Spiritual Care Needs In Patients With Coronary Heart Disease: Literature Review

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ABSTRACT

Background: Coronary heart disease continues to have a significant mortality rate of up to 72.14% annually. Patients who have this disease also struggle to fulfill their basic needs, particularly their spiritual demands. In order for patients to experience a higher quality of life, it is crucial to meet their spiritual requirements.

Objective: This study aims to determine the spiritual needs of patients with coronary heart disease.

Methods: The Literature review was carried out through Google Scholar and PubMed. The keywords used included “Cronic illness” AND “Spiritual Needs” OR “Spiritual” NOT “Spirituality” AND “Coronary Heart Disease” OR “Ischemic heart disease” OR “Coronary artery disease” AND “qualitative”. The study employed qualitative method.

Result: The spiritual need of the relationship dimension with oneself was acceptance of the past. The spiritual need from the dimension of relationships with other people was support from friends, partners or family. The spiritual need from the dimension of relationship with nature was the availability of a comfortable environment. The need for the dimension of relationship with God was gratitude for the life one has.

Conclusion: Patients with coronary heart disease must have their spiritual needs met in order to cope with their illness and have a better quality of life.

Keyword: Spiritual Care, Spiritual Needs, Coronary Heart Disease.
INTRODUCTION

Heart disease is a major cause of morbidity (morbidity) and mortality (death rate) in America (Smeltzer & Bare, 2001). Coronary heart disease is still a heart disease that causes high morbidity and mortality rates worldwide (Firdaus, 2019).

According to WHO (2019) states that globally 16% of total world deaths are caused by Coronary Heart Disease with an increase in deaths from 2 million to 8.9 million in 2000-2019 with a prevalence of 2.5 million coming from developed countries and the rest coming from developing countries (WHO, 2020). If this is not treated immediately, it is feared that coronary heart disease will become the first most common killer in the world, which is 36%, which is two times higher than the death rate from cancer (Firdaus, 2019). Meanwhile, the results of the 2018 Riskesdas show that the prevalence of heart disease has increased by around 2,784,064 individuals in Indonesia suffering from the disease (Firdaus, 2019).

Coronary Heart Disease (CHD) has an impact on various aspects of the sufferer's life. Rosidawati, et al (2015) stated that physically sufferers will feel shortness of breath, tire easily, experience sexual disturbances, and chest pain, apart from that psychosocial problems such as anxiety and depression are also often experienced by patients (Nuraeni, Mirwanti, Anna, Prawesti, & Emaliyawati, 2016).

Efforts to prevent and control non-communicable diseases including coronary heart disease, the government focuses more on promotive and preventive efforts by not abandoning curative and rehabilitative efforts in accordance with PERMENKES RI No 71 of 2015 concerning the prevention of non-communicable diseases. Programs that have been launched include the Community Movement for Healthy Living, PIS-PK, improving a healthy lifestyle with CERDIK behavior (regular health checks, getting rid of cigarette smoke, Diligent physical activity, healthy and balanced diet, adequate rest, managing stress), live PATUH (check health regularly, treat illness with proper medication, keep physical activity safe, strive for a healthy diet and balanced nutrition, and avoid stress, as well as fulfilling holistic needs in the process of improving the quality of health, one of which is spiritual for people with no disease infectious diseases, especially coronary heart disease (Ministry of Health RI, 2019).

Kebutuhan spiritual merupakan suatu kebutuhan dasar setiap individu guna untuk mencari tujuan hidup, memaknai hidup untuk mencintai dan dicintai. Spiritual merupakan hubungan antara manusia dengan Tuhan. Menurut penelitian Saman & Kusuma (2017), mengungkapkan bahwa kebutuhan spiritual pada penyakit gagal jantung sangat penting karena dapat meningkatkan kualitas hidup pasien. Hasil penelitian menunjukan sebanyak 62,7% pasien gagal jantung menganggap kebutuhan spiritual sangat penting berdasarkan domain diri sendiri, 58,8% domain orang lain, 42,2% domain alam dan domain keagamaan 56,9% (Nora, 2019).

The above statement is supported by the theory of Yusuf et al., 2017 which says that spirituality relates to psychology related to spirituality. Religion comes from the root word to bind together, so that definitively religion refers to aggregation where its followers maintain a sense of belonging through belief, worship, ethical teaching and appreciation traditions.

