

Research Article

Spiritual Empowerment Program Based on Sound Heart Model in the Cancerous Children's Family

Asadzandi M^{1,2,3,4*}¹Assistant Professor, Department of Anesthesiology, Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran²Research Fellow of Religion and Medicine Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran³Faculty Member of Spiritual Health of the Academy of Medical Sciences in Iran⁴Founding Member of Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran***Corresponding author:** Asadzandi M, Sheikh Baha'i Street southern, Molla Sadra Ave, Vanak Square, Tehran, Iran**Received:** March 28, 2018; **Accepted:** April 25, 2018;**Published:** May 02, 2018**Abstract****Background:** The "home care" approach has required empowerment of cancerous children's family.**Objective:** Study was conducted to "design and validate a Spiritual Empowerment Program based on Sound Heart Model in the Cancerous children's family".**Materials and Methods:** In this qualitative study, universal models of nursing care, prominent models of health training, and theories of motivation were content analyzed. Considering the constructs of spiritual care model of Sound Heart, after adopt appropriate themes and clinically use of prominent models, "Parent's Spiritual Empowerment Program" was extracted from previous research findings and was accredited by ten professors of the Academy of Medical Sciences, pediatric oncology specialist, nursing and health education professors in three rounds of Delphi.**Results:** Family education should be done in a coordinated team work by a physician, nurse, clergyman, psychiatrist, social worker. The goal of the program is to develop the ability of self-care, self-efficacy in parents. To enable them to: compatibility with disease problems, giving the courage to face crisis of disease and overcoming the distress of home care. Training sessions should be managed by using educational technology, multimedia software and providing a training manual. At follow-up treatment sessions, attention should be paid to family concerns and their questions. Answering the patient's and family's questions about the cause of the cancer and its suffering, should be tailored to the consistent with family beliefs based on the scientific findings.**Conclusion:** Failure to pay attention to the spiritual needs of cancerous children's family may threaten psycho-socio-spiritual health of them and cause spiritual crises. Spiritual advisers are required to increase the knowledge and skills of family and their sense of trust and confidence. By developing the relationship between patient and family with God, self, people and nature, and motivating them, they can be empowered to continue the long process of treatment.**Keywords:** Empowerment Program; Cancerous children's family; Sound Heart Model**Introduction**

Due to the increasing growth of cancer in societies and the increase in the financial and psychological burden of this disease, research on this phenomenon is highly regarded by countries such as Iran [1]. Cancer is a cell disease, characterized by uncontrolled proliferation of cells that form malignant neoplasms [2]. Cancer as a debilitating and prevalent illness is the third leading cause of adult death in Iran after heart disease, crashes and the second cause of child death in Third World countries [3]. The World Health Organization estimates that 10 million children with cancer in 2000 will reach 15 million in 2020. Sixty percent of them are related to the less developed countries of the world [4].

Due to the chronic nature of the cancer, the patient has to accept long-term treatment with chemo drugs and endure the side effects of the treatment, in addition to the signs and symptoms of the disease

[5]. The stressful aspects of cancer occur for children in terms of psychosocial and spiritual life, including: daily dysfunction, school loss, disturbance in peer relationships, chemotherapy-related illness such as nausea, hair loss, fatigue, Muscle aches, changes in weight, uncertainty in the disease and its treatment, and finally fear of death [6]. In the meantime, spiritual challenges such as: finding a meaning for pain and suffering from illness are the core of the life of cancer patients. Children with cancer are asking their parents: Why have they been ill? What is the reason for their suffering? Why am I sick? Why are all bad things for me? How do I die? What happens after death? Do I see you from that world? How is heaven and hell? Why did God make me sick? [7].

