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Chapter 1 : What Are the 5 Aspects of Health and Some Ways of Maintaining Good Health â€“ healthconte

Health care provision has recently seen a marked increase of interest in holistic patient care. As part of this move, spiritual welfare is now recognized as being of key importance in promoting a sense of well-being in all patients, families, and staff.

C Blanchard vervet iafrica. Subsequently, attention to spiritual issues is increasingly being expected of the health professional. Medical doctors are skilled in and comfortable with providing physical care. Psychosocial issues are recognised with appropriate referral to a social worker. However, spiritual care is not easily addressed. As the inevitability of death approaches, the person may express the need for spiritual reflection and review. Dame Cecily Saunders introduced the concept of total pain â€" physical, emotional and spiritual â€" when describing the complex nature of suffering of patients with advanced illness. While physical pain may be treated with a range of analgesics, these are not effective in treating emotional or spiritual pain. Addressing the non-physical dimensions of pain may reduce the treatment required to control total pain. Patients who express emotional distress related to spiritual issues may be prescribed anxiolytics or antidepressants or may even be sedated, whereas they actually need spiritual care. Spirituality and spiritual care There is no single definition that adequately describes spirituality. Robert Twycross describes spirituality as an awareness of the transcendent, something beyond the ordinary human experience, and something of wonder. Spirituality is therefore multidimensional and has a different meaning for each individual, including the patient and the doctor. In offering patient-centred care, the doctor needs to be sensitive to this difference in perception of spirituality and be clear about the meaning and intention of spiritual care. A review of the literature shows that spiritual care is considered as a spectrum of care ranging from the way the patient is treated by health care professionals so that they do not feel depersonalised, staff giving time and being present, to specific assessment and intervention in cases of spiritual distress. An attentive, experienced doctor may recognise references to spiritual distress from the dialogue or from questions the patient asks. Once a doctor has recognised spiritual suffering, it is necessary to refer the patient to an appropriate specialist, such as a chaplain or pastoral carer. Spiritual care based on a patient-centred approach is best provided by a multidisciplinary team. A willingness to connect at a human level, to listen attentively, to be reflective and to be spiritually aware enhances the delivery of skilled care. It is important for a doctor to be willing to listen, recognise spiritual distress and refer as necessary.

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Chapter 2 : Spiritual Aspects of Palliative Care | Blanchard | Continuing Medical Education

Overview. Written by an experienced hospital chaplain, Spiritual Aspects of Health Care provides you with a comprehensive guide to meeting the spiritual and religious needs of all your patients.

Article Featured This article will help nurses to become more aware of the spiritual aspect of nursing care. There is a spiritual assessment tool included that is very helpful in assessing the client. I have included definitions of spirituality and some aspects of how to enhance spirituality. I have tried to demystify spirituality the issue of spirituality. Until recently, contemporary medicine has historically given little attention to the spiritual dimension, despite its importance in the fundamental goal of healing. Nursing has done somewhat better caring for the whole person. Florence Nightingale in her manuscript, Suggestions for Thought, attempted to integrate science and mysticism. She wrote that the universe is the incarnation of divine intelligence that regulates all things through law. For Nightingale, the laws of science are the "thoughts of God. Her idea of spirituality as intrinsic to human nature and compatible with science can guide the development of future nursing practice and inquiry. Spirituality is reflected in everyday life as well as in disciplines ranging from philosophy, literature, sociology, and health care. Medical schools have begun offering courses in spirituality, religion, and health. Several schools of nursing have incorporated into their programs issues of spirituality and holistic health care. Trends that appear to be driving this new interest in spirituality include many studies that demonstrate the connection between spirituality and health improvement. Also there is a high demand from clients or patients that their spiritual needs be addressed along with their physical, mental, and emotional needs. Definitions regarding exactly what spirituality is may vary on some points, however, they all seem to agree that all people are spiritual beings. Everyone has a spiritual dimension that motivates, energizes, and influences every aspect of life. Spirituality can be considered a basic human quality that transcends gender, race, color, and national origin. While health care providers may describe themselves as religious or spiritual, many may lack the formal education that could prepare them to administer effective spiritual care. In addition, they may not know where to obtain that education or where to enhance the education and information they already have. There are a number books on spirituality, however, there are very few workshops or other programs dedicated to the spiritual health care of the individual. This lack of education may cause nurses or other health care providers to be uncomfortable when assessing their clients and providing spiritual care. There are a vast number of health care professionals that believe that the spiritual care of the patient or client is the domain of the chaplain, priest, imam, rabbi, or other trained clergy person. It is true that the fore mentioned individuals certainly do provide spiritual care, however, it is not exclusively their domain. The nurse, who provides bedside physical care has also the right and responsibility to provide spiritual care. He or she cares for the whole person, mind, body, and spirit. According to O,Brien Spirituality in Nursing there are three key activities for spiritual caring: In and of themselves the acts of being with, listening to, or touching a patient may not constitute spiritual care. Spirituality can be expressed through rituals, meditation, guided imagery, visualization, practicing gratitude, spending time in nature, viewing and engaging in art, and through various other endeavors that have meaning to the patient or client. To simplify how individuals express and experience spirituality we look at: Spirituality has importance in the realm of nursing so much so that NANDA has included it as part of a nursing diagnosis. Risk for spiritual distress: At risk for altered sense of harmonious connectedness with all of life and the universe in which dimensions that transcend and empower the self may be disrupted. Readiness for enhanced spiritual well-being: Ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, or a power greater than oneself. A question that may puzzle nurses is how to assess a client regarding their spiritual needs. Certainly there are many physical assessment tools. In my research I have encountered any number of authors who present various spiritual assessments tools. The following is a mnemonic that can be adapted to be included in the intake assessment of the client. S - Spiritual belief system - what is your formal religious affiliation? Name and describe your spiritual belief system. P - Personal spirituality - describe the beliefs and practices of your religion or personal belief system. Describe the beliefs

