# Spiritual dimension in palliative care from the perspective of Thai palliative caregivers

Pilaiporn Sukcharoen, Nanchatsan Sakunpong and Kantita Sripa


## Abstract

**Background:** In Thailand, most terminally ill patients die in hospital and are looked after by health professionals. Terminally ill patients tend to receive physical care only, while in the main, spiritual care is neglected. This study aimed to explore spirituality in palliative care health professionals and spiritual leaders in the Thai Buddhist context. **Method**: In this qualitative case study, seven experienced palliative caregivers took part in in-depth interviews. Thematic analysis and a trustworthiness process were used to analyse the data. **Findings**: Three themes emerged: (1) the ability for self-awareness and faith; (2) acceptance and compassion for others; and (3) spiritual behaviour while nursing. **Conclusion**: The results revealed the meaning of spirituality and the necessary characteristics for spirituality in palliative care for the participants, which could serve as a basis for further development.


**Key words:** ● Spirituality ● Spritual care ● Palliative care ● Thailand

Spirituality is a complex concept (Tisdell, 2001) and is important for humans (Klobucar, 2016). It is based in religious belief and the value given to life. In addition, it is associated with an individual's mindset, reflecting spiritual hope, personal experience (Shek, 2012) and quality of life (Saint-Laurent, 1999), as well as the relationship between a person and the environment (Lewinson et al, 2015). Spirituality can play a significant role in people's learning (Tisdell, 2008) by serving as a component of the mindset that gives value, perspective and meaning to life (Tisdell, 2008; Amann and Stachowicz-Stanusch, 2013). It also contributes to self-recognition and reaching the Four noble truths (Tisdell, 2008), leading to motivation and an understanding of life goals, positive behaviours and personal growth (Saint-Laurent, 1999; Tisdell, 2001; Lewinson et al, 2015; Klobucar, 2016).

The concept of spirituality is similar to humanistic psychological theory, which has several core principles, such as that individuals are inherently good, are greater than the sum of their parts and have the capacity for self-growth (Jacobs, 2016). Spirituality plays a key role in learning (Tisdell, 2008), allowing individuals to develop, realise self-worth (Tisdell, 2008; Amann and Stachowicz-Stanusch, 2013) and be able to help others. Spirituality is therefore important in the nursing context. It is a valuable and meaningful consideration for health professionals (Piercy, 2013), particularly those involved in palliative care (Klobucar, 2016).

Worldwide, non-communicable diseases, particularly those related to ageing, cause most morbidity and mortality (Walshe and Luker, 2010; Hold et al, 2015). In Thailand, 300 000 people per year die from illnesses, such as cancer and cardiovascular disease (Wannapornsiri, 2018). Terminally ill patients in hospital tend to receive physical care only, while psychosocial needs are neglected (Wallace et al, 2009; Gilliland, 2015; Hold et al, 2015). Palliative care should include spiritual care that responds to patients' spiritual needs (Piercy, 2013). For health professionals to provide such care, they need to develop an awareness of their responsibilities towards patients, but also be prepared for self-development (Tisdell, 2001; 2008; Klobucar, 2016).

Spirituality is a part of an individual's mindset. In the Thai context, the precepts of Buddhism and dharma are at the heart of many terminally ill patients and their families. Belief in Buddhism and dharma helps many to find peace, accept the imminence of death and prepare for a new path after the death. It helps many caregivers to develop effective spiritual nursing care for terminal patients.

**Pilaiporn Sukcharoen**
Doctoral student, Behavioral Science Research Institute, Srinakharinwirot University, Bangkok, Thailand

**Nanchatsan Sakunpong**
Lecturer, Behavioral Science Research Institute, Srinakharinwirot University, Bangkok, Thailand

**Kantita Sripa**
Assistant Professor, Faculty of Social Sciences, Royal Police Cadet Academy, Bangkok, Thailand

*Correspondence to: pilaiporn.navynurse@gmail.com*

## Methods

### Study design

This qualitative case study was undertaken with seven experienced palliative caregivers in Thailand. Data about palliative care experiences were collected through in-depth interviews by the researcher.

