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With COVID-19 Patients in the Hospital Wards: The Experience of Iranian Clergy Visits

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Abstract

With the dramatic changes in crisis, it is essential to pay attention to spirituality in societies. When grief, illness, and mourning have become part of people's lives, the cleric can play an essential role in the healing process. This qualitative study shows a practice from the presence of Iranian clergy in hospitals in the Covid-19 epidemic. In these semi-structured interviews, the focus was on the three main questions, "What can I do for you as a cleric?", "What do you want to talk about?" and "Could I answer your questions, or do we need to meet again?". Each of the reports was considered a unit of analysis, and after reading them several times, the codes were extracted, and then the codes were categorized, and the main themes were formed. The three main themes are the joy of talking to a cleric, asking religious-spiritual questions, and psycho-socio-economic concerns. The process of empathy formed by the presence of clergy in the Hospital increases the connection of people with spirituality, leading to a sense of peace in the patients and in the treatment atmosphere.

Keywords: *Covid-19; Spirituality; Religious; Clergy; Iranian*

Introduction

The new coronavirus (Covid-19) first appeared in Wuhan, China, in December 2019 and has spread to many countries worldwide. In Iran, on February 19, 2020, two patients were confirmed to be SARS-CoV-2 positive, and after that, the disease became widespread in the country (1). In the initial steps, the Iranian government issued a formal order for the for the cessation of specific social and economic activities such as schools, colleges, higher education centers, shopping malls, shrines, and holy places, to control and prevent the spread of Covid-19 disease (2).

The crisis led to disruptions in all aspects of society, including people's livelihoods, communication, and the provision of people's health needs. This dramatic change made it essential to pay attention to spirituality in societies (3). The damage caused by the disease causes a change that completely disrupts the continuity of daily life. As a result, people face the challenge of redefining the meanings in life they have believed in for years (4). As soon as people become aware of a life-threatening illness, they become anxious and fearful and experience negative and complex emotions (5). Anxiety stemming from illness evokes a sense of imminent death, leading to questions in the minds of patients, which leads to distress and suffering such as "What have I done to deserve this? I used to believe in God, but I no longer know what the meaning of my life is? What is left for me? No one understands my condition, I am afraid"(6). Promoting spiritual teachings by clerics in the field of health can be very useful, and the entry of knowledgeable and trained clerics into caring for the sick can reduce people's anxiety (7). The presence of clerics when grief, illness, and mourning have become part of people's lives can play an important role in the healing process. They actively promote health care by actively listening to patients' pain and suffering, and increase hope in people (8). The compassionate presence of the clergy at the patient's bedside can lead to a stronger relationship between people and God and to relieve and reduce their anxiety, and improve their comfort (9). Face-to-face communication with patients during stressful periods of hospitalization and dissemination of spiritual teachings related to the individual's condition creates empathy, and facilitates the hospitalization process (3). Nowadays, caring for patients, considering their spiritual dimension, is a clinical intervention and has a significant impact on the treatment process of patients (10)((3). Extensive studies in health show that many patients tend to have the health care system pay attention to their spiritual needs and put their spiritual care on the agenda (11). In the coding that was first performed by the WHO in 2002 to record and describe the care of cleric and volunteers for Pastoral Intervention (12), "presence" itself is recognized as an important element (13).

In Iran, with the starting of the Covid-19 pandemic, volunteer clerics began attending selected hospitals to help hospitalized patients and staff in jihadist activities. In this study, clerics who were introduced to this job in Iran University of Medical Sciences through the leadership institution in the university, after the necessary training and having the protocols and guidelines prepared by the Spiritual Health Research Center, visited patients in the Hazrate Rasool Akram hospital's ward in Tehran. By presenting some of this data and sharing this experience, this article seeks to improve the clinical care of clergy in hospitals to use all its capacities to serve the crisis or crises ahead and to improve the quality of life of patients. Sharing knowledge and the best practice in this field could be very useful (14).

Methods

This qualitative analysis is a part of the project data underway at Iran University of Medical Sciences with the title of "Investigation of the presence of clerics in the hospitals during the Covid-19 epidemic (99-2-96-19074)," which was gathered from the beginning of September to the middle of December 2020. Content analysis of this study is based on a conventional approach to achieving the patient's issues with Covid-19 who were admitted to the hospital wards; enabling them to raise their questions, problems, and concerns with the visiting cleric (15).

