



## Section: Medical Surgical Nursing

### Enhancing palliative care for non-hemorrhagic stroke patients: The power of a spiritual approach

Vivi Alviani , Robiul Fitri Mashitoh, Estrin Handayani

#### Authors information

Department of Nursing, Universitas Muhammadiyah Magelang, Indonesia

 **Contactable email:** vivialfiani313@gmail.com / Article DOI: On process

#### Abstract

This study focuses on the impact of palliative care with a spiritual approach on patients suffering from non-hemorrhagic stroke. The patient selected for the study had been living with the effects of a stroke for three years, experiencing a significant decline in motivation and feelings of worthlessness. The primary objective was to assess whether integrating spiritual care into the palliative approach could improve the patient's overall quality of life. The findings revealed that palliative care, enriched with spiritual support, effectively enhanced the patient's quality of life by rekindling their enthusiasm for coping with their condition and mitigating feelings of uselessness. The implementation of this care followed a comprehensive nursing plan, which aimed to address both physical and psychological needs. Upon evaluating the outcomes of the nursing interventions, it was observed that among the three identified diagnoses—spiritual distress, mobility disorders, and verbal communication disorders—only spiritual distress showed significant improvement and was successfully resolved. The diagnoses related to mobility and verbal communication, however, remained unresolved, indicating areas where further care and intervention are necessary. This study underscores the potential of spiritual approaches within palliative care to foster emotional and psychological healing, although it also highlights the need for continued focus on the physical rehabilitation of stroke patients.

**Keywords:** Stroke; nursing care; palliative care; spiritual care; supportive therapies

#### Introduction

Palliative care is an approach designed to improve the quality of life for patients (both adults and children) and their families facing life-threatening illnesses (Sheikh et al., 2022). It focuses on alleviating pain and suffering through early identification, comprehensive assessment, and management of pain and other issues—be they physical, psychological, social, or spiritual (Wantonoro, Suryaningsih, Anita, & Nguyen, 2022). The increasing prevalence of incurable diseases, such as cancer, degenerative conditions, chronic obstructive pulmonary disease, cystic fibrosis, stroke, Parkinson's disease, heart failure, genetic disorders, and infectious diseases like HIV/AIDS, underscores the need for palliative care, in addition to promotive, preventive, curative, and rehabilitative activities (Chandra, Kumar, Bhatnagar, & Nongkynrih, 2023). The primary goal of palliative care is to reduce patient suffering, enhance their quality of life, and provide support to their families. As patients approach the end of life, they often wish to remain close to their family and caregivers (Afolabi, Nkhoma, Maddocks, & Harding, 2021). Addressing their spiritual needs is crucial as it can bolster their enthusiasm for life, even when recovery seems unlikely, and help them prepare for the transition to the next realm (Kang et al., 2023). Spiritual support extends beyond religious worship and includes helping patients find peace and comfort. Given the increasing number of patients with incurable chronic conditions, such as stroke, the importance of spiritual support within palliative care becomes evident.

Stroke, which stands as the second leading cause of death globally after heart disease, is frequently precipitated by risk factors such as hypertension (often termed the silent killer), diabetes mellitus, obesity, and various disorders affecting cerebral blood flow (Boehme, Esenwa, & Elkind, 2017). The repercussions of a stroke are profound, impacting not just the individual patient but also their family and broader community (Haley, Roth, Hovater, & Clay, 2015). Strokes are classified into two main types: hemorrhagic and non-hemorrhagic. The neurological symptoms presented can vary widely based on the severity and specific location of the blood vessel damage within the brain (Yew & Cheng, 2015). Common manifestations include visual disturbances like hemianopia or diplopia, sudden onset of paralysis affecting either the face or limbs (known as hemiparesis), vertigo, vomiting, headaches, impaired sensation in one or more limbs, and slurred or impaired speech (Murphy & Werring, 2020). The untreated progression of a stroke can have a devastating effect on the patient's quality of life, leading to substantial physical and emotional challenges. This underscores the necessity for comprehensive management strategies to address both the immediate and long-term impacts of stroke (Buck, Akhtar, Alrohimi, Khan, & Shuaib, 2021). This underscores the necessity for

comprehensive management strategies that address both the immediate and long-term impacts of stroke, ensuring a holistic approach to patient care. Immediate management must focus on stabilizing the patient, minimizing neurological damage, and initiating rehabilitation to recover lost functions (Andersson et al., 2024). However, effective stroke care extends beyond the acute phase, requiring long-term strategies to manage ongoing physical, emotional, and cognitive challenges. This includes continuous monitoring and treatment to prevent secondary complications, targeted rehabilitation to enhance physical and cognitive recovery, and psychological support to address the emotional and social effects of stroke (Prasad et al., 2011). Integrating these elements into a cohesive care plan helps to address the multifaceted nature of stroke recovery, ultimately improving the patient's quality of life and supporting their reintegration into daily activities and community life (Chugh, 2019). Comprehensive management also involves collaboration among healthcare professionals, caregivers, and support systems to provide a well-rounded approach that meets the diverse needs of stroke survivors (Wood, 2016).

