

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/341623203>

Spiritual Care – ‘A Deeper Immunity’ – A response to the Covid-19 Pandemic

Article in *African Journal of Primary Health Care & Family Medicine* · July 2020

DOI: 10.4102/phcfm.v12i1.2456

CITATIONS

0

READS

72

3 authors:



Nicolette Vanessa Roman
University of the Western Cape

146 PUBLICATIONS 479 CITATIONS

[SEE PROFILE](#)



Thuli Godfrey Mthembu
University of the Western Cape

22 PUBLICATIONS 60 CITATIONS

[SEE PROFILE](#)



Mujeeb Hoosen
University of the Western Cape

6 PUBLICATIONS 6 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



migration and refugee studies [View project](#)



Grade 11 School Science Fair [View project](#)


Spiritual care – ‘A deeper immunity’ – A response to Covid-19 pandemic



Authors:

Nicolette V. Roman¹ 

Thuli G. Mthembu² 

Mujeeb Hoosen³ 

Affiliations:

¹Department of Child and Family Studies, Faculty of Community and Health Sciences, University of the Western Cape, Cape Town, South Africa

²Department of Occupational Therapy, Faculty of Community and Health Sciences, University of the Western Cape, Cape Town, South Africa

³School of Natural Medicine, Faculty of Community and Health Sciences, University of the Western Cape, Cape Town, South Africa

Corresponding author:

Nicolette Roman,
nicoletteroman@gmail.com

Dates:

Received: 17 Apr. 2020

Accepted: 25 May 2020

Published: 15 June 2020

How to cite this article:

Roman NV, Mthembu TG, Hoosen M. Spiritual care – ‘A deeper immunity’ – A response to Covid-19 pandemic. *Afr J Prm Health Care Fam Med.* 2020;12(1), a2456. <https://doi.org/10.4102/phcfm.v12i1.2456>

Copyright:

© 2020. The Authors.
Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.

Read online:



Scan this QR code with your smart phone or mobile device to read online.

Coronavirus disease 2019 (COVID-19) has presented unprecedented health challenges across all strata in society throughout the world. The COVID experience has caused us to reflect on quality of life, health and well-being and, just as important, end of life. During this time, spiritual care forms a vital component of holistic health management, especially in terms of coping, coming to terms with illness, suffering and ultimately death. The relationship with the transcendent or sacred has a strong influence on a people’s beliefs, attitudes, emotions and behaviour. Populations, communities, families and individuals have always found solace through their religious or philosophical beliefs during times of personal adversity and widespread anxiety or disaster. Although spiritual care has always been a part of the domain of religious beliefs, a more contemporary perspective is that spiritual care forms part of the human psyche and thus forms part of human care, health and well-being for families, patients and healthcare workers. Spiritual care deals with the provision of compassion and empathy during periods of heightened stress, distress and anxiety within care. This article provides insights into the necessity of providing spiritual care as a means of coping and well-being for families, patients and healthcare workers during the COVID-19 pandemic.

Keywords: spiritual care; Covid-19; pandemic; well-being; coping.

Introduction

Spirituality is a foundation of all population groups since the beginning of recorded history. It plays an integral component of quality of life, health and well-being both in the general population and those affected by illnesses.¹ The relationship with the transcendent or sacred has a strong influence on a people’s beliefs, attitudes, emotions and behaviour. Research has shown that families rely on their spirituality for emotional, mental and physical well-being.² Spirituality practices have been recognised as a powerful coping mechanism for dealing with life-changing and traumatic events.¹ During this global pandemic of Coronavirus disease 2019 (COVID-19), does spiritual care contribute as a coping strategy for practitioners and families?

The effects of Coronavirus disease 2019 on spiritual care

Coronavirus disease is a serious public health problem that has been confirmed by the World Health Organization (WHO) as a pandemic because of its worldwide spread.³ The World Health Organization reports that 4 307 287 people have been tested positive for COVID-19 worldwide in 216 countries.³ Out of the confirmed cases, globally there have been 295 101 deaths related to COVID-19.³ In the South African context, the Department of Health reports that 403 018 tests were conducted, of which 12 739 people were found to be infected by COVID-19 and 5676 people managed to recover from the disease. The recent COVID-19 crisis has resulted in 238 deaths in South Africa.⁴

The effects of COVID-19 have had a major impact on people’s and front-line health workers’ activities, routines, livelihoods, mental health and well-being.^{3,5} Healthcare workers risk their lives to save people who have COVID-19 while promoting compassionate care. People who have COVID-19 tend to present with severe distress associated with the disease that affects different aspects of their wholeness, including physical, emotional, mental, social and spiritual components.⁶ This means that the healthcare workers need to create a supportive environment that could promote interdependence through a transformative approach of spiritual care.⁷ It further means that all patients and their families should be treated with dignity and be given the voice to express their concerns irrespective of gender, religion, culture, race, sexual orientation and disability.^{6,7}

Note: Special Collection: COVID-19.