Spirituality is divided into 4 dimensions, namely the dimension in the
form of being reflected in the relationship with oneself which influences the strength from within oneself which includes knowledge and attitudes about oneself. Spiritual characteristics related to belief (faith) are universal, individual acceptance that cannot be proven by a logical mind. Hope (Hope) is related to life and an interpersonal process that is fostered through trusting relationships with other people, including God. Meaning or meaning in life (Meaning of life) the feeling of knowing the meaning of life. The dimension of other people's relationships is born from the need for justice and fairness respects weakness and sensitivity, fear of loneliness. The dimension of relationship with nature places more emphasis on harmony (harmony), recreation and peace with nature. The dimensions of the relationship with God appear in religious or non-religious attitudes and behavior. (Yusuf et al., 2017).

Based on the description above, the researcher is interested in conducting a literature review on the spiritual needs of patients with coronary heart disease, this is evidenced by the spiritual needs inherent in each individual which is reflected in the dimensions of the relationship with oneself, the dimensions of relationships with others, the dimensions of relationships with nature, and the dimensions of relationships with God.

METHODOLOGY

A literature review search is carried out using the strategy used in searching using PICOST, searching articles or journals using keywords, exact search quotations ("...") and boelan operators (AND, OR, NOT) which are used to broaden or specify searches, making it easier to search results for articles or journals to be used. The data used in writing this literature review is secondary data obtained from research data that has been carried out by previous researchers. Secondary data sources obtained are national and international journals that have been licensed or accredited from within and outside the country with the theme of spiritual needs in patients with coronary heart disease. In this literature review, two databases or search engines will be used to search for journals or articles, namely using Google Scholar and PubMed by entering English keywords.

Assessment of the quality or feasibility of literature using JBI Critical Appraisal, using the feasibility tools according to the type of quantitative study, this assessment is in the form of a table or checklist which contains questions whether the journal or article used can be said to be appropriate or not for use as a quantitative study, assessment criteria are given answers yes, no, unclear, and no, research scores have at least a minimum value of 50%, if the score is <50%, the journal or article is said to be unfit for quantitative study, this review is carried out by a researcher who is conducting an assessment of critical appraisal tools: quantitative research, feasibility tested by researchers and their relatives in conduct research using JBI quantitative critical appraisal tools. carried out to find the results of the criteria assessment so that researchers know whether the journal that is being tested for due diligence is accepted or not.

The data collection process in this study was to conduct a literature search by entering keywords into the database, namely Google Scholar and PubMed. Keywords are entered using English on PubMed and Google Scholar with the time...
range used in searching journals or articles, namely from 2015-2023. From the search results from each database, the results are (n=2) from Google Scholar and (n=348) from PubMed. After that, do a duplication check of the results of both databases with the Mendeley application to find out whether there are the same journals. The results of the article after checking duplication obtained results (n = 341) with duplicated journals (n = 9). The next step was to screen for inclusion and elimination according to the inclusion and exclusion criteria so that the results of the articles that were eliminated were (n=336) and the results that matched the inclusion were as many as (n=5). After that, the results that had been screened were tested for due diligence using JBI critical appraisal: qualitative research and the results were obtained (n = 5). So that the final results or articles received were (n = 5). The process of searching and reviewing literature can be seen in Figure 1.

RESULTS AND DISCUSSION

The results of a literature search on spiritual needs in patients with coronary heart disease can be seen in table 1.
Tabel 3.1. Ringkasan tabel studi yang termasuk dalam review