Participants

The participating clerics were seminary (hozeh elmiyeh)-educated individuals with at least a Level 3 degree from the institute's four levels who received the necessary training in patient communication and religious/spiritual clinical care skills before the study. In the following analysis, two clergymen were present, and in their care team, a female psychologist was also present when someone needed to be referred to a psychologist. Patients participating in this study were 43 patients admitted to

the wards of Hazrate Rasool Akram Hospital in Tehran. These patients were introduced to the clergy in an accessible manner and according to the nursing office's announcement of the relevant departments. Thirty-six patients (84%) were male, and 7 patients (16%) were female. The mean age, duration of hospitalization of patients during the visit, and their visit duration are presented in Table 1.

Data Collection and Analysis

The data of this study include the recorded reports in the field by the cleric of visiting and interviewing patients. In these semi-structured interviews, the focus was on the three main questions, "What can I do for you as a cleric?", "What do you want to talk about?" and "Could I answer your questions, or do we need to meet again?". Each of the reports was considered a unit of analysis, and after reading them several times, the codes were extracted, and then the codes were categorized, and the main themes were formed (16, 17).

Data Trustworthiness

According to Guba and Lincoln criteria (18), for the accuracy and robustness of the results, long-term data engagement and immersion were done. There was also a peer check and external check for codes.

Ethical Considerations

This study was approved by the Research Council of the Interdisciplinary Research Development Center at Iran University of Medical Sciences and received ethical approval from the Iran National Committee for Ethics in Biomedical Research (IR.IUMS.REC.1399.917).

Results

The three main themes of extracting data under the headings of the joy of talking to a cleric, asking religious-spiritual questions, and psycho-socio-economic concerns, along with their related categories and codes, are given in Tables 2 to 4, respectively. Details include:

1-The joy of talking to a clergyman: The first extractive theme that includes categories expressing satisfaction with meeting a cleric in hospital room, relaxing after a visit and talking to a cleric, expressing emotions during a conversation, and even energizing the cleric with praise for Voluntary activities and their presence at patients' bedside in these stressful situations. Some of the first meeting challenges that led to a friendly spiritual-patient relationship are included in this section (Table 2). Here are some quotes from each of the above categories.

Patient No. 6: "I heard and saw on the radio and television, but I could not believe it, and I said to myself that it is not a real image, but now you are standing so friendly next to my bed ... and now I have a special feeling."

Patient No. 20: "What happiness, what a success, I hope that I will be sacrificed before you, it is Covid-19 time; otherwise I would have kissed your eyes, I would have kissed your feet, what purity, what happiness I saw you, my heart became clear, you gave me a gift when you came ..."

Patient No. 7: "Thank God I saw you and got my answer because I was very upset about this issue, and I considered this to be my failure, and now I am calm."

Patient No. 25 cries so much when he sees a clergy at his bedside that he cannot continue the conversation and asks for another appointment and welcomes the clergy with a smile at the next appointment.

Patient No. 15: "You are doing a great job, and as soon as we see you coming and visiting the patients, it is very effective and pleasant. Here the patients are in special conditions; sometimes, they are spiritually low, but in this kind of situation, they will be encouraged to see you, even if you are only with them for a few minutes."

Patient No. 12: "Why did you come here? What do you want to do? You are all liars ... Nurses, doctors are all liars. If you want to do something, tell them to give me a bath, tell them to change my oxygen ..."

Patient No. 12 at the next appointment: "I now have two spiritual friends, one I met outside of here, and you .... Where do you want to go so early?"

2-Religious-spiritual questions: The second theme extracted from the reports and notes of the clergy includes the discussion of religious and spiritual issues by the patient with the clergy who visit them. Topics such as asking for prayers, raising challenges regarding worship during hospitalization, and some religious questions were included in the religious category, as well as issues related to patient's beliefs; their skeptical beliefs that became more prominent during hospitalization, and related issues in the general view (worldview) and the challenges created for them about the wisdom of disease were placed in the spiritual category. Also, some patients had experienced spiritual well-being during these days, which they shared with the clergy (Table 3). Here are some quotes related to these topics.

Patient No.11: "I have not prayed since I was hospitalized because of my condition and the contamination of my clothes ... I am upset ... what should I do?"

Patient No. 17: "Haj Agha[1], I have a question for you .... I always recited a lot of prayers, praying the prayers of the Imams ... but I could not perform these acts while I was sick, (crying) Haj Agha, have I fail?"