### Setting and samples

The seven key informants were purposively sampled and the group comprised the following: two nursing lecturers with more than 5 years' experience in teaching palliative care; two professional nurses who had more than 5 years' experience in palliative care and who had received awards in recognition of their exemplary palliative care; one religious leader who had more than 5 years' experience in palliative care; and two nursing students who had experience in palliative care.

### Ethics

This study was approved by the ethics review committee for research involving human research subjects at Suratthani Rajabhat University (No. SRU.2561/010).

### Data collection

The sample questions were:

- In your opinion, what does spirituality in palliative care mean?
- From your experience in palliative care, and in your opinion, what qualities do people with spirituality in palliative care have?

Each of the participants took part in one or two in-depth interviews, with durations of 45–120 minutes until data saturation occurred. The method was employed to generate themes and categories. Following the interviews, the researcher accurately transcribed the voice recording, and then read the transcripts to identify the emerging themes. Later, codes and categories were generated to support each theme (Sakunpong, 2018). To ensure that the results from this qualitative study were reliable and valid, trustworthiness was established. A data triangulation method was used to ensure credibility and the results of the data analysis were sent back to all participants for their approval.

## Results

The analysis revealed three major themes:

- Ability to develop awareness and faith
- Acceptance and compassion for fellow humans
- Spiritual nursing behaviour.

These themes and their subthemes are outlined in *Table 1*.

### Ability to develop awareness and faith

Participants had an understanding that there is a natural course of life from birth to old age and that sickness and death are all part of life. This understanding allowed participants to better understand and accept their patients' adversity, distress, terminal condition and their deaths. Participants had skill in helping terminally ill patients to accept dying and be prepared to meet the 'Grim Reaper' and to have a peaceful death.

> **'If the patients stay at the terminal time, we will tell them that the Grim Reaper has given them an invitation. Others give you an invitation to a wedding, you can refuse to go, but if it's the Grim Reaper who gives you an invitation, can you refuse?' Nurse, female, aged 61**

> **'If someone they love has a peaceful death, many of them smile with tears in their eyes. It's tears of loss. Making them accept it is the beginning of a process of learning the truth of life.' Nursing lecturer, female, aged 55**

Participants developed an understanding and awareness of their own emotions and feelings, recognised their self-worth, and had faith in a higher power, which involved Buddhism and dharma. This mindset facilitated a positive feedback loop between caregivers and the patients and their families:

> **'It's not like we give, but in fact we take from caring, helping and doing. What we get is beyond salary. What we get is happiness, pride**

*'We will tell them the Grim Reaper has given them an invitation ... can you refuse?'*

**Table 1. Themes and subthemes for the spiritual dimension in palliative care for Thai palliative caregivers**

| Themes | Subthemes |
|---|---|
| Ability to develop awareness and faith | Understanding the nature of life and death |
| | Feeling of self-worth and making oneself happy |
| | Belief in virtue and faith in good deeds |
| | Understanding emotions and emotion management |
| | Faith in dharma and application of dharma in patient care |
| Acceptance and compassion for fellow human beings | Accepting the patients' personhood |
| | Having a good attitude towards patients |
| | Having loving-kindness and compassion for patients |
| | Realising the importance of palliative care |
| Spiritual nursing behaviour | Having knowledge of management of physical pain for patients |
| | Holistic care that is consistent with the patient's religion |
| | Caring to prepare for death and life after death |
| | Having the art of communication with patients and their family |
| | Ability to work as a team |

**and delight. It's the reward that cannot be bought.' Nurse, female, aged 63**

**'We have to thank (patients) because they teach us how to heal our soul spiritually and grow up … seeing the value of our work makes us happy.' Nursing student, female, aged 22**

Buddhism and dharma were at the heart of the mindset of participants. The concept of dharma in this cultural and religious context and being able to apply it in caring for patients, especially those nearing death, was important. Participants could understand what patients were facing and applied the concept of dharma to provide effective patient care.