Cancer promotes spiritual growth. The need for meaning and purpose appears in life to cope with the disease crisis. If the parents are unable to answer their child questions about the cause of illness,

child becomes distressed. Spiritual distress is due to the inability to find the meaning and purpose of life, which leads to decreased energy, anxiety, depression, abnormal pain, crying and grief, lack of control over thinking and emotions, feelings of abandonment and loneliness, guilt feelings, anger and aggression, denial, despair and helplessness, self-destruction, feeling of disability, frustration, irritability, doubt about God [8]. All these problems are harmful to the spiritual health of patient and family. Because the experience of suffering in children and adolescents with cancer is not only result of physical pain but also psychological, social and spiritual suffering, for parents, the child's illness and hospitalization cause distress and severe suffering [9]. Having a child with a cancer, because of threaten the child's life, poses a challenge to family [10]. It creates a crisis for the whole family (especially parents as the main caregivers of children) and prevents them from continuing their normal lives. In addition to emotional stresses, parents face multiple problems such as: guilty feelings, post-traumatic stress disorder, anxiety, depression, reduced level of health and adjustment ability, financial and job problems, family relationship disruption and marital affairs, problems in caring for other children [11].

Studies have shown that having a child with cancer can lead to emotional instability, uncertainty and tension among members of the family, especially parents [12]. Marshall Research, Shell & Mills, Knowles and colleagues have shown that mothers of cancerous children experience more post-traumatic stress compared to mothers of non-cancerous children [13]. Post-traumatic stress symptoms in parents, with psychological consequences and the social context of children are closely related to both hospitalization and hospital discharge, and reduce the adaptation of children [14]. However, compatibility with the increase in days of diagnosis and relative improvement increases, but the understanding of parental performance and their compatibility experience is very important in health planning [15,16]. For this reason, it is suggested in the studies that educational-therapeutic programs aimed at preventing the traumatic stress should be taken to modulate the coping strategies of cancerous children's parents. Studies have also led to a reduction in the parental adaptability due to disease-related stress [17].

Parents as informal caregivers, play a pivotal role in: managing various aspects of care, supporting and pursuing treatment, managing experienced symptoms, adapting the child to conditions, so providing psycho-social-spiritual health and empowering them is essential for continuing the long process of treatment [18]. Despite the fact that people with spiritual health or Sound Heart can live without fear and anxiety of the future, sadness about the events of their past lives. They can be content with the past events and are optimistic about the future [19]. Considering the importance of paying attention to the spiritual dimension of health and limited studies conducted in Iran in the field of spiritual self-care, the purpose of this study was to "design and validate a Spiritual Empowerment Program based on Sound Heart Model in the Cancerous children's family". To provide new opportunities for increasing spiritual health by training and empowerment.

Materials and Methods

This study is the result of the sixth stage of the investigation taken over one and half decades:

1. Vienna's schools of psychotherapy, systemic theory, homeostasis, quantum theory, rules of physics, humans' needs, characteristics of a perfect human in psychology as assumptions of nursing care models, and over 35 nursing care models, were studied [19]. Seven universal care models were analyzed based on total ratio analysis that is comparable to the perceptual analysis and communication analysis of Carly in nursing [20].

2. Meta-paradigmatic concepts of the model were defined. The concept of soul was derived from the paradigm of Abrahamic religions, and the concept of sound hearth was derived from Quran and hadiths based on the method of adopting concepts [21].

3. The spiritual care model of sound heart was developed, by using grounded theory method [22].

4. To examine the concept of sound heart in real situations and define experimental parameters and themes of that concept, propositions were extracted through interviewing with patients and their family, clinical observations over the professional life of the researcher, field notes, interviewing with clinical nurses, nursing professors, and clinical psychologists. The patients' spiritual reactions to diseases were developed by using the extracted propositions [23].

5. Spiritual care guidelines were designed, on the basis of religious and scientific evidence [24].

6. Descriptive theory was developed and examined [25-29] health education models and motivation theories were content analyzed. They were used in clinical research: including health belief in diabetic patients [30], health promotion in soldiers with high-risk behaviors [31], precede-precede model for primary sleep disorder of military nurses [32]. After focus group meetings with professors of health education, nursing, and psychology, all relevant concepts for implementing the training model were adopted and then organized as a relevant whole within a model. The spiritual care consulting model was developed by using the three-step theory synthesis of Walker and Avant [33].