or practices you do not accept. Does or could this group provide help in dealing with health issues? T - Terminal events planning - as we plan for end-of-life care, how does your faith affect your decisions? The art of spiritually caring for individuals can be nebulous, therefore I have included examples of spiritual care: The spiritual rituals or prayer, meditation, guided imagery, gratitude, spending time in nature, and art can all help people connect to their inner being, to others and to a divine spirit or higher power. As part of spiritual and cultural traditions, rituals help to provide awareness, meaning, intention, and purpose in life. There are various types of prayers that clients may engage in. Rituals on the other hand, are practices that are often repeated and can provide a way for people to make life experience meaningful. There are many types of rituals, but an important aspect of healing is creating personalized rituals such as prayer before meals, meditation time, or eating of specific foods and avoiding other foods, and perhaps a ritual hand washing. The question can be asked is this space a spiritually healing environment providing adequate room, proper plumbing, safe surrounding, low levels of noise. A spiritually healing environment can be created in an institutional or personal setting. Spiritually healing environments engage all five senses. Noise is one of the most noxious stimuli in most health care settings. Many more individuals remain in the home rather than leaving the home for health care. As nurses we should have the ability to spiritually care for our patients or clients in all settings. Wise Lord, Make me an instrument of your health: Where there is sickness, let me bring cure; Where s injury, aid; Where there is suffering, ease; where there is sadness comfort; Where there is despair hope; Where there is death, acceptance and peace Grant that I may not: So much seek to be justified, as to console; To obey as to understand; To be honored as to love For it is in giving of ourselves that we heal, It is in listening that we comfort, and in dying that we are born to eternal life. Bibliography Carpenito, Lynda, J. Application to Clinical Practice. I have been a school nurse in The Hartford Public Schoo system for the past 10 years. I have work in other areas beside school health. I have taught ethics, philosphy, and religion in community colleges. I currently facilitate a spiritual development class in my home. I have developed a workshop for nurses regarding spirituality. I hold many certificates including a certificate in spiritual counseling.

Chapter 3 : Spirituality in Nursing | allnurses

Spiritual Aspects of Health Care is an invaluable learning aid and reference book for all professional health care staff in the hospital, community and hospice setting, including nurses, chaplains, paramedics, therapists, and medical staff, as well as students.

Received Feb 7; Accepted Jun This article has been cited by other articles in PMC. Abstract Delivering quality primary care to large populations is always challenging, and that is certainly the case in India. While the sheer magnitude of patients can create difficulties, not all challenges are about logistics. Sometimes patient health-seeking behaviour leads to delays in obtaining medical help for reasons that have more to do with culture, social practice and religious belief. We consider the case of a woman with somatic symptoms seemingly triggered by psychological stresses associated with social norms and familial cultural expectations. These expectations conflict with her personal and professional aspirations, and although she eventually receives psychiatric help and her problems are addressed, initially, psycho-social factors underlying her condition posed a hurdle in terms of accessing appropriate medical care. The result of such challenges can negatively impact on health and well-being, and for patients with immature defence mechanisms for dealing with inner conflict, such an experience can be damaging and ensuing somatic disturbances are often difficult to treat. Patients with culture-bound symptoms are not uncommon within primary care in India or in other Asian countries and communities. We argue that such cases need to be properly understood if satisfactory patient outcomes are to be achieved. While some causes are structural, having to do with how healthcare is accessed and delivered, others are about cultural values, social practices and beliefs. We note how some young adult women are adversely affected and discuss some of the ethical issues that arise. Review India is a country with a diverse range of cultures, ethnicities, religions and languages. While in many ways this is a source of richness and strength, cultural influences sometimes give rise to challenges in the context of managing commonly presenting illnesses. Physicians caring for patients expect to take account of psychological, social and environmental factors that underlie some of the problems with which patients present in general practice, particularly where there are concerns about mental health. But in cases where physical manifestations seem to stem from deep-seated influences relating to socio-cultural norms and expectations, some conditions can prove difficult to treat. In our view, interconnections between socio-cultural factors and health need to be better acknowledged and warrant exploration in the hope of making it easier to achieve best practice and improve patient outcomes. Against this background we consider a case from India involving a young woman who presents late with an underlying psychiatric disorder, paying particular attention to ethical, cultural and social aspects of her care. Background As a nation India faces a number of challenges in trying to meet population needs for quality healthcare. For instance, in primary health clinics and state-run community hospitals the length of an average consultation is just a few minutes, which makes it hard to take account of underlying socio-economic and psycho-social factors. However, on the positive side, primary healthcare offered by city and district hospitals and by rural primary health centres generally succeed in offering basic treatment with no cost to the patient. GPs tend to have well-established connections with such centres enabling them to make suitable referrals, especially in urban areas; patients in turn have long-standing connections with GPs, sometimes extending over generations. Broadly speaking, healthcare in India is divided between private and state-funded and between rural and urban centres, and these divergent limbs form part of a complex system that tries to cater for the needs of a vast population. On the one hand it succeeds in catering for large numbers of patients providing basic care for uncomplicated ailments; on the other hand compromises have to be made regarding quality of care, especially when treating illnesses that demand resource-intensive standards of care. Some people have the chance to access quality, private insurance-based healthcare, but others are excluded due to lack of affordability. Imbalances arise between the private and state-funded health sectors, and these are both significant and growing [1]. While the Indian system relies on a mix of primary health village centres and government hospitals to provide free medical care for the general population, private hospitals cater more for urban, higher socio-economic strata in society. The public system seeks to make healthcare accessible to

