ORIGINAL ARTICLE

Muslim Dietitian-patient Spiritual Conversations and Its' Challenges: A Descriptive Cross-sectional Study

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ABSTRACT

Introduction: Spirituality is essential in patient care. In dietetics, the patient-centred care approach has a significant role in promoting caring relationships with the patients in dietary counselling. While integrating spirituality in clinical practice influences patients' ability to cope with illness, there is a paucity of research on spirituality in dietetics. This study aimed to discover the proportion of Muslim dietitians who inquired about patients' spiritual needs and its association with socio-demographic factors, identify selected conversations on spiritual concern and its challenges. **Method:** This cross-sectional study adopted selected items from The International NERSH-Cohort questionnaire. A new semi-structured question on responses to patients' spiritual concerns was also evaluated (4 items; alpha=.79). Data were gathered through an online survey and analysed using descriptive analysis and Pearson chi-square.**Results:** Out of ninety-eight respondents, only 3% reported always making an attempt to inquire about patients' spiritual needs, whereas 44% had never made such an inquiry. The duration of practising dietetics was not associated with inquiring spiritual needs practices. When the Muslim patients brought up a discussion on spiritual concern, 38% of the Muslim dietitians had responded that only Allah has the power to heal and grant happiness. This study highlights that Muslim dietitians' most common obstacles to addressing spiritual concerns during dietary counselling were the fear of offending the patients and insufficient knowledge/training. **Conclusion:** There are ways for Muslim dietitians to engage in spiritual conversations during dietary counselling, but the existing challenges indicate a calling for formal training.
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INTRODUCTION

Spirituality is defined as a set of inner experiences and feelings that influence people to seek meaning and purpose in life (1). Meanwhile, religion refers to an organised system of beliefs and rituals to facilitate closeness to the sacred or transcendent (2). Spirituality and religion determined patients' beliefs about pain, strategies for coping with pain, and approaches to pain management (3). Personal expressions of spirituality are identified as spiritual needs, and they can be viewed from both religious and secular perspectives (4). B*ü*ssing and Koenig (5) described spirituality as multidimensional constructs linked to religion, existentialism, and humanism. Some people may interpret their existential and spiritual needs through the religious perspective, and non-religious persons interpret the same needs as existential and humanistic. Despite ongoing debates on dimensions of spirituality (6), patients continuously rely on religion and spirituality to cope with chronic and terminal illnesses (7).

Spiritual support is important in patients' recovery from illness. Some patients rely on religious-spiritual coping with finding meaning in their illness (8). However, in Islamic spirituality, Muslim patients require different approaches from the Western context for spiritual support as they are expected to be both spiritual and religious at the same time (9). In contrast, the Western viewpoints noted that a spiritual person might not necessarily be a religious person (6). Thus, the applicability of the

spiritual care model that has been used in the current Western literature may have inadequately addressed the spiritual needs of Muslim patients (10).

Emotional and spiritual support from health care professionals has a significant role in patients' compliance with treatments (11). This may also apply to dietary intervention planning. Dietitians are responsible for executing dietary interventions by providing medical nutrition therapy to the patients through at least one dietary counselling session. Their skills to deliver effective communication and display humanistic behaviour are crucial to determining dietary intervention outcomes (12). Dietitians are trained to plan patients' dietary interventions according to the Nutrition Care Process (NCP) (13). Through an emphatic approach, a dietitian would be able to provide spiritual support to the patients. In this case, casual conversations about spiritual concerns would help address the spiritual needs of the patients.

The current NCP framework highlights that dietitians need to establish effective communication skills, but little attention has been given to acknowledging patients' spiritual concerns. An example of a religious-spiritual approach, such as making supplication (du'a), can be used to comfort the patients who are feeling distressed due to their current ailment. However, uncertainties about their future, worries, and feeling of hopelessness can interrupt dietary intervention. A dietitian may understand this situation as a signal for a pre-contemplation state or not ready to change (14). Failure to recognise these signals could mean that the patient's spiritual concern is most probably left unattended. At this point, if the dietitians have the ability to show their empathy by bringing up spiritual conversations with the patients, the outcome of the dietary intervention would be more favourable.

