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Letter to the Editor

The importance of spiritual care in pediatric intensive care units

La importancia del cuidado espiritual en las unidades de cuidados intensivos pediátricos

Hüseyin Çaksen[1]

[1] Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine, Necmettin Erbakan University, Meram, Konya, Türkiye.

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Corresponding author:
Prof. Hüseyin Çaksen, MD, PhD.
Address: Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine Necmettin Erbakan University, 42090 Meram, Konya, Türkiye.
Email: huseyincaksen@hotmail.com
Telephone: +90 332 223 66 84;
Facsimile: +90 332 223 61 81 and +90 332 223 61 82

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Dear Editor:

Spiritual care (or support) is a collaborative process applied to strengthen spirituality in a person by utilizing all available spiritual resources, including religious texts, chaplains, spiritual leaders, and communities, to become closer to his Creator and to create a positive relationship with Him [1]. The American College of Critical Care Medicine Taskforce recommends the following four practices regarding spiritual care: (1) Assessment and incorporation of spiritual needs in the intensive care unit care plan, (2) spiritual care training for doctors and nurses, (3) physician review of spiritual needs from interdisciplinary assessments, and (4) honoring the requests of patients to pray with them [2]**.** Herein, we discuss spiritual care in pediatric intensive care units (PICUs) to draw attention to the importance of spiritual care for parents and healthcare professionals.

In many cultures around the world, religion and spirituality are important for many parents of children in PICUs and they pray to Allah (God) for their children to be healthier and normal. Prayer is an integral component of parents daily religious ritual that was directed toward the admitted to PICU child's recovery. Prayer is the human heart's conversation with Allah (God) and seeking his blessing and help. Prayer is the servant reaching the level of addressing his Lord in the face of an extraordinary event [3]. Prayer has healing power [4-6]. Helming [6] noted that the essence of being healed through prayer is 2-fold. First, the participants experienced being in the presence of Sacred Mystery. Secondly, most of the participants moved onto the path of a spiritually transformative journey [6]. Nimbalkar *et al.* [7] reported that average time of prayer in PICU (159 min) was more than neonatal intensive care unit (109 min) and pediatric ward (114 min). Average frequency of prayer before admission (10.49) was less significant than frequency of prayer after admission (13.64). Most (60.67%) of the parents/relatives of patients, prayed by standing near statues of Allah (God) or praying silently while recalling Allah's (God's) images. Almost all (99.33%) participants believed that both medical care and prayer were required for recovery of patient [7].

Studies show that most patients are willing to discuss their spiritual beliefs with their healthcare providers. The greater the severity of illness, the more likely a patient is willing to discuss their spirituality or would like to have their provider inquire about their spirituality [8]. Arutyunyan *et al.* [9] reported that although 34% parents of children in PICU would like their physician to ask about their spiritual or religious beliefs, 48% would desire such enquiry if their child was seriously ill. Two-thirds of the parents would feel comforted to know that their child's physician prayed for their child. One-third of the parents would feel very comfortable discussing their beliefs with a physician, whereas 62% would feel very comfortable having such discussions with a chaplain [9]. McNamara *et al.* [10] analyzed the perceptions of pediatric caregivers whose children were hospitalized and receiving palliative care services toward physician-led religious or spiritual care. Three recurrent themes emerged regarding physician-led religious or spiritual care: (1) Most caregivers view providing religious or spiritual care as a positive sign of physician empathy, while a minority (3/20) prefer to keep religious or spiritual and medical care separate, (2) many caregivers prefer religious

or spiritual care from a physician with whom they have a close relationship and/or share a faith background, and (3) physicians should open the door, but allow families to lead conversations about religious or spiritual care [10].

Spiritual care training provides healthcare professionals to: (1) acknowledging spirituality on an individual level, (2) success in integrating spirituality in clinical practice, (3) positive changes in communication with patients [11]. Recently, Stevens *et al.* [12] reported that 83% pediatric fellows training in critical care had never received training about spiritual care and 72% indicated that they would be likely to incorporate spiritual care into their practice if they received training. Lack of time and training were the most reported barriers to providing spiritual care [12].

In conclusion, we would like emphasize that religion, spirituality, and spiritual care are important for many parents of children, hospitalized in PICU in many societies around the world. However, most PICUs do not have spiritual care services for parents and most healthcare professionals including pediatric intensivists have not received spiritual care training. Therefore, we suggest that pediatric intensivists should be trained to evaluate families' spiritual backgrounds and needs through seminars and courses under the guidance of clergy. Spiritual care training will help to challenge the spiritual vacuum in PICUs. Finally, we recommend that comprehensive studies should be performed in communities with different cultures and beliefs about the effects of spiritual care on children and their parents in PICUs.

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