all sectors of the population and it was structured with this in mind. However, the system does not always function in the way that was originally intended due to problems such as poor standards of literacy, overt political and religious influences, an ever-expanding population, and poor doctor to patient ratios. These factors can combine to form a vicious circle, and the healthcare system often lacks the necessary resources to enable proper provision of inpatient facilities, including basic essential medical equipment or help with transport for patients coming from more remote geographical locations. Patients from these areas experience additional barriers in terms of accessing quality, affordable, local care. Hindrances have to do with politics as well as geography, and on account of relatively low standards of education there is often a general lack of awareness about family planning. Culture, Belief and Health Against this background we consider the role played by culture and belief and how they can impact on patient outcomes. Belief systems and moral values are intrinsic to human life, and for many people cultural and religious considerations exert strong, positive influences on their lives. But norms bound by culture and belief can also negatively impact on people in terms of mental and physical well-being. Culture-bound syndromes are not uncommon within primary care in India and Asian communities more generally, with cases arising that display psychiatric and associated somatic symptoms [2]. Recognising that there is an element of controversy surrounding the diagnosis, [3] an example we wish to consider is that of dissociative trance or possession-like state, most commonly encountered amongst young adult women. Dissociative trance or possession states capture the essence of the problems we are addressing, and we offer the following case as a way of exploring them further. This experience is accompanied by violent behaviour, a change in voice and irrelevant speech content, as well as general weaknesses, body aches and decreased appetite. Anxieties appear to result in somatic symptoms with autonomic instability. However, S is reluctant to seek psychiatric help, partly because of the stigma attached to this kind of therapy. Family levels of education range from illiteracy to having full secondary education; the family is closely-knit and conforms to conventional societal norms. S is well-educated and a graduate with ambitious plans for further study; however, these are interrupted when she becomes engaged as part of an arranged marriage. Her symptoms improve but only for a matter of days. Eventually she is treated and her psychological stressors are identified, namely that S was unwilling to get married and felt unable to convey this to her parents or express her desire to do further studies; S felt it would be disrespectful towards her parents to talk openly about such matters. At the consultation it was thought that subconsciously she was using denial and dissociation to cope with stresses arising from her internal conflict. Gradually, psycho-educative sessions involving both patient and the family are undertaken to clear away apparent misconceptions about healing rituals, while at the same time stressing the importance of seeking out and complying with professional treatment and advice. The advice given is for her not to marry until she feels that she is ready. After a week of observation as an inpatient no further episodes of abnormal behaviour are seen. Subsequently S receives regular psychotherapy as an outpatient and makes a steady improvement. Discussion Culture and religion played a significant role in the course of her illness from original diagnosis through to treatment and eventual prognosis. Such manifestations are not uncommon, [4] and presenting symptoms are often caused by maladaptive responses, especially in younger women. Such family pressures need not be negative in their effect, and family values and ideals inculcated over generations can exert positive influences by providing crucial support. The role of family should not be undervalued, and the concept of joint, extended families is central to everyday living, providing economic as well as psycho-social stability. Family support is often vital to the recovery of patients, especially for those with advanced illnesses. Whole families sometimes make long trips to hospital with the patient in order to seek the necessary help, and outside the setting of public hospitals it can fall to the extended family to pay for treatment from their own private resources, which in the case of a young mother, could be with help from a grandparent. It must be borne in mind that people with different cultural, religious and demographic profiles will not always react in the same way, and to ensure optimal care for patients such as S it is important to try and consider all determinants of physical and mental wellbeing. Delays in seeking professional help as well as issues of non-compliance once therapy is eventually started are commonly found in cases such as this, stemming from deeply held faith in religious healing and the associated rituals [5]. The trend towards finding healers first and then doctors covers all fields of medicine in India and

beyond. It cannot be wrong to show respect for cultural traditions and belief, but if pursued without heed to possible harms that arise from not seeking timely professional help the situation could change. Blind adherence to conventional patterns of behaviour may not be ethically defensible if the consequences are harmful to the patient; therefore, judgment needs to be exercised in order to properly assess a situation such as the one we describe. Mutual incompatibility between these positions lies at the root of problems seen in this and similar cases. The pressure felt by S to conform to social and family values led her to abandon her career aspirations without having adequate coping mechanisms for dealing with the resultant inner conflict. Old and new forms of belief in health and healing can comfortably co-exist, although in this case belief in cultural tradition means that spiritual healers are consulted before consideration is given to seeking out Western forms of medicine. While the delay did not help the patient, traditional forms of medicine and healing are nonetheless part of the web of everyday life. We suggest that having an open mind is the best and most appropriate response. The issue here is not about lack of education, because articulate, well-educated people can still express preferences for traditional over modern forms of medicine; nor is it about prioritising one system of medicine over another. It is about finding an accommodation for a workable co-existence between different forms of medicine and dealing with conflicting attitudes, values and preferences. Furthermore, the situation we describe is not unlike that which is commonly found in China, where the two different types of medicine traditional and allopathic generally work in parallel, and have done for many years [6]. The role played by culture and religion in Indian culture is undeniable, but it must be remembered that cultural tradition and religious beliefs are not necessarily the same thing. For instance, people can describe themselves as belonging to a dominant culture but without subscribing to the tenets of the main associated religion. The converse can also be true, and someone can be religious without having any particular interest in local culture; furthermore, someone can be interested in spirituality but not organised religion. In short, culture, religion, spirituality and belief may or may not be coterminous, and these distinctions are worth bearing in mind. Clearly, not all women experience mental health problems if they express preferences to uphold rights to individual autonomy over family values or enrol in higher education; that does not follow. However, in our case internalised social, familial pressure acted as a trigger for the onset of mental illness, causing the patient to present with a range of seemingly disconnected symptoms. Patient autonomy In terms of the underlying ethics, patient autonomy in Indian culture may not play the same role that it does in the West; [9] sometimes the moral imperative is to be seen and treated more than presented with choices that may not exist especially in publicly funded healthcare. This leads to an awkward if inescapable conclusion that in practical terms autonomy may mean different things in different cultural and geographic settings, or at least it can have different applications. There is limited scope within this paper to discuss these ethical tensions fully, and our case is not about patient autonomy in the customary sense of reaching joint decisions about clinical care. Rather, it is about broader relationships between personal autonomy, family and society. Indian society is multi-faceted, and the same applies to other Asian cultures, and while we do not merely seek to draw generalisable conclusions, we do want to highlight a set of phenomena that are not uncommon and that are not always well understood. Conclusion In the primary care setting, even though time may be a scarce resource, it is important to be mindful of social and cultural factors that can negatively impact on patient well-being. The problems encountered in relation to patient S are not uncommon in India or in Asian culture more generally. The root cause of the difficulties we describe and the potential social remedies probably lie beyond the power of the family physician to solve because they are so deep-seated. However, they can and do affect day-to-day clinical practice, and we argue that such issues have a moral and a practical relevance that merits wider discussion and recognition. We end with these key summary points: If there is limited time for discussion about patient values and beliefs, this may present a real challenge, especially where socio-economic and cultural factors play a role. Keep an open mind as to the cause of symptoms presented by patients within family medicine especially in the case of young adult women. Recognise that it may be beyond the power of the clinician to address underlying factors affecting patient well-being. Different systems of medicine can work in parallel, and while spiritual healing has a long tradition, sole reliance on it sometimes leads patients to avoid seeking other forms of care. Cultural values, spirituality, and religious belief do not necessarily concern