The need for spiritual support from healthcare professionals has increased, but not many have the courage to do so. An earlier study noted that 37% of patients felt to express their spiritual needs to the doctors, and 20% reported for unable to speak of this need with any one (3). Many patients often wish to talk about their spiritual orientation, but health professionals may have limited time and skills to address it, and perhaps the job is beyond their professional training (15). Nowadays, dietitians may refer to a new conceptual model of patient-centred care in dietetics to adopt spiritual care (16). It has five components, including provisional of holistic care, which highlights the spiritual dimension of persons. In addition, spiritual care in dietetic practices has now been recognised by the British Dietetic Association. They published an article about integrating spiritual care into dietetic practices on their official website (17). Theoretically, this might suggest an ideal approach, yet more studies are needed to confirm whether dietitians willingly integrate spiritual care into their practices.

In dietetics, patient-centred care approach is implemented through effective communication skills. This approach has a significant role in promoting caring relationships with the patients in dietary counselling (12). Considering that spirituality is important in patient care, there is a lack of research in dietetics, particularly in inquiring about patients' spiritual concerns. This study aimed to estimate the proportion of Muslim dietitians who made effort to address patients' spiritual needs, and its association with socio-demographic factors. Secondly was to identify conversations on spiritual concerns between dietitians and patients based on a set of formulated statements and the challenges to inquire about patients' spiritual concerns. In our case, we focus on Islamic spiritual conversations that patients may find a sense of hope through comforting words.

MATERIALS AND METHODS

Survey instrument

We designed an English self-administered tool in this cross-sectional study consisting of 30 semi-structured questions. The first nine questions were demographic characteristics. It was followed by 20 validated questions adopted from The International Network for Research on Spirituality and Health (NERSH) Cohort Questionnaire (18). Among the items were question about inquring spiritual needs and challenges to inquire about patients' spiritual needs. The original tool has 45 items. We excluded the other 25 items as they were unrelated to the willingness of health professionals to address spiritual/religious issues. The last item was a newly developed question about Islamic spiritual conversation between Muslim dietitians and patients.

Measures

In this article, we only reported selected items including, 1) demographic characteristics; 2) question on whether they have ever inquired about patients' religious or spiritual needs (Yes/No); 3) conversation about spiritual concerns and how often Muslim dietitians responded according to in the given statements; and 4) a list of challenges to inquire about patients' spiritual concerns, in which they may choose more than one answer.

Development of the new item on statements about Islamic spiritual conversation

Muslim faith and belief are built upon three fundamentals which are *Iman, Islam*, and *Ehsan*. It is also known as The Pillar of Islam. *Iman* refers to the belief that Allah is the Creator of the universe and the most Merciful to all the creations. *Islam* is more about a way of life rather than a system of religion, whereby holding to the way of life of the Prophet Muhammad is a manifestation of worshipping Allah. The Prophet taught us to seek help from Allah through solah (prayers) and made charity to the needy as one way of removing sickness. Solah and charity shall be done until it reaches the level of *Ehsan*, which means to feel in the heart that Allah is watching

and protecting us all the time. Through the Merciful of Allah, a person may further find peace in mind as they believe all worldly suffering will be rewarded in the hereafter.

Based on that Islamic spiritual understanding, we formulated a set of statements that showed the empathic reaction in response to patients who were searching for a sense of hope with God. According to Islamic teaching and practices, these statements were about finding the best ways to deal with the burden of illness (referred to as spiritual concerns). The statements were, a) "I emphasise that only Allah has the power to heal and grant happiness" (domain *Iman*); b) "I motivate patients to practice the way of life of the Prophet Muhammad" (domain *Islam*); c) "I encourage patients to seek help from Allah through solah" (domain *Ehsan*), and d) "I share my views about giving charity to the needy as one way of gaining health" (domain *Ehsan*).