Patient No. 2: "Haj Agha, I used to feed people every year during Muharram according to the vows I had made, but this year I got sick, and I was not able to fulfill my vows. I am very upset about this, should I atone for it?"

Patient No. 18: "Haj Agha, let me tell you in a friendly manner, I am not a person who communicates a lot with God. I would be lying if I told you that I say my prayers and these kinds of behaviors, but in these few days of illness, when I saw the bad conditions of this illness, I made my peace with God and talked to him a lot: What can I do to keep the feeling that I have after I get better?"

3-Psycho-socio-economic concerns: The third theme in this article deals with the concerns and problems of patients in psychological, social, and economic dimensions. Being nostalgic and experiencing loneliness during hospitalization, as well as concerns about the treatment of this disease in the mental category; Issues related to communication with others and even medical staff and occupational issues were placed in the social category. Problems and financial issues and insurance and support and livelihood packages in the economic category (Table 4). Here are some quotes related to these topics.

Patient No. 3: "My children are in Australia, and I miss them. My wife is also a nurse, and she cannot be with me in this situation. I feel lonely."

Patient No. 39: "It was an experience for me to come here. You only hear statistics and numbers outside ... Today, I was taken out of the ICU. The next day, the person in the bed next to me died. The second night, there was a fat man beside me, and another old woman died the night after that .... a person works for a lifetime and then dies ... the life is worthless."

[1] It is a term that Iranians use to address clerics, especially in religious views.

Patient No. 16: "I have health insurance from Salamat. Why do I have to be compelled to be under Iranian insurance? They say if I do not, I have to pay a standard fee. Please meditate and tell them that I have my insurance in Salamat company ..."

Patient No. 10: "I am a taxi driver. It is ten days that I haven't worked, and I was hospitalized. Now I am being discharged, and I have no money, my pockets are empty. So what happened to the support packages that they talk about over and over again? Help me if you can."

Discussion

In this study, we tried to illustrate the discussed issues of hospitalized patients with Covid-19 with the visiting clerics as regards various fields, including religious/spiritual, etc.. The evidence was that the data and codes presented by patients on non-religious / spiritual issues were more than religious and spiritual problems and concerns. Due to the subject's novelty, we did not find a similar study to compare these data. Of course, in acute illness, where the physical and mental needs are very high, this issue is not far from expectation. Many studies shown that clerics are not only used in the religious and spiritual fields, but also for health services (13) (19) (20, 21). They are even referred to as frontline providers of mental health services (22).

A large part of this study's data expresses patients' satisfaction with being visited by clergy as a person they can share their worries, fears, loneliness, and worries with. Some studies categorize this need for companionship, participation, and empathy as spiritual needs (23). If they are not as a spiritual need, they are considered as basic needs in the discussion of patient care. And in this study, in the reports written by the clergy, according to the medical staff, people who enter the clinical space to help care for patients can fill this gap for patients.

In some cases, there were reports of dissatisfaction and even resentment on the part of patients in conversations with clergy in this study. The clergy's efforts to communicate more effectively and deeply eventually led to a warm and intimate relationship. In some cases, due to the patient's stressful situation, after an unsuccessful initial visit, the patient was visited by a team psychologist and then reconnected with the clergy. Of course, not all referrals to a psychologist in this study included rejection or unsuccessful appointments. In some cases, the clergy considered it necessary for the patient to be visited by a psychologist after the conversation, so a referral was made. The religious and spiritual issues raised in this article also include the concerns of individuals about performing rituals and worship. Also, religious questions, as well as doubts created in their beliefs and the effects that the disease has had on improving their relationship with God, are not far from the mind. Religiosity and adherence to religion is a confrontation that has shown its positive effects on health not only in cross-sectional studies but also in longitudinal studies (24). Spirituality is also one of the critical dimensions of human existence (25). Following this pandemic, access to live and face-to-face religious services in communities for the people's benefit decreased, and religious and spiritual services diminished. Therefore, in times of crisis, other religious and spiritual capacities and potentials of society can reduce stress, pressure, and conflicts for patients (26). Examples of these capacities are visiting the patients by clerics and their presence in the hospital (27).