one and the same thing; it is possible to be influenced by one but not others. While patient autonomy is important it can lead to tension with cultural and social norms and satisfactory outcomes may have to be negotiated. Competing interests The authors declare that they have no competing interests. Roger has a lifelong interest in Indian philosophy and culture. The state of health services in China and India: Culture, Medicine and Psychiatry. Dissociative disorders in a psychiatric institute in India: A selective review and patterns over a decade. Int J of Soc Psych. Culture and mental health of women in South-East Asia.

Chapter 4 : Cultural aspects of primary healthcare in india: A case- based analysis

A practical guide for health care practitioners, exploring the nature of spiritual need and the provision of spiritual care. This text takes a holistic approach to the application of essential skills.

Introduction Spirituality and psychiatry - on the face of it, they do not seem to have much in common. But we are becoming increasingly aware of ways in which some aspects of spirituality can offer real benefits for mental health. There is no one definition, but in general, spirituality: Spirituality often becomes more important in times of emotional stress, physical and mental illness, loss, bereavement and the approach of death. All health care tries to relieve pain and to cure - but good health care tries to do more. Spirituality emphasises the healing of the person, not just the disease. It views life as a journey, where good and bad experiences can help you to learn, develop and mature. How is spirituality different from religion? Religious traditions certainly include individual spirituality, which is universal. But each religion has its own distinct community-based worship, beliefs, sacred texts and traditions. Although culture and beliefs can play a part in spirituality, every person has their own unique experience of spirituality - it can be a personal experience for anyone, with or without a religious belief. What is spiritual health care? People with mental health problems have said that they want: Someone with a religious belief may need: What difference can spirituality make? This has enabled them to accept and live with continuing problems or to make changes where possible. A spiritual assessment This should be considered as part of every mental health assessment. Mental health professionals also need to be able to distinguish between a spiritual crisis and a mental illness, particularly when these overlap. A helpful way to begin is to be asked "Would you say you are spiritual or religious in any way? Please tell me how. Sometimes, a professional may want to use a questionnaire. They will want to find out: A gentle, unhurried approach is important â€” at its best, exploring spiritual issues can be therapeutic in itself. Setting the scene What is your life all about? The past Emotional stress is often caused by a loss, or the threat of loss. Have you had any major losses or bereavements or suffered abuse? How has this affected you? The present Do you feel that you belong and that you are valued? Do you feel safe and respected? Are you and other people able to communicate clearly and freely? Do you feel that there is a spiritual aspect to your current situation? Would it help to involve a chaplain, or someone from your faith community? What needs to be understood about your religious background? The future What do the next few weeks hold for you? What about the next few months or years? Are you worried about death and dying, or about the possibility of an afterlife? Would you want to discuss this more? What are your main fears about the future? Do you feel the need for forgiveness about anything? What, if anything, gives you hope? How could you best be helped to get it? Is there someone caring for you with whom you can explore your concerns? These span a wide range, from the religious to non-religious. Spiritually-informed therapies Over recent years there has been increasing interest in treatments that include the spiritual dimension. Spiritual values and skills Spiritual practices can help us to develop the better parts of ourselves. They can help us to become more creative, patient, persistent, honest, kind, compassionate, wise, calm, hopeful and joyful. These are all part of the best health care. This means that the giver and receiver both get something from what happens, that if you help another person, you help yourself. Many carers naturally develop spiritual skills and values over time as a result of their commitment to those for whom they care. Those being cared for, in turn, can often give help to others in distress. How to start â€¦? Spirituality is deeply personal. Try to discover what works best for you. A three-part daily routine can be helpful: You can find out about spiritual practices and traditions from a wide range of religious organisations. Secular spiritual activities are increasingly available and popular. For example, many complementary therapies have a spiritual or holistic element that is not part of any particular religion. The internet, especially internet bookshops, the local yellow pages, health food shops and bookstores are all good places to look. Hospital chaplaincy now involves clergy and others from many faiths, denominations and humanist organisations. Chaplains also called spiritual advisors are increasingly part of the teams that provide care both in and outside hospital. A modern mental health chaplaincy or department of spiritual care should: Information about these meetings and the texts of all the talks given can be found in the

SPSIG website. Jewels for the Journey. Pilgrimage as a Way of Life. Rediscovering a Forgotten Dimension.

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Chapter 5 : Spiritual Aspects of Health Care - Logos Bible Software

Spiritual care is presented in the context of a holistic approach to care in a multi-faith society, distinguishing between religious and spiritual care and needs. Read More A practical guide for health care practitioners, exploring the nature of spiritual need and the provision of spiritual care.