Content validity of these items were assessed by a group of experts or professionals including Muslim dietitians and Islamic chaplains. Based on experts' feedback, some items were reworded, and two items were dropped to remain the 4-item as above. The reliability test for these four newly developed items were considered good (Cronbach alpha = .79). All items were classified on a 5-point scale of frequency: 0 (never), 1 (rarely), 2 (sometimes), 3 (often), and 4 (always).

Sampling and data collection

The sample size was determined using a single proportion for a known population. The sampling frame was based on registered member of Malaysian Dietitians' Association (MDA) in official Facebook closed-group which was approximately 1700. Assuming that 10% of this population has the factor of interest, the study required at least 128 respondents to estimate the expected proportion with a 5% margin of error and a 95% confidence interval. A total of 131 dietitians participated in the survey, but for the purpose of this study, respondents other than Muslims were excluded. The analysis was performed based on 98 samples of Muslim dietitians. Their participations were voluntary, which can be considered as non-probability sampling.

All MDA members were eligible to participate in this survey regardless of their duration of practising as dietitian and religious affiliations. The questionnaire was pre-tested and transferred into a secure online survey website. In the recruitment process, we made several announcements about this study on MDA official closed-group Facebook page. All interested respondents were directed to a website survey link or QR code. They could access the survey using any device such as smartphone, desktop, or tablet. Respondents were allowed to submit more than one entry from a device but the system only captured the most recent one. All data were treated anonymously, and each entry was given a unique code that was automatically generated by the system. The process of data collection started from May until December 2019. Their participation was considered as consent, and they had read the respondents' information as they answered the survey. The average duration that respondents took to complete the survey was thirteen minutes. All data (in .sav file) were extracted from the website and moved into a password-protected personal computer for further analysis. The study protocol was approved by the International Islamic University Malaysia Research Ethics Committee (IREC 2018-245).

Statistical analysis

We used descriptive analysis to describe demographic characteristics and the proportion of respondents who inquired about patients' spiritual needs. Then, we identified two dietitian groups based on their responses to inquiring patients' spiritual needs. The associations between socio-demographic factors and the two groups of dietitians were assessed using Pearson chi-square. Among those who reported having ever made spiritual inquiries, we determined the proportion of dietitians' responses to statements about Islamic spiritual conversations. Whereas those who were never made such inquiries, we reported the proportion of responses on multiple challenges that discouraged them from making spiritual inquiries. Data were analysed with SPSS version 25. Given this study's exploratory approach, a significant level was set at $p < 0.05$ when the two groups were compared.

RESULT

Demographic

Table I describes the characteristics of the respondents. Ninety-eight respondents with a range of age between 24 to 45 years, majority of them are females (86%, n=84). More than half of the qualified dietitians graduated from Islamic University (52%, n=51), and the rest are graduates from other local institutions. The majority of them are government servants (78%, n=76) and have been practising dietetics for a minimum of 3 months up to 21 years of experience. It is noted that 55% (n=54) of them would have a regular nutrition consultation with twenty-five patients in a week, and 84% of the patients were adults.

Inquiry about spiritual needs

More than half of the respondents (56.2%, n=55) reported that they have ever inquired about patients' spiritual needs, whereas 43.8% (n=43) never made such inquiries. It is noted that only 3.1% (n=3) of them reported always make an attempt to inquire about patients' spiritual needs, and the others mentioned as often (9.2%, n=9), sometimes (33.7%, n=33), and rarely (10.2%, n=10). The practice of inquiring about patients' spiritual needs is not correlated with demographic characteristics, including the duration of practising as a dietitian.