7. Considering the constructs of spiritual care consulting model of Sound Heart, after adopt appropriate themes and clinically use of prominent models, "Parent's Spiritual Empowerment Program" was extracted from previous research findings and was accredited by ten professors of the Academy of Medical Sciences, pediatric oncology specialist, nursing and health education professors in three rounds of Delphi.

Accuracy and Reliability of the Qualitative Data Analysis

The following items were performed to determine accuracy and reliability of the qualitative data analysis: 1. Long-term engagement and continuous observation 2. Integration 3. Peer review 4. Search for contrary evidence 5. Acceptability of the researcher 6. Determination 7. Review by participants [34] (Table 1).

Discussion

According to Yahiya Mel ham, four factors affecting empowerment include: 1. Improvement of knowledge and skills of people 2. Trust and dissemination of power and acceptance of new ideas, 3. Bilateral communication and information channels 4.

Table 1: Empowerment Program Schedule.

Session Number	Session Title	Goals Meeting	Educated Spiritual Skills	Educational technology	Consultant / responsible person
1	Familiarity and trust in the treatment team	Communicating and investigating the spiritual distress of parents	Family survey, Donate daily checklist	Lectures and training	Doctor and nurse
2	Examining the feelings and attitudes of the patient and the family to the disease	Helping parents know their feelings. Learn spiritual skills as a factor in gaining power	Logical thinking skills	training with PowerPoint	Doctor
3	Pay attention to the positive aspects of the disease	Development of Optimism, Hope and Positive Thinking	Faith Therapy (mention, prayer, touch with prayer healing, surrender, trust in God, assignment to God)	Handbook	Priest / clergyman
4	Familiarity with spiritual health and the characteristics of the perfect man	Clarifying the reason for the disease, expressing the virtues and suffering of the prophets	Teaching Love Skills	Site introduction and published article	Clergyman/ nurse
5	Impact of different dimensions of health on each other	Clarify and identify the effect of intentions and thoughts on individual and social feelings and behaviors	Teaching the Skill of Patience and Sustainability	Educational film	Doctor and Psychologist
6	Self-spiritual awareness	Identification of the subject of human destiny (algebra or choice)	Teaching Spiritual Self-Knowledge (Mysticism)	Handbook	Family and nurse
7	Causes of life-threatening diseases, types of reactions to illness	Clarifying and Identifying the Causes of Human Diseases and Divine Examinations	Training Skills Preparing Daily Spiritual Checklist	Story telling for family	Clergyman/ nurse/ Doctor
8	Social Communication Development	Create an inner desire for the development of family-social relationships	Pardon and bless	Visiting relatives and friends	Social worker/ Psychologist
9	Developing relationships with the world of creation	Helping the family to align with the song of praising the creatures	Learn complementary therapies (walking in nature, scenting, listening to the sound of rain, planting, keeping a pet)	Advice based on family interest	Psychologist or nurse
10	Motivation using values and beliefs	Identifying and verifying family values (normative beliefs) and helping to motivate (inner desire) to change their spiritual behaviors	Kindness education	The teaching of hadiths, the story of the life of the prophets	Family/Patient and nurse
11	Developing relationships with God as the cause of hope, courage, optimism, endurance	Helping parents to identify the positive effects of faith as a therapeutic approach	Boosting optimism	Short sentences with beautiful pictures- Familiarity with healed patients	Clergyman/ nurse
12	Problem-based compatibility	Creating ability, problem-focused coping	Teaching Skills for Lifestyle Improvement	training with PowerPoint	doctor
13	Emotional adjustment	Creating ability, emotional-focused adjustment	Training on religious evidence-based instruction	training with PowerPoint	Consultant / psychologist
14	Behavioral intention	Understanding tempting situations,	Educational storytelling	Answering family questions	Doctor and nurse
15	Self-control	Measure commitment, level of confidence and motivation for change; increase self-esteem;	Teach your daily breath calculator	Listen to parenting, guidance	Doctor and family
16	Termination of medical communication	Creating self-care and self-empowerment in the family	Collect daily checklist	At the request of the family	Family and nurse