**'They have karma consequences that they have to face. We have to be equanimous. We have to take it easy … It's like we have to have principles and dharma.' Religious leader, male, aged 50**

**'We have to be equanimous. This is advanced dharma that makes us grow up spiritually. Dharma practice, loving-kindness, compassion … we need to have joy with others and equanimity.' Nurse, female, aged 63**

### *Acceptance and compassion for fellow human beings*

Awareness, understanding and acceptance of patients' adversity, as well as having compassion for patients and their family in the periods before, during and after the patient's death are of great importance in palliative care. Accepting and understanding the patient as an individual, especially the severity of their symptoms, are highly important. The participants were able to understand the near-death state of the patients, accept the patients' personhood and had a desire to provide holistic palliative care.

**'Coma patients can feel our touches. We talk gently and patients can feel it. For the characteristics of patients, it is said that they cannot feel. Is it true? They can hear and feel.' Nursing student, female, aged 21**

**'Caring is developed from the subconscious with an emphasis on loving kindness, compassion and humanisation. Then, having a caring behaviour with generosity, care, enthusiasm, interest, mercy and love. So, caring originates from the root of the person.' Religious leader, male, aged 50**

Realising the importance of palliative care and being ready to provide palliative care ensured the patients received holistic care encompassing physical, psychological, social and spiritual care. Patients could live the rest of their lives with value, and their family could cope with the sadness after patients passed away.

**'Due to palliative care, they will understand loss and separation. They will know what terminal stage is like … It's like they understand suffering and adversity.' Nursing lecturer, female, aged 59**

**'It is bothering to see the loved one die with suffering but the important thing is the relief of adversity. Palliative care is not about the mind but about relieving end-of-life patients from suffering.' Nurse, female, aged 63**

### *Spiritual nursing behaviour*

Holistic patient care encompasses physical, psychological, social and spiritual dimensions, that enables patients and their families to live the rest of their lives with value, and effectively respond to the needs of patients and their family. All behaviour, including facial expressions and gestures during patient care, are of great significance.

**'In terms of religion, I ask patients if they need a monk for prayers … I need to take care of their psychological needs too; I have to consult with the family to help the patients have a more peaceful mind.' Nurse, female, aged 63**

**'It's important for the family to get involved. Nurses have to support by talking and reaching them psychologically … It's like we need to be ready before it happens, before they die.' Nursing lecturer, female, aged 59**

Caring for patients and their families so that they can be ready to confront and accept the approaching death, allows everyone to understand and accept what will happen and helps them to cope after the death and deal with the loss and grief.

**'It's about caring for the family. It's about adjusting; how the family will continue living after the patient dies.' Nursing student, female, aged 21**

**'It's important for the family to get involved. Nurses have to support by talking and reaching them psychologically… It's like we need to be**

**ready before it happens, before they die.' Nurse, female, aged 61**

Communication is key in providing holistic care. Participants listened to their patients and families, spoke gently and politely, and coordinated with other healthcare teams to best assist the patients and their family.

**'In this healing process, when patients talk, I am like yeah. There is someone to listen, listen with understanding. No need to do anything just be a good listener. This is like healing.' Nursing lecturer, female, aged 55**

**'We have to discuss and plan. We need people to help each other … need to help each other and support each other in very severe cases.' Nurse, female, aged 61**

## Discussion

Spirituality can serve to create a mindset that gives value and perspective to life, and can play a significant role in people's learning (Tisdell, 2008; Amann and Stachowicz-Stanusch, 2013). It is a valuable and meaningful attribute for health professionals who give care (Piercy, 2013), especially palliative care for those at the end of life (Klobucar, 2016). In the Thai context, where spirituality is informed by Buddhism and dharma, it can help terminal patients and family to connect with their own spiritual need and reduce distress and fear of death (Wannapornsiri, 2018).

