having at least 15 years of age; having hearing and vision ability, being able to speak and not having a mental illness. Exclusion criteria also included an unwillingness to cooperate and not remembering the experiences during intubation.

After the project approval and obtaining permission from the officials of Amirmomenin hospital in Zabol City, the researcher collected data between 2015 and 2016. In-depth semi-structured interviews were used to collect data. These interviews were conducted in an uncrowded environment after coordinating with participants and getting their consent. Each interview took 45 minutes to 1 hour and performed in one or two sessions dependent on the patients' tolerance. The interviews were recorded with permission of the participants and were typed word for word. After the analysis of each interview, the next interview was held. At the beginning of the interview, the research objectives, how to do it, the interview approach and people's freedom to participate or not to participate in the study were explained to the participants. A week before the interview, the questions were presented to the patients to have more time to think about their experiences. The questions were about life experiences during the intubation such as what experience.....do you have? Meanwhile, the researcher took notes to record the observed points, interactions, communications, environmental conditions and non-verbal gestures. The principles of confidentiality and informed consent were observed for the interviews and recording the conversations. Having the right to withdraw from the study at any time was among the ethical considerations which were observed.

Colaizzi's seven step method was used to analyze the data. That is, each participant's experiences were read to feel empathy with him/her. Then, the meanings or concepts were extracted from important paragraphs and phrases. The arranged concepts were organized and combined into the thematic categories. Then, an explicit statement was arranged to describe the studied phenomenon and was finally presented to the participants to approve (21). Data analysis was performed separately by two researchers who had PhD in nursing (M. f. and M. R.) and was emphasized by another researcher who had PhD in Nursing/Medical Education (A. A.).

In order to achieve the accuracy and reliability of the data, four criteria for validity of qualitative findings including credibility, reliability, admissibility and portability were used (22). To increase the credibility, the researcher conducted examinations, made continuous observations for long time, analyzed 2 interviews randomly and compared them with the results of the other researchers. The participants' reviews were also used. To achieve the reliability, two of the researchers compared the implemented interviews with the recorded voices. To achieve the data admissibility, the beliefs were disregarded and the external audit was used. To improve the portability of data to similar groups; the researcher reported the participants' personal information.

RESULTS

A total of seven interviews were held with patients with a history of mechanical ventilation until data saturation occurred. The participants were aged 30 to 47 and had a mean age 36, three of them were male and four were female, and all were married. The smallest number of intubation days was three and the largest was 30. The majority of the patients were admitted to the ICU and intubated due to trauma caused by accident. The analysis of the data led to the emergence of three themes related to spiritual awakening in mechanically ventilated patients, including spiritual growth, intubation to help connect with the supernatural, seeking help from God and resorting to offerings.

Spiritual growth: Due to their inability to communicate with others, patients under mechanical ventilation prayed to their God in solitude, believing that the remembrance of God makes pain and suffering bearable. The experience

of enduring a difficult illness and undergoing mechanical ventilation was manifested in them in the form of a stronger faith in God and spiritual awakening, not only during their hospitalization, but also after discharge, such that, as a token of gratitude for their recovery, serving God's creation became their main goal in life from then on.

Some of the patients believed that they owed their recovery from the critical conditions of their illness to the good deeds they had performed before their illness. For instance, participant 5 (a physician) attributes **his** recovery to **his** conscientious practice as a physician before the illness, "You won't believe this, but in my twenty years of practice, I asked for God's blessing many times to help treat my patients. Over these years, I always performed my duties ethically and conscientiously; that is why I was saved. As you know, a person at consciousness level 4 rarely recovers; perhaps one in every 10 or 20 thousand, if that".

Participant 1 (a 30-year-old man) who had been intubated for the trauma caused by an accident explained his decision to serve God's creation, "Here in this ward, I made a lot of decisions for my future. I decided to help people as much as I can, to come and visit other patients in the hospital, to satisfy the needs of whoever needs help. My faith in God grew right here in this ward. Because He made me realize what kind of a place this is. I came here to feel pain, so that I can understand the suffering of others".

Participant 5 (a 36-year-old mother) explained her strengthened faith, "One is not reassured until one actually sees a miracle from God. I always feel God's presence because I saw a miracle with my own eyes. One may think that because this or that thing I wanted didn't happen, then God must not love me, but I say God truly loves His servants. My discharge from the ICU was God's will".

Intubation to help connect with the supernatural: Incurable diseases are like meeting God step by step. The supernatural world was common in the experiences of the intubated patients interviewed in this study. Some of these patients revealed that their critical condition connected them to unknown forces in the world of limbo. During intubation, these patients felt closer to God and lived beyond the corporeal world.

Participant 6 (a 33-year-old man) explained that, during intubation, he had connected to unknown Divine forces, "I was very religious before my accident. But what I saw in the ICU were pure revelations. I saw really strange things that I can't describe. I was on a different planet; a different person. I kept thinking that there must be a wisdom in all this, I believed and still believe that this accident was an atonement for my sins. I'm happy because however much you suffer in this world does not equal one moment of it in the hereafter. I promised God that I'd be a much better person if I recovered. This accident boosted my faith in God and it was like a test for me".