Spiritual care comprises activities that healthcare workers engage in to promote the quality of life and well-being of the clients.^{6,8} The activities that the healthcare workers and people who have COVID-19 engage in include compassionate presence, listening to patients' fears, hopes and dreams, obtaining a spiritual history, being attentive to all spheres of patients' lives and their families.⁸ However, in terms of COVID-19, some of the activities, such as the involvement of chaplains and spiritual practices, can be limited because of precautionary measures for infection control.⁹ Spirituality is significant in healthcare because it promotes coping strategies for stress, promotes recovery and resilience and prevents burnout.

Spirituality for clinical settings

Studies have reported that healthcare practitioners who provide spiritual care to their patients contribute significantly to improve their patients' overall well-being.^{10,11} Spiritual care is regarded as a life-enhancing factor and a coping resource, which allows patients to deal with adversity in a better way. It may also increase their hopes for the future.¹² Research reports significantly increased immune functions in response to spiritual care practices.¹

The current restrictions imposed in South Africa amidst the lockdown prevent free movement and access to normal daily services. South Africans are restricted to the confines of their homes, which may increase levels of anxiety in the general population and even more so in those affected by illnesses. This may negatively affect the health and well-being of many South Africans. These restrictions impede the facilitation of spiritual care in clinical settings.¹³ Spiritual care is based on a bio-psycho-socio-spiritual integrative model that requires a specific set of skills such as active listening, spiritual assessment skills and the ability to refer patients to pastoral care, or other types of intervention services focused on spirituality. For this reason, under the current circumstances, healthcare professionals should be extra-sensitive to the spiritual needs of their patients and their own, as studies have reported that patients' reliance on spirituality increases during life-changing events.^{6,8} However, this may be problematic as research indicates that whilst many health professionals agree that spiritual care is important for their patients, many are ill-equipped to deal with this aspect.¹⁴ Collaborative effort may be required to draw on the expertise of those practitioners of spiritual care to support the spiritual care needs of families.⁶

Spirituality care and the family

The family as the cornerstone of society is a social determinant of health.¹⁵ For example, when families engage in health-risking behaviour, such as smoking, substance abuse, not exercising or not eating correctly, their behaviours could result in non-communicable diseases such as diabetes, hypertension, etc. Not only do they place themselves at risk but they also create a negative social atmosphere for their growing children. These patterns could then culminate in health challenges for the next generation. However, families

also provide care and support – care of children, the sick and the elderly and support in times of challenges. The most challenging time requiring family support and support to families is during a chronic illness, when one is critically ill and during end of life.¹⁶

Research has shown that the spiritual care provider plays an important role when families are faced with challenging health risks and the prospect of palliative care.¹⁷ For example, when families are able to get in touch with a spiritual care provider, they offer a supportive role in the decision-making of a family member who is a patient; they have a sense of peace; they have the opportunity for bereavement and grief counselling and just being able to cope in a very difficult time.^{18,19} The access to spiritual care for the patient and the role of spiritual care for families are clear within the research, but in the case of a pandemic such as COVID-19, where the treatment for the disease becomes limited as more people become sick and the disease is life threatening, there could be challenges to provide this much-needed support. In light of the current global pandemic, examples of the responses of families and communities from countries having faced disasters are discussed.²⁰

Spiritual care in the South African pandemic

The rise in COVID-19 cases in South Africa has necessitated the need for more technologically driven healthcare solutions such as telemedicine. Telemedicine refers to the delivery of healthcare services using information and communication technologies, such as e-mail, telephonic calls, video links and social networks. Globally, many governments and healthcare systems have utilised telemedicine as a primary means of healthcare support during the COVID-19 outbreak. A rise in the number of remotely monitored patients has been reported for most countries.²¹ During this transition from the physical clinical setting to the virtual one, the importance of spiritual care should not be lost or forgotten because it forms part of the holistic approach to deal with the body–mind–spirit aspect of the population.

Acknowledgements

Competing interests

The authors have declared that no competing interests exist.

Authors' contributions

All authors contributed equally to this work.