Motivation and attention to the needs of individuals [35] that are in line with the stages of Empowerment Program of the Sound heart Model. But the model also emphasizes self-efficacy, because when someone succeeds in doing something that he wants to do and feels he can do it. Thus family education should be done in a coordinated team work by a physician, nurse, clergyman, psychiatrist, social worker, for developing the ability of self-care, self-efficacy in parents. To enable them to: compatibility with disease problems, giving the courage to face crisis of disease and overcoming the distress of home care. Training sessions should be managed by using educational technology, multimedia software and providing a training manual. At follow-up treatment sessions, attention should be paid to family concerns and their questions. Answering the patient's and family's

questions about the cause of the cancer and its suffering, should be tailored to the consistent with family beliefs based on the scientific findings [36].

Today family-based care is a health care method for easing the implementation of care plans and increasing the daily interactions of patients and families with physicians and other health staff. The role of the nurse is providing information for decision-making process [37] and enhancing ability of family members to overcome health difficulties. One of the important nursing interventions in family-based care is the implementation of empowerment program [38] with a collaborative learning approach that involves looking at the needs of patient and family [39]. These scientific findings are consistent

with the approach of the Sound Heart model, which was designed in the paradigm of the Abrahamic religions. Monotheistic religions consider health as a divine gift. The Quran knows man responsible for maintaining his health (Verse 18 of Surah Heshar, verse 105 of Surah Ma'idah). Emphasize the role of the family and parents as the role-model and spiritual advisers for their children. Surely doing so requires parental empowerment.

But since that childhood cancer is a traumatic event for parents and creates psychological problems, the empowerment program needs to attract family trust and help with counseling teams (doctors, nurses, clergy, psychologists and social workers) so that families can use adaptive strategies to deal with stress [40]. Findings of the research show that: in cancerous children's families, a common source for adaptation to the psychological stress of cancer is the trust to health care workers, and the second strategy is to seek medical information [41]. In the Spiritual Empowerment Program, the increase in the sense of trust in God, which leads to the emergence of security in the family, is also emphasized.

On the other hand, because Islam considers the home as a safe place for the family. Sound heart model, emphasis on self-care, home care, the participation of family members in care. That is consistent with the global approach. In Cheng's research, in 2008, at the Taipei Taiwan Medical Education Center, a home care education program was done for children with leukemia. The educational program and telephone follow up after four weeks increased self-care and quality of life in the intervention group [42]. It is anticipated that the implementation of the spiritual self-care empowerment program of parents, due to the effect of spiritual health on other dimensions of health, will reduce the length of hospitalization, reduce the cost of treatment. Study of Zafarian Moghaddam and his colleagues showed the positive effect of spiritual support on the level of health of caregivers. They suggested educational interventions for caregivers because of low cost and more effectiveness [43].

Model uses family beliefs with emphasis on community-based care. Health team, recommend measures appropriate to the interests and beliefs of the family. In a descriptive study with the aim of identifying parents 'attitudes toward doctors' questions about their beliefs, the results showed that the coordinated view of the physician and parents about spiritual care, improves decision-making process of parents [44]. The study of Rezaei et al. showed that there is a relationship between spiritual prayer and spiritual well-being of cancer patients under chemotherapy and prayer should be considered as one of the strategies for promoting spiritual well-being [45]. The empowerment program emphasizes the faith therapies that are consistent with the findings of this research.

Limitations of this Research

Unfortunately, in Iran students of health sciences are not taught, lessons on: how to perform spiritual care and the implementation of spiritual counseling. Students and health staff need to be familiar with these concepts in inter-professional training workshops.

Conclusion

Failure to pay attention to the spiritual needs of cancerous children's family may threaten psycho-socio-spiritual health of

them and cause spiritual crises. Spiritual advisers are required to increase the knowledge and skills of family and their sense of trust and confidence. By developing the relationship between patient and family with God, self, people and nature, and motivating them, they can be empowered to continue the long process of treatment.

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