Participant 7 (a 33-year-old mother): "I can't describe how I felt when I was intubated, but between my wakefulness and sleep, I visited places and saw things that are nowhere to be found on this planet. I can vaguely remember, but I know that I went to another world".

Asking God for help and resorting to offerings: During their illness, the patients felt more peaceful and safe when they asked for help from God. They promised their God to be more charitable if they recovered. Nearly all the examined patients had promised to make offerings for their recovery and for their relief from the ventilator and the ICU, and had kept their promises.

Participant 4 who had been hospitalized for an asthma attack, described **his** prayers to God during the experience of mechanical ventilation, "When I was intubated, I asked God to save me from this ward, and then I'd start saying my prayers. I thought, God, I remind myself of you, and you save me in its place. I asked God to remove this tube so I could get well soon".

During intubation, participant 7 had made offerings for getting detached from the device and for making recovery, "I offered to help the poor if I got well. I vowed to God to say all my prayers and to make an effort to never sin again if I was quickly detached from the device".

Participant 2, a patient with myasthenia gravis, explained **his** vow to visit places of pilgrimage, "I said, God, I will do whatever I can when I get well. The first thing I will do is go to a place of pilgrimage. I said, if I get well, I'll make a pilgrimage to Imam Reza's Shrine in Mashhad, or visit Qom and make a pilgrimage to the Shrine of Imam Khomeini. I always said, Imam Khomeini is a Sayyid –a descendent of Prophet Mohammad; one night I dreamt he was burning wild rue for me".

DISCUSSION

Because of illness and mechanical ventilation, intubated ICU patients have to bear great suffering and they even remember intubation as the worst experience of their life. But the remembrance of God and praying to Him act as a powerful force for overcoming these hardships. These patients consider the path of suffering a way to get to know God, and as humans who have passed through this road, they have a deeper understanding of their God. Knowing God during intubation has made them never forget Him after their return to their normal life and they continue to remember their savior, since nothing is possible without the Almighty's will. In a study conducted by Angora and Scott (2003), mechanically ventilated patients stated that, during intubation, they felt more peaceful through religion and praying. They spent a large proportion of their days praying either by themselves or with their family. The faith in God and the power of praying gave them a peace of mind at those times of anxiety and fear [13]. In one study, Sajadian and Montazeri (2011) examined the experiences of patients with breast cancer and the role of God and spirituality in the patients after getting their diagnosis and argued that the faith in God gives the patients an ever-present superior power in life. God is omnipresent in the lives of these patients and in every stage of their illness. They believe that God is the Almighty who never wants evil for his servants, and that placing one's trust in God is comforting in every stage of life [14]. In a study by Herbert et al. (2001), the patients faced with a life-threatening disease described God, saying prayers and religious beliefs as a source of comfort, support and healing [8]. In a study conducted by Jordan et al. (2002), the patients felt that they were approaching death during ventilation and believed to have been saved through their reliance on God [5]. In another study, McCormick et al. (2012) argued that patients' religious and spiritual beliefs are a powerful factor for coping with serious illnesses [15].

Some of the patients interviewed in the present study reported that they had experienced life in another world and connection to supernatural forces during intubation. In line with this finding, Angora and Scott (2003) also found that, during intubation, the patients felt they were insured by celestial forces and guided by angels and had received consolation and encouragement from their deceased relatives in their dreams [13].

In the present study, the intubated patients begged to get their health back by asking for help from God, praying and making offerings. The patients had felt spiritually awakened through their suffering and had vowed to become a better and more charitable person after their recovery. In a study conducted by Taleghani (2004) on women with breast cancer, asking for help from supernatural forces at the time of diagnosis was also accompanied with resorting to promises of offering and pilgrimage, praying and appealing to the Infallible Imams; these gestures had a major role in the mental comfort of these women and reduced their fear of cancer [16]. In another study, Al Goyendi et al. (2014) examined the experiences of patients undergoing mechanical ventilation and stated that spirituality was a key reaction manifested in many of the participants. During mechanical ventilation, most of the participants appealed to God. Spiritual connection with God relieved them from many of their difficult experiences and made it easier for them to come to terms with the hardships of intubation. The patients revealed that they had made this spiritual connection with their God differently in different situations, such as through the worship of God, saying prayers and reciting the Holy Book [17]. In one study, Overcash (2004) argued that appealing to God brought peace, a better quality of life and satisfaction with life and removed fears of illness in patients with breast cancer. Even the patients in advanced stages of the disease prayed for a painless death and for their family's easier coping with the sorrow of their absence [18].

CONCLUSION

The present study showed that spirituality is crucial for intubated patients to endure the hardships of this medical intervention, and the hardships of intubation lead to spiritual awakening in the patients; as a result, providing spiritual care to patients in critical conditions is essential.

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