The Five Aspects of Health Understanding the Five Aspects of Health Your custom-designed Sophus Health program is crafted to give your employees viable solutions for a healthier lifestyle, which can save everyone money by reducing claims. The physical health of the human body is in constant flux as we respond to our inner and outer environments. Most everyone understands that to remain healthy certain steps must be taken: Of course, the medical insurance will always be there to cover you when you need it. But Sophus Health also considers the less obvious influences on sustained wellness. Things like our relationships, communication, attitudes and beliefs, even how we handle our finances. Your employees can use our online lifestyle health assessment survey to get specific recommendations for their situations. This includes medical issues, nutrition, diet and lifestyle factors. Financial Health is a powerful factor. Money worry is one of the leading causes of stress and disease. Your employees can reduce that stress by acquiring a better understanding of the role money plays in their lives. Also by learning financial skills, making better use of personal resources and developing a plan for the future. Indeed, the good feelings resulting from true financial prosperity can help sustain wellness. Full Service Financial Education Services: Your employees can learn to address issues that can contribute to financial stress, such as: The Sophus Learning Culture provides a full range of financial planning tools to help your employees organize and track their personal finances, as well as set appropriate goals, strategies and resolve problems. Spiritual Health contributes to a sense of meaning and purpose. Spirituality can certainly take many forms, but, the common denominator between those variations is that this is where we can align our experiences with meaning. It is that place where we allow the large questions to arise and exploration to begin. At Sophus Health, we help your employees explore and deepen this connection. Independent of religion, of course, we look for ways to celebrate those individual connections. This enables your employees to be more present in their daily lives and therefore have a greater sense of fulfillment while following their own path. Spiritual Guidance and Resources: Your employees can take advantage of a variety of self-tests and spiritual guidance resources. The Sophus Learning Culture provides the latest in e-courses, health techniques and reviews. Relational Health has much to do with personal health. Indeed, healthy interpersonal relationships set the stage for creativity, contentment and community that thrives. The Sophus Learning Culture will work with you and your employees to assess and evaluate current relationships, and provide help with learning how to better handle relationship challenges. We have the resources necessary for all concerned to develop healthy behaviors that lead more fulfilled lives. Self Health is essential for positive energy and creativity. Exploring the self is a process of uncovering and developing our own innate being. It is an action where we give ourselves permission to take a journey into self-knowing, completely free of judgment. This awareness manifests as self-expression, self-compassion, self-confidence, creativity and leadership. Your employees may gain a greater sense of satisfaction, become more productive and lead richer lives when self-health gets the attention and energy it needs to flourish.

Chapter 6 : Spiritual Health

To maintain good health, you need to recognize all the aspects of health and to keep them in balance so that they work best for you. Health is the complete physical, mental, emotional, social, and spiritual well-being of a person.

Scroll down to see more content The well-being of a person includes the 5 aspects of health: From these observations he could get information for his personal decisions and actions to make. Mental Health A mentally healthy person is able to concentrate on a task for an extended period of time. He is alert, able to listen, and think. Intellectual health also entails creativity, general knowledge, and common sense. You can become mentally healthy by learning from people around you. If there is something you want to know more about, learn about it firsthand. Playing mind games can add to your mental skills, too. Reading and taking special classes can also stimulate your mental health. Let me include here 2 examples of how an intellectually healthy person can concentrate on a task for an extended period of time Do you know thatâ€¦ Albert Einstein concentrated for ten years to formulate his general theory of relativity? Michelangelo concentrated for more than two years just to finish his now famous painting on the ceiling of the Sistine Chapel? What he feels towards self, other people and situations determines his emotional health. An emotionally healthy person is in control of his thoughts, feelings, and behavior. He feels good about himself and has good relationships with other people. According to medical experts, people with good emotional health have a lower rate of stress-related diseases like, headaches, ulcers, migraines, stomachaches, and asthma. Physical Health A physically healthy person is active, does not get tired easily, does not get sick easily, is strong, and is full of energy. Physical health refers to the condition of the body and the way it reacts to diseases. You need to take good care of your body in order to maintain good physical health. You need to eat nutritious food, to exercise, and to take enough sleep and rest. Social Health This refers to the effective way a person performs his role in life as a son, daughter, friend, neighbor, or citizen. Giving love and respect to others is an important factor of social health. In short, a socially healthy person makes friends easily and keeps them; does not quarrel with others; and is considerate and kind to others. Social health also involves cooperating with others whenever a task needs to be done. Some ways of maintaining good health: Have adequate and regular exercise at least 3x a week. Take enough rest and sleep at least 8 hours daily. If possible, avoid junk foods, and fatty foods. Learn to properly deal with problems. Maintain harmonious relationships with family members, friends, and other people in your community, Do your responsibilities, and for students â€" study well. Have a regular checkup. An ounce of prevention is worth a pound of cure. Conclusion To maintain good health, you need to recognize all the aspects of health and to keep them in balance so that they work best for you. Health is the complete physical, mental, emotional, social, and spiritual well-being of a person. Good health does not only mean the absence of an ailment or disease. Health is a condition in which all the given aspects work in a holistic way. Body, mind, spirit, family, friends, community, education, job, and beliefs determine the health of a person. Master isolated images, freedigitalphotos.

Chapter 7 : Spirituality and Religion in Health Care - The Bravewell Collaborative

Subsequently, attention to spiritual issues is increasingly being expected of the health professional. 1 The WHO definition of palliative care includes spiritual care as an aspect of improving the quality of life of patients facing death. Medical doctors are skilled in and comfortable with providing physical care.