People thus need to have understanding and awareness of their own emotions and feelings, as well as faith in the higher powers in which they believe (Saint-Laurent, 1999; Day, 2010; Sakunpong et al, 2016) to develop awareness and understanding of their worth and ability, faith in good deeds, and to be able to apply palliative care principles for their patients (Wannapornsiri, 2018).

These qualities are associated with feelings of worth and positivity toward the self (Day, 2010), leading to confidence and faith in virtue and the use of dharma in patient care. As a result, terminally ill patients receive holistic care, and can spend the rest of lives meaningfully. Spirituality is a factor that enables persons to adapt to different situations, particularly life crises(Jacobs, 2016) This is congruent with humanistic learning theory, which holds that, when faced with pressure, persons will reflect on their past experiences and will be willing to improve themselves (Tisdell, 2008)

Hence, spirituality is vital in the context of palliative nursing (Emanuel and Librach, 2007), where patients often experience anxiety, depression and fear of the approaching death. Palliative caregivers need to understand patients emotions and feelings, as well as the adversities they are facing (Davoodvand et al, 2017).This acceptance then links to the development of positive attitude towards patients (Turner et al, 2011), mercy, sympathy, generosity, compassion, a desire to provide holistic care (Fisher and Brumley, 2008; Helming, 2009; Abbasi et al, 2014; Lewinson et al, 2015)

Spirituality is significant for many disciplines, particularly the nursing profession, because it contributes to understanding patients and gives value to the care provided (Fisher and Brumley, 2008; Abbasi et al, 2014). Caregivers who are aware of their own self-worth and have a belief and faith in a higher power, according to the principles of Buddhism and Dharma, will often be positive-thinking, and respond effectively to patients' spiritual needs (Lewinson et al, 2015).

If caregivers can manage their own emotions and feelings while caring for patients, and place

## Key points

- **Spirituality is based in religious belief and the value given to life.**
- **Spirituality is vital to the nursing context that is associated with assisting fellow human beings**
- **Palliative care should include spiritual care that responds to patients' spiritual needs**
- **The precepts of Buddhism and dharma are at the heart of many terminal patients and their families.**
- **Belief in Buddhism and dharma helps many to find peace, accept the imminence of death and prepare for a new path after the death**

## Continuing professional development: reflective questions

- **Reflect on the role of palliative caregivers while they help terminal patients and their families**
- **Why is the concept of spirituality important in the palliative care context?**
- **Reflect on why the ability for self-awareness and faith in Buddhism and Dharma could be important in the palliative care context**

value on psychological care for patients, holistic patient care can be promoted (Emanuel and Librach 2007; Walshe and Luker, 2010; Wannapornsiri, 2018).

## Conclusion

A knowledge of the characteristics of spirituality in palliative care can serve palliative nurses in developing their own spiritual and holistic care for patients who are at the end of life. This can improve the quality of life and death for patients and their families. **IJPN**

***Conflict of interest:*** *None*

***Acknowledgements:*** *This article is a part of a PhD dissertation in Applied Psychology, Srinakharinwirot University*

Abbasi M, Farahani-Nia M, Mehrdad N, Givari A, Haghani H. Nursing students' spiritual well-being, spirituality and spiritual care. Iran J Nurs Midwifery Res. 2014; 19(3):242–247.

