

## **Research Study on the Role of Spirituality in Health Care**

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### **Abstract-**

*The focus of medicine has tended to shift from a caring, service-oriented model to a technological, cure-oriented paradigm as a result of the century's technological advancements. We now have the power to extend life thanks to the incredible discoveries made in medicine. Physicians have made an effort to restore medicine's more spiritual foundations in recent decades, realising that until recently, spirituality and healthcare were frequently associated. Serving the full person—physical, emotional, social, and spiritual—is what is meant by spiritual or compassionate care.*

**Keywords-** *Spirituality, Cure orientation model, Technology etc*

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### **I. Introduction**

The path to inner peace, comfort, hope, and meaning in life is spirituality. Religion is a common way for people to find spirituality. Some people discover it through art, music, or a relationship with nature. Others discover it in their beliefs and ideals. Nobody is completely certain of the connection between spirituality and health. But it appears that the mind, body, and spirit are interconnected. Each of these components' health appears to have an impact on the others. According to several studies, your beliefs and sense of wellbeing are related. Religion, meditation, and prayer can provide people peace, strength, and positive beliefs that can improve their lives. It might even aid in healing. While improving your spiritual wellbeing won't necessarily make you feel better, it might. Additionally, it might help you better handle stress, illness, or death as well as prevent some health issues.

**THEORY-** Many people have looked into spirituality in their own unique ways. Although we all have our own particular definitions of what constitutes spirituality, this pursuit is profoundly individual despite having a communal spirit. This is due to the fact that spirituality is often associated with the quest for meaning, purpose, and direction in life. For a variety of reasons, people are drawn to spirituality and begin their spiritual journeys. Generally speaking, there are a few key causes behind this.

1. An interest in spiritual matters, which includes looking for solutions to life's deeper queries, such as "What is the meaning of existence," "Where did I originate from," and "Where do we go after death"?
2. When confronted with a difficulty in life: Unsolvable issues in life frequently push people to look outside the realm of conventional science for solutions. This involves going to a psychic, a holy man, or an astrologer.
3. Interested in spiritual healing: For thousands of years, people have tried to master the art of healing by manipulating subtle energies.
4. A desire to become a better person: This desire can lead one to spirituality and a more spiritual way of living.
5. Desire to advance spiritually: Some of us have a natural desire to advance spiritually and do not require a spark to move us in that direction.

### **Spirituality's Impact on Health**

Spirituality's impact on health is a topic that is currently the subject of active research. In addition to being examined by doctors, it is also studied by psychologists and other experts. Studies often fall into one of three categories: mortality, coping, or healing.

#### **1.Mortality**

According to certain observational studies, those who regularly engage in spiritual activity tend to live longer. By providing stronger coping skills, a more robust social network, and the depth of one's own beliefs and worldview, the authors anticipated that religious devotion may enhance stress management.

#### **2.Coping**

Spiritual patients may draw on their beliefs to manage their condition, their pain, and the rigours of life. According to several studies, those who are spiritual have a more upbeat outlook and a higher quality of life. For instance, people with advanced cancer who found solace in their religious and spiritual beliefs reported feeling

happier, more content with their life, and experiencing less discomfort. A crucial component of the "existential domain," which is how quality-of-life scores are calculated, is spirituality. Patients with advanced disease reported higher quality of life when reporting that they had a meaningful personal existence, achieved their life goals, and felt that their life up to that point had been valuable.

### 3.Recovery

Having a strong spiritual foundation appears to speed up recovery from illness and surgery. For instance, a study of heart transplant recipients revealed that those who engaged in religious activity and said their beliefs were significant adhered better to follow-up care, had improved physical functioning at the 12-month checkup, had higher levels of self-esteem, and had less anxiety and less concern about their health. People who are less anxious typically experience better health outcomes. Perhaps having a spiritual perspective helps people let go, live in the now, and worry less.

### Advantages of becoming familier with patients' spirituality

To understanding patients' spirituality is quite valuable as well:

- Spirituality may be a dynamic in the patient's understanding of the disease.
- Religious convictions may affect health care decision making.
- Spirituality may be a patient need and may be important in patient coping.
- An understanding of the patient's spirituality is integral to whole patient care.