These are not comprehensive descriptions but rather practical items that may affect a patient, family, and care team in the course of a hospitalization. For more information, and for resources to assist with any particular patient case, contact the chaplains of the Department of Pastoral Care. Religious traditions tend to be as complex as they are long, and it is impossible to predict how any one patient or family member may understand or apply them in the context of health care. Buddhist Patients and Health Care: Nine Practical Points for non-Buddhist Providers Buddhism places strong emphasis on "mindfulness," so patients may request peace and quiet for the purpose of meditation, especially during crises. Some Buddhists may express strong, culturally-based concerns about modesty: Some Buddhists are strictly vegetarian in refusing to consume any meat or animal by-product. For such patients, even medications that are produced using animals are likely to be problematic. Clinicians should be very specific in discussion of the use of any drug that may affect awareness, however it should be noted that moderate use of analgesics might actually enable a patient who is struggling with pain to achieve greater concentration and "mindfulness" under the circumstances. Non-pharmacological pain management options are often attractive. In some cases, Buddhists may refuse analgesics, but this should not be assumed by staff to mean a desire for suffering --in fact, Buddhism focuses on the relief of suffering, yet some patients may prefer clarity of consciousness to drugs that may reduce mental alertness. Patients or families may pray or chant out loud repetitiously. This is often done quietly, and any noise concerns in a hospital can usually be negotiated easily. Patients may use a string of beads during prayer. Requests to burn incense or candles can be handled by suggesting alternatives, such as placing flowers in the room or setting up a small electric light. In Buddhist tradition, death is conceived as a time of crucial "transition," with karmic implications. After the patient has died, staff should try to keep the body as still as possible and avoid jostling during transport. Such belief may also be an impediment to discussion of organ donation. All such requests should be negotiated carefully, maximizing the opportunity for accommodation in recognition of the religious significance. Eight Practical Points for non-Catholic Providers Sacraments and blessings by a Catholic priest are highly important, especially before surgery or whenever there is a perceived risk of death. The sacramental requests most often made by patients are for "Sacrament of the Sick" what some Catholics may think of as "Last Rites" , Confession, and Holy Communion Eucharist --the latter, however, does not have to offered by a priest but may be offered by an authorized lay Catholic Eucharistic Minister. If a patient is near death, there may be an urgent request for a Catholic priest to offer "Sacrament of the Sick" which some Catholics may call "Last Rites". Even if the sacrament has already been offered, there may still be a request for a priest to offer prayers and bless the patient. A report of such an emergency baptism should be made to the local Catholic parish priest. Patients may request Holy Communion Eucharist prior to surgery. While a Catholic priest or Eucharistic Minister would typically offer such a patient only a tiny portion of a wafer, patents who are NPO to have nothing by mouth should have this request approved by the care team as medically safe. Some patients may keep with them religious objects, such as a rosary a loop of beads with a crucifix, used for prayer , a scapula a small cloth devotional pendant , or a religious medal. If patients request that such an object remain with them during medical procedures, discuss the option of placing the object in a sealed bag that can be kept on or near the patient. If an object is metal and the patient is having a radiological procedure or test like an MRI scan , ask the patient or family if they can bring in a non-metal substitute. Interruption of religious practices, such as regular attendance at Mass or special observance of special holy days, may be highly stressful to Catholic patients. Catholic teaching does not generally require any treatment considered "extraordinary means," but a priest may offer authoritative guidance in specific situations. Patients may request non-meat diets, especially during the late-winter time of Lent the 40 days before the festival of Easter. Eight Practical Points for non-Hindu Providers Hindu patients may express strong, culturally-based

concerns about modesty, especially regarding treatment by someone of the opposite sex. Genital and urinary issues are often not discussed with a spouse present. Hindus are often strictly vegetarian in refusing to consume any meat or animal by-products. Some Hindus may also refrain from eating certain vegetables, like onions or garlic. The act of washing is generally conceived as requiring running water, either from a tap or poured from a pitcher. For many Hindu patients, there is a cultural norm to use the right hand for "clean" tasks like eating often without utensils and their left hand for "unclean" tasks like toileting. Discuss options with the patient. Patients may wear jewelry or adornments that have strong cultural and religious meaning, and staff should not remove these without discussing the matter with the patient or family. Hinduism teaches that death is a crucial "transition," with karmic implications. There may be a strong desire that death occur in the home rather then in the hospital. Some blood fractions such as albumin, immunoglobulin, and hemophiliac preparations are allowed, but patients are guided by their own conscience. Organ donation and transplantation is allowed, but patients are guided by their own conscience. It is very common for adults to carry at all times a card stating religiously-based directives for treatment without blood. Prayers are often said for comfort and endurance. Eleven Practical Points for non-Jewish Providers Some Jewish patients may strictly observe a rule not to "work" on the Sabbath from sundown on Friday until sundown on Saturday or on religious holidays. If so, this religious injunction against "work" -- which includes prohibitions against using certain tools or engaging in tasks such as those that initiate the flow of electricity -- would be problematic to tasks like writing, flipping a light switch, or pushing buttons to call a nurse, adjust a motorized bed, or operate a patient-controlled analgesia PCA pump. Also, the tearing of paper may be considered "work," so roll toilet paper should be replaced with an opened box of individual sheets. Medical procedures should not be scheduled during the Sabbath or religious holidays unless they are life-saving , nor should hospital discharges be planned during such times without the consent of the patient. While these restrictions on "work" are generally associated with Orthodox Judaism, it is possible that they may be important for any Jewish patient. Jewish holidays are usually highly significant for patients, especially Passover in the spring and Rosh Hashannah and Yom Kippur in the fall. These holidays may affect the scheduling of medical procedures and may involve dietary changes related to a need for special food or to a desire to fast. All Jewish holidays run sundown-to-sundown. Jewish patients often request a special "Kosher" diet, in accordance with religious laws that govern the methods of preparation of certain foods for example, beef and prohibit certain foods for example, pork or gelatin and combinations for example, beef served with dairy products. During the holiday of Passover, an important distinction is made between food that is merely "Kosher" and that which is specifically "Kosher for Passover. Some Jewish patients may have culturally-based concerns about modesty, especially regarding treatment by someone of the opposite sex. However, Jewish tradition holds the expertise of medical practitioners in high regard, and this fact may assuage concerns about treatment by the opposite sex. Questions about the withholding or withdrawing of life-sustaining therapy are deeply debated within Judaism, and some patients or families are strongly opposed to the idea. Family members often wish to consult with a rabbi about the specific circumstances and decisions regarding end-of-life care. After a patient has died, Jewish tradition directs that burial happen quickly and that there be no autopsy though there is acceptance when autopsy is deemed necessary, such as by a mandate from the Medical Examiner. Also, the family may request that a family member or representative constantly accompany the body in the hospital, even to the morgue where the person may sit outside any restricted area yet relatively near the body , to say prayers and read psalms. There may be a request that amputated limbs be made available for burial. Jewish religious laws pose a complex set of restrictions that can affect medical decisions, and patients or family members may request to speak with a rabbi to determine the moral propriety of any particular decision. Exceptions are often made to the normal application of the religious laws when an action is understood in terms of "saving a life," such as with emergency surgery during the Sabbath or potentially in the case of organ donation. The value of "saving a life" is held in extremely high regard in Jewish tradition. It is common for Jewish patients to a yarmulke or kippah skull cap , especially for prayer,, but some people may wish to keep them on at all times. Patients or family members may also wear prayer shawls and use phylacteries two small boxes containing scriptural verses and having leather straps, worn on the forehead and forearm during prayer. A Jewish person need not be religious