Ethical consideration

This article followed all ethical standards for a research without direct contact with human or animal subjects

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

References

1. Koenig HG. Religion, spirituality, and health: The research and clinical implications (Review Article). *ISRN*. 2012;14(1):1–33. <https://doi.org/10.5402/2012/278730>
2. Phillips SB, Olson J, Brett-MacLean P, et al. Integrating spirituality as a key component of patient care. *Religions*. 2015;6:476–498. <https://doi.org/10.3390/rel6020476>
3. World Health Organization. Coronavirus (Covid-19 pandemic) [homepage on the Internet]. [cited 2020 May 15]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
4. COVID-19, SACoronavirus.co.za and Department of Health Republic of South Africa. Covid-19 update (14 May 2020) [homepage on the Internet]. [cited 2020 May 15]. Available from: <https://sacoronavirus.co.za/2020/05/14/update-on-covid-19-14th-may-2020/>
5. Suter PM. Good rules for ICU admission allow a fair allocation of resources, even in a pandemic. *Swiss Med Wkly*. 2020;150:w20230. <https://doi.org/10.4414/smw.2020.20230>
6. Mthembu TG. The design and development of guidelines to integrate spirituality and spiritual care into occupational therapy education using design-based research [PhD thesis]. Cape Town: University of the Western Cape; 2017.
7. Wong PTP. Compassionate and spiritual care: A vision of positive holistic medicine. A keynote address at the Consultation on Holistic Healthcare for the Medical, Religious and Academic Professionals, Nethersole Institute of Continuing Holistic Health Education, Hong Kong, 2004; p. 1–25.
8. Puchalski C. The role of spirituality in health. *Bayl Univ Med Cent*. 2001;14:352–357. <https://doi.org/10.1080/08998280.2001.11927788>
9. World Health Organization. Coronavirus disease (COVID-19) technical guidance: Infection prevention and control/WASH [homepage on the Internet]. [cited 2020 Apr 15]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
10. Melhem GHB, Zeilani RS, Zaqqout OA, Aljwad AI, Shawagfeh MQ, Al-Rahim MA. Nurses' perceptions of spirituality and spiritual care. *Indian J Palliat Care*. 2016;22:42–49. <https://doi.org/10.4103/0973-1075.173949>
11. Peltzer K. Utilization and practice of traditional/complementary/alternative medicine (TM/CAM) in South Africa. *Afr J Tradit Complement Altern Med*. 2009;6(2):175–185.
12. McSherry W, Cash K, Ross L. Meaning of spirituality: Implications for nursing practice. *J Clin Nurs*. 2004;13:934–941. <https://doi.org/10.1111/j.1365-2702.2004.01006.x>
13. World Health Organization. Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 [homepage on the Internet]. [cited 2020 Apr 14]. Available from: <https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>
14. Mthembu TG, Wegner L, Roman NV. Teaching spirituality and spiritual care in health sciences education: A systematic review. *Afr J Phys Act Health Sci*. 2016; 22(4:1):1036–1057.
15. McNeill T. Family as a social determinant of health: Implications for governments and institution to promote the health and well-being of families. *Healthc Q*. 2010;60–67. <https://doi.org/10.12927/hcq.2010.21984>
16. Johnson JR, Engelberg RA, Nielsen EL, et al. The association of spiritual care providers' activities with family members' satisfaction with care after a death in the ICU. *Crit Care Med*. 2014;42(9):1991–2000. <https://doi.org/10.1097/CCM.0000000000000412>
17. Wall RJ, Engelberg RA, Gries CJ, Glavan B, Curtis J. Spiritual care of families in the intensive care unit. *Crit Care Med*. 2007;35(4):1084–1090. <https://doi.org/10.1097/01.CCM.0000259382.36414.06>
18. Gijsberts MHE, Liefbroer AI, Otten R, Olsman E. Spiritual care in palliative care: A systematic review of the recent European literature. *Med Sci*. 2019;7(2):1–21. <https://doi.org/10.3390/medsci7020025>
19. Wilson J, Hodgson J, Jones E, Wilson G. Medical family therapy in spiritual care. In: Mendenhall T, Lamson A, Hodgson J, Baird M, editors. *Clinical methods in medical family therapy. Focused issues in family therapy*. Cham: Springer; 2018:463–495. [ISBN 978-3-319-68834-3]. https://doi.org/10.1007/978-3-319-68834-3_16
20. Massey K. Light our way: A guide for spiritual care in times of disaster for disaster response volunteers, first responders and disaster planners [homepage on the Internet]. 2006 [cited 2020 Apr 14]. Available from: https://www.cidrap.umn.edu/sites/default/files/public/php/221/221_guidebook_0.pdf
21. World Health Organization. Telemedicine: Opportunities and developments in member states: Report on the second global survey on eHealth [homepage on the Internet]. [cited 2020 Apr 14]. Available from: https://www.who.int/goe/publications/goe_telemedicine_2010.pdf