One of the most repetitive codes in this study was the patients' request for prayer from the clergy. As studies have shown, prayer and supplication for each other have expanded the spiritual bond. They will not be ineffective in reducing stress and increasing people's peace of mind, especially in stressful situations with acute and annoying diseases such as Covid-19 and the conditions resulting from hospitalization due to it, by providing a companion and talking.

The presence of clerics at the bedside of patients - even if there is no talk of religious or spiritual issues - due to the well-known position of these people in Iranian society strengthens the relationship of

individuals with God. It also strengthens the relationship of individuals with the clergy community and builds mutual trust, highlighting the importance of paying attention to the issue of spirituality in society, especially in the challenging and ambiguous days ahead. This was reflected in the results and quotes of patients in this study.

The clergy working in the hospital should also provide on-site care services regularly and communicate more effectively with individuals through creativity. For this purpose, appropriate standards should be set by health organizations for the presence of clergy in medical settings, with the least possibility of disease transmission being addressed, and the necessary precautions should be taken for them (28).

Other analyses of the project attempted to capture the content of the conversation and the care exerted by the clergy; Patients' views based on their reports and the medical staff's views about the presence of clerics during the Covid-19 epidemic in Iranian hospitals should be written.

Conclusion

This study showed that clerics in hospitals during the Covid-19 epidemic to care for patients can increase patients' feelings of satisfaction, both spiritual and non-spiritual. The process of empathy formed by this presence due to the position of these people increases the connection of people with spirituality, leading to a sense of peace in the patients and in the treatment atmosphere.

Table 1: Participants' information.

Variable	Number of patients	Mean	Standard deviation
Age (Years)	43	54.3	15.6
Duration of hospitalization (Days)	43	7	1
Meeting time (Minutes)	43	16	8.7

Table 2: Codes and categories related to the joy of talking to a clergyman theme.

Theme	Categories	Codes
The joy of talking to a clergyman	satisfaction	Welcoming the clergyman's presence at the bedside
		Request for reappointment
		Request a continuous communication path
		Eager to make the visit longer
		Appreciation of the clergyman's presence with sincerity
		Being happy due to meeting a clergyman
		Reception of the clergy with fruit
		Thanks for attending
		Do not allow clergy to say goodbye and prolong the meeting
	Peace	Feeling light after talking to clergy
		Feeling calm with spiritual answers
		Reduce nostalgia in meeting with clergy
		Resolving the patient's mental and religious concerns
		The statement of the medical staff that the patients are calm after the visit
	Thrill	Tearing up when talking to a cleric
		Too excited when talking to clergy
		Request a visit with the patient's spouse as well
		Satisfaction with talking and emotional discharge
		Surprise of the spiritual presence
		Joke with clergy
		Souvenir photo with clergy
	Energizing the clergy	Calm down when visited by clergy
		Respect for the clergy
		Praise for this great work: the presence of the clergy at the bedside of a patient
		Expression of love
		Expressing concern for clergy's health
	Challenge in the meetings	Heard of clergy
		Awkward to meet with clergy in this situation
		Surprised to see clergy at hospital
		Cranky in the first meeting
		Satisfaction and friendship in the second meeting

Table 3: Codes and categories related to Religious-Spiritual questions theme.

Theme	Categories	Codes
Religious-Spiritual questions	Religious	Request a prayer
		Questions about religious issues
		Questions about obligatory prayers in the hospital
		Concern for religious practices
		Mental concerns about rituals
		Fear of not doing what is recommended during (Mostahabbat) hospitalization
		Question of vows and atonement
		Crying for not performing some religious rituals

	Spiritual	Expressing beliefs
		Expressing Doctrinal doubts
		Expressing feelings of closeness to God with illness
		Questions for the continuation of the current spiritual well-being
		Mental concerns about the cause of the disease
		Question of the wisdom behind the disease
		Expressing the philosophy of the universe

Table 4: Codes and categories related to Psycho-socio-economic concerns theme.

Theme	Categories	Code
Concerns	Psychological	Talk about stress
		Expressing fear of disease
		Expressing nostalgia and loneliness
		Fear of losing a job after discharge
		Concern about the treatment situation
	Social	Expressing experiences of catching covid-19
		Expressing troubles in the field of work
		Complaints about the treatment staff
		Expressing concern about family
		Talk about life problems
		Complaints about the condition of the hospital
	Economic	Talk about bad economic conditions
		Applications for financial support
		Complaints about the economic situation
		Expression of insurance problem
		Ask for help from spiritual organizations mediated by clergy

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