Amann W, Stachowicz-Stanusch A. Integrity in organizations: building the foundations for humanistic management. New York (NY): Palgrave Macmillan; 2013

Davoodvand S, Abbaszadeh A, Ahmadi F. Spiritual development in Iranian nurses. Nurs Ethics. 2017; 24(8):936–949. https://doi.org/10.1177/0969733016629772

Day MJ. Religion, spirituality, and positive psychology in adulthood: a developmental view. J Adult Dev. 2010; 17(4):215–229. https://doi.org/10.1007/s10804-009-9086-7

Emanuel L, Librach LS. Palliative care core skills and clinical competencies. Philadelphia: Saunders; 2007

Fisher J, Brumley D. Nurses' and carers' spiritual wellbeing in the workplace. Aust J Adv Nurs. 2008; 25(4):49–57

Gilliland I. Effects of a community-based hospice experience on attitudes and self-perceived competencies of baccalaureate senior nursing students. J Nurs Educ. 2015; 54(6):335–338. https://doi.org/10.3928/01484834-20150515-04

Hold JL, Blake BJ, Ward EN. Perceptions and experiences of nursing students enrolled in a palliative and end-of-life nursing elective: a qualitative study. Nurse Educ Today. 2015; 35(6):777–781. https://doi.org/10.1016/j.nedt.2015.02.011

Jacobs BM. Situating the humanistic paradigm in clinical dental hygiene: empathic understanding, thoughtfulness and tact, and pedagogical influence. Doctor of Education dissertation submitted to Northern Illinois University, 2016. https://commons.lib.niu.edu/bitstream/handle/10843/20914/Jacobs_niu_0162D_12749.pdf?sequence=1&isAllowed=y (accessed 15 January 2020)

Klobucar NR. The role of spirituality in transition to parenthood: qualitative research using transformative learning theory. J Relig Health. 2016; 55(4):1345–1358. https://doi.org/10.1007/s10943-015-0088-4

Lewinson LP, McSherry W, Kevern P. Spirituality in pre-registration nurse education and practice: a review of the literature. Nurse Educ Today. 2015; 35(6):806–814. https://doi.org/10.1016/j.nedt.2015.01.011

Helming MA. Integrating spirituality into nurse practitioner practice: the importance of finding the time. J Nurse Practitioners. 2009; 5(8):598–605. https://doi.org/10.1016/j.nurpra.2009.04.012

Piercy G. Transformative learning theory and spirituality: a whole-person approach. J Instruct Res. 2013; 230–242.

Saint-Laurent G. Sprituality and world religions: a comparative introduction. Columbus (OH): McGraw-Hill; 1999

Sakunpong N, Choochom O, Taephant N. Development of a resilience scale for Thai substance-dependent woman: a mixed methods approach. Asian J Psychiatr. 2016; 22:177–181. https://doi.org/10.1016/j.ajp.2015.10.011

Sakunpong N. Life narrative to substance use: voices from LGBT people. J Health Res. 2018; 32(5):387–394. https://doi.org/10.1108/JHR-08-2018-041

Shek DT. Spirituality as a positive youth development construct: a conceptual review. ScientificWorldJournal. 2012; 2012458953. https://doi.org/10.1100/2012/458953

Tisdell E. Spirituality and adult learning. New directions for adult and continuing education. 2008; 119:27–36. https://doi.org/10.1002/ace.303

Tisdell EJ. Spirituality in adult and higher education. ERIC Digest. 2001; 1(1–8).

Turner M, Payne S, O'Brien T. Mandatory communication skills training for cancer and palliative care staff: does one size fit all? Eur J Oncol Nurs. 2011; 15(5):398–403. https://doi.org/10.1016/j.ejon.2010.11.003

Wallace M, Grossman S, Campbell S et al. Integration of end-of-life care content in undergraduate nursing curricula: student knowledge and perceptions. J Prof Nurs. 2009; 25(1):50–56. https://doi.org/10.1016/j.profnurs.2008.08.003

Walshe C, Luker KA. District nurses' role in palliative care provision: a realist review. Int J Nurs Stud. 2010; 47(9):1167–1183. https://doi.org/10.1016/j.ijnurstu.2010.04.006

Wannapornsiri C. The experiences of family caregivers providing palliative cancer care in Thailand. Int J Palliat Nurs. 2018; 24(11):559–565. https://doi.org/10.12968/ijpn.2018.24.11.559