to be "Jewish," and such non-religious patients may observe Jewish religious traditions for cultural reasons. The word "Jew" is commonly used within Jewish culture, but non-Jews should be mindful of its complex historical connotations by which it can sometimes carry a harsh tone when spoken by non-Jews. A Muslim woman may need to cover her body completely and should always be given time and opportunity to do so before anyone enters her room. Women may also request that a family member be present during an exam and may desire to keep on her clothes during an exam if at all possible. Muslim men may find examination by a woman to be extremely challenging. Nudity is emphatically discouraged. There should be no casual physical contact by non-family members of the opposite sex such as shaking hands. Some Muslims may avoid eye-contact as a function of modesty. Muslims may specifically request a diet in accordance with religious laws for "Halal" food, though many Muslims simply opt for a vegetarian diet as a quiet way to avoid religious prohibitions against such things as pork products or gelatin. Forbidden foods are referred to as "Haraam. As a result, Muslim patients typically do not feel truly cleaned by a sponge bath. Also, it is generally important that Muslims wash--with running water--both before and after meals, and also before prayers. Muslim prayers are conducted five times a day. Patients may desire to pray by kneeling and bending to the floor, but Islamic tradition recognizes circumstances when this is not medically advisable. If patients are disturbed by their inability to pray on the floor, advice should be encouraged from an imam. Muslim patients may take suffering with emotional reserve and may hesitate to express the need for pain management. Some may even refuse pain medication if they understand the experience of their pain to be spiritually enriching. Muslim tradition generally discourages the withholding or withdrawing of life-sustaining therapy. However since decisions on this subject turn on the particular circumstances of the patient and the complexities of medical treatments, family members who are morally conflicted may wish to bring an experienced imam into their discussion with physicians. Similarly, a husband may request to be present at a birth in order to whisper a proclamation of faith in the ear of the newborn. Burial is usually accomplished as soon as possible. Muslim families rarely allow for autopsy apart from an order by a Medical Examiner. Some Muslims may consider organ donation, especially with a sense of "saving life," but the subject is open to a great difference of opinion within Islamic circles. During the thirty-day month of Ramadan, Muslims refrain from food and drink from dawn until sundown. Physicians should explore with patients whether it is medically appropriate to fast while in the hospital, and if so, investigate options for pre-dawn meals, for providing patients with dates and spring water in the late afternoon --a traditional way to break the daily fast , and for delaying dinner until after sunset. While anyone who is ill is not obligated to fast, the Ramadan observance can be powerfully meaningful to patients if they can participate. The month of Ramadan shifts according to a lunar calendar, and when it occurs during the summertime, longer days can make the fast more physically stressful. Pentecostals may pray by "speaking in tongues" also called "glossolalia" --expression that is seemingly unintelligible to an objective hearer, but which holds very deep religious significance for worshippers. Patients or families may express strong belief in miraculous healing.

Chapter 8 : Religious Diversity: Practical Points for Health Care Providers

HOLISTIC AND SPIRITUAL CARE 3 Abstract Holistic nursing is care of the whole person, which addresses physical, mental, emotional, spiritual, and relational aspects of health.

