توسعه مراقبت معنوی از بیماران در حال مراقبت در ایران: ضرورتی مفهول مانده

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تاریخ دریافت ۱۳۹۸/۰۶/۱۶
تاریخ پذیرش ۱۳۹۸/۰۷/۰۴

مجله دانشکده پرستاری و مامایی ارومیه، دوره هفتم، شماره دهم، پی:۱۲۲، ص:۷۶۷-۷۷۰

آدرس مکاتبات: تبریز، شریعتی جنوبی، دانشکده پرستاری و مامایی نبی‌الله، تلفن: ۰۵۱۳۶۲۵۴۰۹۱
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بعضی از مشاوران تصور کردند که افراد در طول مراقبت معنوی در بیمارستان‌های ایران، ممکن است بهبود عومری یافتند و اعتقاد به از بین رفتن معنی و ارزش‌های باستانی بهبودی افزایش یافته است. این موضوع منجر به تغییرات در مراقبت معنوی بیماران و قبایلی از اطلاعات بهبودی در بیمارستان‌ها شده است. در این مقاله، برخی از این مشکلات از نظر معنی و ارزش‌های باستانی بهبودی بررسی شده است.

پیشنهاد می‌شود که تاکیدی بر پیشگیری و مدیریت معنی در مراقبت معنوی بهبودی داشته باشد و نیازمندی‌های افراد در مراقبت معنوی بهبودی مورد توجه قرار گیرد.

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و تلاش همگانی برای جایگزین کردن آن با روش‌های مثبت بر
بیمارمحوری و تأمین حفاظت و جوییدی بیمار مورد احتمال
همه‌سازی، نفتون‌پزشکی و پزشک
با توجه به انرژی بشری و مراقبت معنوی در افراد کمیت
زندگی بیماران در پایان حیات، توجه به دریافت این با پیش‌بینی در
منوعی در کشور، امروز درصد این در روند مختلف قرار گیرد.
بیماران با بحران معنوی، نظم، ارزیابی مراقبت معنوی در
دوه، آموزش دانشگاهی و دو درجه به‌آزموزی بانی مورد به
مستند اموزش بیمارستان‌های قاره کیر.

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توسعه مرافقت معنوية از بیماران در حال مرگ در ایران: ضرورت منفعت ماندن


SPIRITUAL CARE OF END OF LIFE PATIENTS IN IRAN: A NEGLECTED NURSING PRACTICE

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Received: 07 Sep, 2019; Accepted: 26 Nov, 2019

Spirituality as one of the human being aspects, is associated with all domains of health and disease as well as the source of power and improvement in patients (1). Although, all of patients have spiritual needs, but end of life patients that encounter with unassertiveness, spiritual needs are very important (2). Nurses have responsibility to carry out spiritual care ethically and professionally (3). Spiritual care providing can create mental comfort and make purpose and meaning in patients’ lives (4) so that it has caused the American Nurses Association (ANA) has included the spiritual care as own standards and ethical codes and also has integrated it as component of nursing education curriculum (5).

Considering the vital importance of spiritual care, evidences has showed that spiritual care providing has not performed by many health professionals in throughout of world so that it is one of health care delivery system challenges in end of life care arena. However, has performed some actions about spiritual health education, few of nurses has acquired enough knowledge about this issue (3). Meanwhile, according to literature although the most of nurses consider spiritual care as vital component of whole nursing, only half of them carry out spiritual practice and often this care was neglected by them (6).

In Iran based on patient right charter end of life care must be done to provide comfort to patients including pain relief, and considering psychological, social and spiritual needs in the time of death (7). In IRAN, as an Islamic country there is not spiritual nurse in the hospitals even practitioner nurses do not train about spiritual dimension of care result in they are not prepare to provide spiritual care. Although, there are religious oriented clergies in some hospitals but there is not an integral guideline for important issue (8). Many studies in IRAN indicated that nurses do not have necessary competencies to provide spiritual care (3, 9). According to literature in the western countries spiritual care was included in the nursing practice and all of nurses accepted it as an important component of daily nursing care (10). One of the unanswered spiritual needs in Iran is the inability to die peacefully in hospitals (11). For end of life patients feeling value and experiencing love can create feeling of wellbeing because when the medical actions are useless spiritual care can improve their health status (12).

The most of nurses in IRAN know what is spirituality and spiritual care but they cannot provide spiritual care due to some practical problems such as lack of hospital specified policy (1). According to some studies in our country the main barriers to provide spiritual care are following: high nurses work load, time restrictions, cultural limits, lack of nurses knowledge about spiritual needs, having routine nursing practices, lack of eligibility in some nurses, complexity of spirituality with religious rituals and sex differences between nurses and patients (11). Adib Hjabgahery found that motivation of nurses are very low due to lack of support system from nursing managers. He added there is a climate of lack of spiritual support in the nursing system. When nurses don’t receive enough spiritual and financial support to meet own and their clients, they do not capable to meet patients basic needs such as spiritual needs (13). In other side, the requirement of spiritual care is applying client center approach (14). There is a basic problem because in IRAN health care system medical system is a dominant system and all of patients’ actions must be ordered by doctors. Today nursing routine based practice is under debate and all of nursing pioneers try to find an alternative approach as client centered and holistic focused (15).

Considering to effectiveness of spiritual care in promotion of patients’ quality of life in end of life period, spiritual care must be emphasis by nursing managers. All of health policy makers must consider to this vital issue in health care delivery system. Also, according to main role of nurses in addressing patients spiritual needs in spiritual crises it is necessary spiritual education must be integrated in all nursing education programs and clinical nursing in service.

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