### Different Aspects of Spiritual Care

Spiritual care and practice have different aspects for psychologists and patients also. According to the studies, Practicing compassionate presence, which is giving their patients their complete attention and being there for them through all of their pain, including mental, emotional, and spiritual. Attending to patients' worries, aspirations, suffering, and dreams Getting a spiritual background. Paying close attention to patients' and their families' physical, mental, and spiritual well-being. Including spiritual practises when necessary Incorporating chaplains within the multidisciplinary healthcare team

## II. Discussion& Outcomes

It's crucial to recognise professional boundaries throughout these actions. Chaplains and other spiritual leaders should be in charge of comprehensive spiritual counselling because they are the experts in this field. The line between a doctor and a priest is blurred if the doctor starts praying with the patient. Leading prayer requires specialised knowledge and training that doctors lack. In addition, a doctor leading a prayer can use a prayer from their own tradition that the patient might find unpleasant or improper. If a patient asks for prayer, the doctor has two options: either he or she can remain silent and let the patient pray according to their tradition, or they can ask the chaplain to lead a prayer. Finally, the spiritual history is patient-centered, and it is not permissible to proselytise or make fun of patients' religious views.

It is crucial to remember that individuals see doctors to receive treatment for their medical condition. Physicians can be sensitive and cognizant of the spiritual aspect of their patients' life when providing this care. However, going above and beyond that, such as leading prayer or offering in-depth spiritual guidance, is inappropriate. With patients, doctors hold a position of power. Most of our patients visit us at difficult times. In order to avoid upsetting a perceived authority figure, a patient may embrace the physician's belief or lack thereof if the doctor advises a certain religion or spiritual belief or mocks the patient's beliefs. Therefore, it is crucial that the doctor listens to and supports the patient when they discuss spiritual problems, rather than directing or leading.

## III. Remarkable Suggestions

Many doctors have little experience with spiritual history. The "FICA" questions were created by some psychologists as a conversation starter. It offers an opportunity for compassionate care, discloses coping strategies and support networks, reveals both positive and poor spiritual coping, and invites discussion about values and beliefs.

The FICA method of taking a spiritual history

**F** *Faith and belief.* Ask: Are there spiritual beliefs that help you cope with stress or difficult times? What gives your life meaning?

**I** *Importance and influence.* Ask: Is spirituality important in your life? What influence does it have on how you take care of yourself? Are there any particular decisions regarding your health that might be affected by these beliefs?

**C** *Community.* Ask: Are you part of a spiritual or religious community?

*Address/action.* Think about what you as the health care provider need to do with the information the patient A shared—e.g., refer to a chaplain, meditation or yoga classes, or another spiritual resource. It helps to talk with the chaplain in your hospital to familiarize your-self with available resources.

### **References**

- [1]. Roberts JA, Brown D, Elkins T, Larson DB. Factors influencing views of patients with gynecologic cancer about end-of-life decisions. *Am J Obstet Gynecol.* 1997;176(1 Pt 1):166–172.
- [2]. Kaldjian LC, Jekel JF, Friedland G. End-of-life decisions in HIV-positive patients: the role of spiritual beliefs. *AIDS.* 1998;12:103–107.
- [3]. George H. *Spiritual Beliefs and the Dying Process: A Report on a National Survey.* Conducted by Gallup International Institute for the Nathan Cummings Foundation and the Fetzer Institute, 1997.
- [4]. Cook JA, Wimberly DW. If I should die before I wake: religious commitment and adjustment to death of a child. *Journal of the Scientific Study of Religion.* 1983;22:222–238.
- [5]. Harris RC, Dew MA, Lee A, Amaya M, Buches L, Reetz D, Coleman C. The role of religion in heart-transplant recipients' long-term health and well-being. *Journal of Religion and Health.* 1995;34(1):17–32.
- [6]. Beecher HK. The powerful placebo. *JAMA.* 1955;159:1602–1606.
- [7]. Benson H. *Timeless Healing: The Power and Biology of Belief.* New York: Simon and Schuster; 1996.
- [8]. Benson H. *The Relaxation Response.* reissue ed. New York: Avon; 1990.
- [9]. McNichol T. The new faith in medicine. *USA Today Weekend,* April 5–7, 1996:4-5 (survey conducted February 1996 by ICR Research Group).