Received Nov 20; Accepted Jan 1. This article has been cited by other articles in PMC. With his physical and spiritual dimensions and the mutual effect of these two dimensions, human has spiritual needs as well. These needs are an intrinsic need throughout the life; therefore, they will remain as a major element of holistic nursing care. This is a qualitative study with hermeneutic phenomenological approach. Data were collected from 16 patients hospitalized in internal medicine-surgery wards and 6 nurses in the respective wards. Rigorousness of findings was confirmed by use of this method as well as team interpretation, and referring to the text and participants. They include the need for communication with others, communication with God, and being hopeful. In this study, the three obtained themes are the spiritual needs whose satisfaction is possible in nursing system. Spiritual needs, hospitalized patients, phenomenology One of the greatest challenges of a nurse is to provide comfort for patients. In recent years, with scientific advances in health care society, belief in the significance of human spiritual nature has increasingly become more complex especially regarding health and disease. Nursing therefore requires considering all of these dimensions and the relationships among them. In chronic diseases, in addition to enduring physical discomfort the patients are disturbed by spiritual stress and frequent change of behavior. Patients must be aware of the existence of a person who can help them. God in another verse states: In his mind, care is meaningful in spiritual context. Prayer and religious traditions must be performed in appropriate conditions so as not to have negative effect. Nurses should get assured that they accomplish case based upon what the patient requests, rather than what the nurse wants. Communication is the foundation of the relation between them. The power of effective attendance is reinforced and improved by good communication. As nurses possess a specific position in health care system, they spend much time in speaking with patients and listening to their concerns, feelings, and needs. Some of these conversations are difficult for nurses and are accompanied by serious feelings such as nervousness, sadness, the problems caused by diseases which threaten the life, or family problems. Methods This is a qualitative research with hermeneutic phenomenological approach. Hermeneutics interpretive, Heideggerian emphasizes understanding more than description and is based on interpretation. Participants were chosen from hospitalized patients. Especially in ICU, the researcher made interview with some of nurses. The necessary information about the project and its goals was provided to them and their written consent to participate in the research was obtained. Then they were interviewed in a quiet room. Data collection Conducting a phenomenological research involves acquiring rich explanations of a phenomenon and its collections; this was accomplished in the present study via depth interview and note-taking. The goals of study and interview were first explained to the participants. We made nondirective open interview so that the participants could state their experiences as narration. In this stage, they were requested to express their experienced needs. The research was directed based on data obtained from the participants and the next samples were chosen according to these data. Each interview was assigned a code, for anonymity of the participants. This code was written down along with the interpretations yielded from each interview. As soon as possible, the interviews were listened and written down. Data sources The objective of qualitative sampling is to understand the phenomenon under study; therefore, qualitative study is based upon purposeful sampling. In the present research, samples were chosen from among the hospitalized patients in different units of the hospital. Boyd considers participants or study samples sufficient to reach saturation. Information saturation was reached after interviews with 16 patients and 6 nurses, and sampling was stopped at this stage. Practical steps for reaching this goal are different according to the approach followed by researcher. After each interview, it was transcribed and the text was first reviewed by the researcher. The research team included two PhD students and a nursing associate professor. The team members extracted the quotations as well as implicit and explicit meanings from the interview written texts. The hermeneutic summary of interviews was written by the researchers based upon meaning, quotations, and interpretations provided. Conceptual codes were then extracted from this resultant text. When other interviews

continued, the related themes were formed through induction of the conceptual codes; so the previous themes were made more obvious, and possibly some themes were removed or new themes could come into existence. This was accomplished through conversation of the team members. During finding the themes, interpretations and patterns were formed as well. Rigorousness of data In qualitative studies, validity and reliability of the research and its findings are confirmed through using systematic methods and procedures, triangulation simultaneous use of several research methods, and data collection for confirmation , peer debriefing, and member checking. Ethical considerations The following ethical considerations were observed: Written consent was also taken from the participants. They were assured that their information will be kept secret and the research results will be published without mentioning their names. To observe this issue, all names were changed into codes during transcription of interviews and the participants were referred only by those codes during data analysis and statement of the results. By giving the phone number and address of the researcher to the participants, it was possible to have communication if further information was needed, as well as to provide the participants a copy of the paper resulted from the study, if they liked. The study steps were approved by research board of the faculty with regard to observing the ethical considerations. In this section, the resultant themes are explained. Table 1 Open in a separate window Hopefulness It is sometimes neglected that the aim of establishing a hospital and collecting the medical and care team is the patient. The feeling of being lonely in hospital is perhaps the strangest atmosphere for the hospitalized patient. I have fear when the doctor comes. For example, I fearfully asked whether the patient should eat his tablet or not. They face us very seriously. I have come here to take refuge to you. It is usually observed that the patients who are hospitalized several times in the same hospital would like that their previous nurse attends them. Considering the nursing system in Iran, small ratio of nurses to patients, and allocation of activities which are based on case or performances, most nurses do not have much time for supporting aspects; they often perform the routine activities in the ward and neglect supportive care toward patients. On the other hand, the patients are satisfied by supportive care and require a nurse to support and attend them. They should collaborate with sympathy. We have much pain in our body. The ward nurse states that: Probably they believe that they will receive more attention if they know somebody there. I myself always explain that I try to do my best. Often patients visit hospital to relieve their physical pains, but physical engagement causes spiritual and mental engagement. I only count the days to go to dialysis and then sleep. This is my life. Hope is a significant condition for continuation of human life, and being desperate expresses many negative feelings, even suicide, in the patient. This is reflected especially for the case of diseases such as renal failure. Getting hopeful again can bring back the life to these patients. Patients need to admit them as they were before getting sick and respect their social roles. When I was discomfort, she told me not to worry. What would happen if they attended us? Treatment is not the only important thing. It was good if they could talk to us sometimes. I see that they go and come, or they write something. Statements of patients indicate that they need verbal communication and expect more from nurses, compared to other personnel of hospital. Respecting the patient, attendance and sympathy, and correct verbal communication are issues which are satisfied in a comprehensive relation with the patient. Resolving the problems which disturb these issues will sustain the spiritual need of the patient. Doing these practices is obligatory for adults and if the conditions for doing these practices are not suitable, the patient gets anxious. This has a specific position in Shia beliefs which will be mentioned later. I tell God why I have become patient while others are still healthy. I see others laughing. I have much pain, but I say that God tests people differently, and this is my test. I tell God to give me patience to tolerate the pain. They feel the need to connect to God. An ICU nurse states that: This is their belief and culture, and we respect it. This has also different aspects and originates from Shia culture. Recourse Tavassol in this culture and the need to connect to God have higher intensity in the patient. Saying prayers is obligatory for Muslim adults in every condition; however it has specific conditions in different situations and the patient must know it or be informed about it. The practical strategy in performing the religious practices considering the specific situations can assist the patient in performing them, while unfamiliarity to it causes discomfort of the patient and not performing these practices.

Chapter 9 : How Can Spirituality Affect Your Family's Health?

An engagement with the spiritual dimensions of life has always been an essential component of health and wellbeing. In modern times, the role of spirituality and religion in medicine encompasses such practices as the use of meditation and prayer in healing, pastoral counseling, evoking forgiveness and compassion, engaging the mystery of death in end of life care, and the search for meaning in.

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