<table>
<thead>
<tr>
<th>No</th>
<th>Author</th>
<th>Objective</th>
<th>Research Design</th>
<th>Sample Size</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tulloch et al., 2020</td>
<td>To assess the impact of CVD on partner relationship and assess the perceived needs and desired component of intervention in patients with CVD and their partners.</td>
<td>Research qualitative design</td>
<td>(n=32)</td>
<td>Five categories were generated from the data that reflect changes in the couple’s relationship as a result of CVD: 1) emotional and communication disconnection; 2) overprotection of the patient; 3) change of role; 4) adjustment to lifestyle changes; and 5) positive relationship changes. Three categories are built regarding the desired intervention needs and resources: 1) practical resources; 2) sharing with peers; and 3) relationship improvement.</td>
</tr>
<tr>
<td>2</td>
<td>Borhani, Abbaszadeh and Rabori, 2016</td>
<td>To explore facilitators and threats to patient dignity in hospitalized patients with coronary disease</td>
<td>Research quantitative design</td>
<td>(n=20)</td>
<td>Four themes and ten sub-themes appear as 1) “change in quality of life” included a) negative physical results, b) mental effects, c) social support, d) implementing healthy behaviors, e) increasing or decreasing self-efficiency, f) previous experiences, and g) developing behaviors. future; 2) “body perception and medical care” including a) medical care: saving or ending life, b) new messages from the heart; 3) “return to spirituality against death” including a) spirituality as a guiding principle, b) accept death as the final destiny; And 4) refusal.</td>
</tr>
<tr>
<td></td>
<td>Authors</td>
<td>Title</td>
<td>Year</td>
<td>Research Design</td>
<td>Sample Size</td>
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<td>3</td>
<td>Sepehria et al., 2020</td>
<td>To explore individual life experiences in caring for and improving the quality of health of those suffering from coronary heart disease</td>
<td>Qualitative design</td>
<td></td>
<td>Change in quality of life included a) negative physical results, b) mental effects, c) social support, d) implementing healthy behaviors, e) increasing or decreasing self-efficiency, f) previous experience, and g) developing future behavior. Body perception and medical care included a) medical care: saving or ending life, b) new messages from the heart. Return to spirituality against death included a) spirituality as a guiding principle, b) accept death as the final destiny; and 4) rejection.</td>
</tr>
<tr>
<td>4</td>
<td>Babamo ha madi et al., 2020</td>
<td>Investigating the effect of spiritual care based on the healthy heart model on the spiritual health of patients with acute myocardial infarction (AMI) who are treated at the CCU of Chamran Hospital in Isfahan, Iran</td>
<td>Qualitative design (n=92)</td>
<td></td>
<td>Spiritual interventions increase patient scores in different dimensions of spiritual health. Based on the results obtained on different dimensions of spiritual health (religious well-being, existential well-being, and total spiritual well-being scores), spiritual care interventions can improve spiritual well-being.</td>
</tr>
<tr>
<td>5</td>
<td>Wieslander et al., 2016</td>
<td>To explore how women's recovery processes are promoted after a first myocardial infarction.</td>
<td>Qualitative design (n=26)</td>
<td></td>
<td>For most women to approach a new perspective on life incorporates how they deal with three dimensions: behavioral, social, and psychological.</td>
</tr>
</tbody>
</table>
Based on the summary of the search results for the literature review in table 1 above, 5 research journals were obtained, all of which are international journals that use English with a qualitative research design. Collecting data from each journal as many as 4 journals with the interview method and 1 journal using a mixed method.

Based on research conducted by Sepehrian et al., (2020) spirituality is an important factor for heart patients. This is because spirituality helps them cope with their condition better because it gives strength to patients to fight and overcome the negative aspects of their illness. Negative aspects can be in the form of the negative impact of heart disease, especially coronary heart disease in terms of physical, psychological, and social.

According to research conducted by Babamohamadi et al., (2020), nursing care based on meeting spiritual needs focuses on four dimensions, namely the relationship with oneself, with others, with nature and with God. This is in accordance with the theory of Yusuf et al., (2017) regarding spiritual needs with dimensions in the form of relationships with oneself, with others, with nature and with God.

1. Relationship with yourself
   It is a power that arises from oneself that makes it aware of the meaning and purpose of life, including viewing its life experience as a positive experience, life satisfaction, optimism about the future and clear goals in life (Yusuf, Nihayati, Iswari, & Okviansanti, 2017). In research by Sepehrian et al., (2020), life experiences can have various effects including making them more independent and even using this experience as a pattern for dealing with their illness. The past experience that has been experienced is used as a comparison with the current condition. So that coronary heart patients have the view that their current disease can be faced. Past experiences can also make you have better control over your thoughts, emotions and everyday behavior.

   Based on the research of Babamohamadi et al., (2020) it is carried out in the dimension of relationship with oneself, namely by carrying out spiritual nursing education related to leaving actions that disturb peace through commitment, meditation, or self-responsibility by using daily notes according to recommendations.