Table I: Characteristics of Muslim Dietitians and the experience making spiritual inquiry

Demographic background	Have Ever Inquire (n=55)		Never Inquire (n=43)		p values [a]	All (N=98)		Median (IQR)
	n	(%)	n	(%)		n	(%)	
Age (years)					0.167			31 (4)
24 to 34	46	(83.6)	31	(72.1)		77	(78.6)	
35 to 45	9	(16.4)	12	(27.9)		21	(21.4)	
Practicing as dietitian (years)					0.209			5 (6)
Less than 1	4	(7.3)	7	(16.3)		11	(11.2)	
1 to 4	15	(27.3)	10	(23.3)		25	(25.5)	
5 to 9	27	(49.1)	15	(34.9)		42	(42.9)	
10 to 14	6	(10.9)	4	(9.3)		10	(10.2)	
15 and above	3	(5.5)	7	(16.3)		10	(10.2)	
Patient consultations (no. per week)					0.184			25 (30)
≤ 25	30	(54.5)	24	(55.8)		54	(55.1)	
26 to 49	13	(23.6)	15	(34.9)		28	(28.6)	
≥ 50	12	(21.8)	4	(9.3)		16	(16.3)	
Gender					0.618			
Male	7	(12.7)	7	(16.3)		14	(14.3)	
Female	48	(87.3)	36	(83.7)		84	(85.7)	
Dietetic Qualification					0.169			
Islamic university	32	(58.2)	19	(44.2)		51	(52.0)	
Other local university	23	(41.8)	24	(55.8)		47	(48.0)	
Working Sector					0.196			
Government [b]	40	(72.7)	36	(83.7)		76	(77.6)	
Private [c]	15	(27.3)	7	(16.3)		22	(22.4)	

Note: [a] Pearson Chi-square test; [b] Government hospital, University hospital, Health Clinic, Academic Institution; [c] Private hospital, Freelance dietitian, Wellness/healthcare centre, home care facilities

The conversation about spiritual concerns

When the Muslim patients brought up the conversation about spiritual concerns, their responses were varied. Fifty-three respondents who have ever made spiritual inquiries were identified (Table II). It shows that 38% (n=20) of the respondents 'always' mentioned that only Allah has the power to heal and grant happiness. It was followed by the encouragement to seek help from Allah through *solah* (26%, n=14). Approximately 28% (n=15) of respondents reported always motivating patients to practice the way of life (also known as the Sunnah) of the Prophet Muhammad. Still, at the same time, there were 2% (n=1) of them had never mentioned this. Moreover, 11% (n=6) of respondents would always mention giving charity to the needy as one way of gaining health, but 11% (n=6) of responses had never shared this information with their patients.

Table II: Responses to patients' spiritual concern among dietitians who reported having ever made spiritual inquiry [a], (n=53)

Statements of spiritual conversation [b]	Responses				
	Never	Rarely	Sometimes	Often	Always
	n (%)	n (%)	n (%)	n (%)	n (%)
I emphasise that only Allah has the power to heal and gives happiness.	-	-	3 (6)	30 (57)	20 (38)
I encourage patients to seek help from Allah through *solah*.	-	4 (8)	10 (19)	25 (47)	14 (26)
I motivate patients to practice the way of life of the Prophet Muhammad.	1 (2)	4 (8)	12 (23)	21 (40)	15 (28)
I share my view about giving charity to the needy as one way of gaining health.	6 (11)	5 (9)	18 (34)	18 (34)	6 (11)

Note: [a] Excluding two incomplete responses; [b] Cronbach's Alpha = .79

The challenges to inquire the spiritual concern

It was noted that 43 respondents had never inquired about patients' spiritual needs due to various reasons. Figure 1 highlights that the respondents' most common obstacles to addressing spiritual issues during dietary counselling were the fear of offending the patients (33%) and insufficient knowledge/training to address spiritual concerns (23%). The other reasons were insufficient time (21%), professional neutrality (21%), and a general feeling of discomfort when discussing religious matters (16%). Besides that, respondents also mentioned additional reasons. They did not discuss spiritual issues if the patients were not Muslim (2%) and the other reason mentioned that it was not part of the medical nutrition therapy (2%).