2. Relations with others
   Coronary heart disease causes changes in various aspects. One of them is the change between individual relationships with other people. Good relationship with friends, partner or family. These changes can be positive or negative changes. The results of research that has been conducted by Tulloch et al., (2020) the effect of heart disease causes positive and negative changes in partner relationships. Negative changes that can occur in a relationship as a result of heart disease include emotional and communication breakdown, overprotectiveness of partners, role changes, and lifestyle changes. While positive changes occur, a couple feels that the disease has brought them closer together and made their relationship stronger. This is because the consequences of heart disease make couples try to go through these challenges to adjust to their illness, and make them find new ways to show love and care for each other.

3. Relations with nature or the environment
   Nature is an important part of the
dimension of spiritual needs. Human relations with nature emphasize harmony, recreation or entertainment, and peace with nature includes purely physical factors (soil, water, air, climate, plants, and so on) (Borhani et al., 2016; Yusuf et al., 2017). The patient's needs in fulfilling spiritual needs related to nature can be done by providing comfort for coronary heart patients to the surrounding environment. The results of research conducted by Borhani, Abbaszadeh and Rabori (2016) state that patients with heart disease need special attention regarding the comfort of the environment given to them such as a clean environment, comfortable equipment, entertainment, and a calm and comfortable atmosphere. So that it can give a view to patients that they are very cared for.

Recreation is also needed for coronary heart patients to restore their health condition, both body and mind health. Recreation is an activity carried out to refresh physically and mentally from the pressures of everyday life (Budiman, 2018). Recreation is not necessarily always going for a walk, but doing a hobby or hobby is also part of recreation. Based on research conducted by Babamohamadi et al., (2020) activities that can be carried out so that patients are close to nature include observing or listening to flowing water, enjoying the green of the trees and smelling the fragrance of flowers, planting plants, farming, gardening, or caring for plants.

4. Relationship with God

The description of the relationship with God can be seen from someone's religiosity or from the words or phrases that someone does (Aurita, 2019). Relationship with God is an individual's belief in other powers outside of himself that are interconnected. This can be shown in the form of relationships with religious leaders, religious ritual activities, praying and giving thanks (Aurita, 2019).

Research by Borhani, Abbaszadeh and Rabori (2016) on heart patients shows that everyone has a different level of closeness to God. Some feel that being close to God makes them feel more comfortable. There are also those who did not understand religious orders from the start and wanted to study when they were sick. This is in accordance with Dewi & Anugerah's theory (2020) that everyone who experiences fear, anxiety, or a conflict such as an illness will make the patient need peace within himself, and the greatest calm is with God.

Coronary heart patients' awareness of the existence of God makes them willingly accept their destiny. The research by Sepehrian et al., (2020) shows that patients with heart disease who believe and rely on God as their main source of support can accept death as destiny and believe that every living person must die. But still grateful for what God has given, still given time to live in the world.

The fulfillment of spiritual needs is reinforced by Puchalski et al., (2009), which states that not all diseases can be cured but there is always room for "healing" or healing. Healing can be interpreted as acceptance of illness and peace in life and spirituality is the essence of healing (Mirwanti, 2016). Fulfillment of spiritual needs consists of 2 aspects, namely vertical and horizontal aspects. The vertical aspect is the belief in a higher power (God)
and the horizontal aspect is the relationship with humans and the surrounding environment. If this spiritual need is related to religion, it can be done by increasing worship activities or getting closer to the Creator (vertical aspect). Meanwhile, establishing good relationships with fellow human beings, accepting illness, finding the meaning of life are embodiments of the horizontal spiritual aspect (Mirwanti, 2016).

CONCLUSION
Spiritual needs consisting of 4 dimensions, namely relationship with oneself, relationship with others, relationship with nature, and relationship with God are important for patients with coronary heart disease to fulfill so that patients are able to deal with their condition with a better quality of life. From each dimension there are needs that need to be met by patients with coronary heart disease. The dimension of the relationship with oneself needs that need to be met is acceptance of the past and making it a lesson. The dimension of other people's relationships needs that need to be met is the presence of support from partners, family, and friends. The dimension of relationship with nature needs to be fulfilled is the creation of a comfortable environment and closeness to nature. The dimension of relationship with God needs to be fulfilled is awareness of God's presence and gratitude for the life he has.

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REFERENCES


WHO. (2020). The top 10 causes of death.