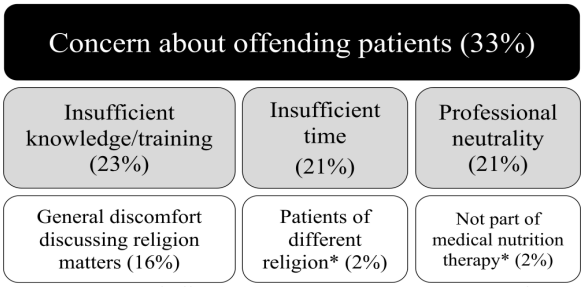

Figure 1: List of challenges to inquire patient's spiritual concern among dietitians who reported never made such inquiry. Note: * These are the additional reasons given by the respondents

DISCUSSION

Although more than half of the respondents have ever made spiritual inquiries, only a small percentage among them would 'always' make an attempt (3%) to address it. This percentage is much lower than a previous study that reported approximately 14% of their respondents always able to address the spiritual needs of their patients (1). Thus, it confirms that addressing patients' spiritual concern is not a conventional approach in the current practice of dietary counselling.

The duration of practising dietetics and being a graduate from Islamic University did not prove any association with the practice of inquiring about patients' spiritual needs. One possible explanation is that health professionals are not prepared to engage with patients when it comes to spiritual conversations (11). In most cases, the patients' spiritual concern was either not recognised or even ignored (3). Although the dietetics syllabus has introduced related topics such as complementary and alternative medicine and wellness (19), dietitians are not trained to address their patients' spiritual care (13). If they were to practice, they might work it out based on their personal experiences and interest (20).

Our findings revealed that lack of knowledge/training to inquire about patients' spiritual concerns requiring further attention. Dietitians would feel discomfort and less confidence talking about spiritual issues as they are afraid to offend the patients. The other opinion also mentioned that they might not discuss spirituality if the patient is a non-Muslim. A higher proportion of dietitians were more interested in maintaining professional neutrality when delivering dietary counselling. In other professions such as nurses, it was previously noted that they were unlikely to discuss spirituality with the patients for several reasons (21). These include having difficulty choosing the right words, lack of education, thoughts that patients' spiritual care was someone else's responsibility, and influences of secularism and diversity.

Many dietitians would now consider adopting new dietetics approaches such as mindfulness and spiritual well-being (22). In addition, there has been a growing interest to adopt integrative medicine orientation into medical nutrition therapy among dietitians in the United States (20). While research into technical issues in promoting a patient-centred approach in dietetics (23) is important, now it is high time for dietetic professionals to consider spiritual care in their practices. Inquiring patients' spiritual needs may use a simple approach such as listening and observing the patients themselves or talking to their loved-ones (1). Particularly for Muslim patients, our study would suggest that sharing thoughts about the Merciful of Allah, practising the Sunnah, performing prayers (solah), and making charity are worthy of mentioning coping resources.

To the best of our knowledge, this is the first study in Malaysia to report the challenges of initiating conversations on spiritual concern between Muslim dietitians and patients. Although addressing spirituality in healthcare has been widely discussed, this might suggest a new area of interest in dietetics. The limitation of the present study includes the small sample size. It might reflect the limited awareness about addressing patients' spiritual concerns in dietetic practices. Furthermore, the recruitment methods were not based on systematic random sampling, so our findings should be carefully interpreted regarding representativeness.

CONCLUSION

This study found that more than half of Muslim dietitians have ever made spiritual inquiry, and this practice did not associate with any socio-demographic factors, including duration of practicing dietetics. However, the conversation on spiritual concerns between dietitians and patients was unlikely due to fear of offending the patients and insufficient knowledge/training. So, the provision of formal training in addressing patients' spiritual concerns would certainly help Muslim dietitians build up their self-confidence to initiate spiritual conversations with Muslim patients. In Islamic teaching and practices, certain beliefs like only Allah has the power to heal and grant happiness, promoting solah, making charity, and following the Sunnah of the Prophet are meant for inviting the blessing from Almighty God. Early exposure to spiritual care in dietetic practices during clinical training could be the first step into this initiative. Hence, more studies are needed to develop further the evidence-based models of spiritual care training in dietetics.

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