According to the World Health Organization (WHO), a patient's quality of life is significantly shaped by individual perceptions and the broader context of their life, including cultural values, personal goals, and prevailing concerns. A study further elaborates on how a stroke can impact multiple dimensions of a person's quality of life, including physical, emotional, psychological, cognitive, and social aspects. In light of these multifaceted challenges, this research aims to explore the implementation of palliative care with a spiritual approach for non-hemorrhagic stroke patients in Paremono Village, Magelang Regency. With integrating spiritual support within palliative care, the study seeks to address the holistic needs of patients, potentially enhancing their overall quality of life and providing a more comprehensive approach to stroke management. This approach aims to not only mitigate physical suffering but also address emotional and spiritual well-being, thus offering a more rounded form of care for patients facing the complex aftermath of a stroke.

## **Case Description**

In this study, researchers examined the case of Mr. K, who has a medical history of hypertension lasting five years. Currently, Mr. K feels a profound sense of worthlessness due to his inability to fulfill household responsibilities. The nursing diagnoses identified included spiritual distress related to his chronic illness, physical mobility disorders due to decreased muscle strength, and verbal communication disorders resulting from neuromuscular impairments. To address these issues, a multifaceted intervention approach was employed, incorporating spiritual support, mobilization assistance, and communication enhancement techniques. The interventions for spiritual distress involved identifying Mr. K's emotional and spiritual needs, recognizing his strengths, and engaging him in spiritual activities to provide comfort and a sense of purpose. For physical mobility disorders, the focus was on implementing passive range-of-motion (ROM) exercises, which were performed by Mr. K's family under the guidance of researchers to improve muscle strength and mobility. In addressing verbal communication disorders, training was provided to help Mr. K practice speaking by articulating vowels and simple words. Despite these efforts, the evaluation revealed that while spiritual distress was successfully resolved, the issues of mobility impairment and verbal communication impairment remained unresolved. This highlights the need for continued and potentially enhanced intervention strategies to effectively address these ongoing challenges.

## **Discussion**

Based on the researchers' assumptions, the chosen theory is well-suited for Mr. K, who exhibited weakness on the left side of his body. This weakness or decreased muscle strength is indicative of a non-hemorrhagic stroke, which can occur due to impaired functioning of the XI (accessory) nerve. This nerve dysfunction affects motor and musculoskeletal functions, particularly impacting the middle cerebral artery and leading to weakness in the corresponding right limbs (Price & Campbell 2023). Consequently, Mr. K's symptoms align with the typical manifestations of a non-hemorrhagic stroke, providing a rationale for the specific nursing diagnoses identified: spiritual distress related to chronic illness, mobility disorders stemming from decreased muscle strength, and verbal communication disorders associated with neuromuscular impairments. The third stage of the nursing process involves intervention, which encompasses all treatments performed by nurses based on their clinical knowledge and judgment to achieve desired outcomes. Nursing interventions are categorized into four main actions: observation, therapy, education, and collaboration. For Mr. K, the nursing interventions were meticulously planned and executed according to these standards. The interventions aimed to address his spiritual distress, mobility disorders, and verbal communication difficulties through targeted strategies designed to improve his overall well-being and functionality.

During the three days of treatment, researchers implemented these interventions based on the SIKI guidelines. The interventions for spiritual distress included identifying Mr. K's emotional and spiritual needs and engaging him in supportive spiritual activities. For mobility disorders, passive range-of-motion exercises were performed by Mr. K's family with guidance from the researchers to enhance muscle strength and mobility. In terms of verbal communication disorders, the focus was on training Mr. K to articulate vowels and simple words to improve his speech capabilities. The structured approach, as outlined in the SIKI book, aimed to address all aspects of Mr. K's condition, although further evaluation indicated that while spiritual distress was effectively managed, mobility and verbal communication

impairments required ongoing attention and intervention. Spiritual care plays a crucial role in the holistic management of stroke patients, addressing the profound emotional and existential challenges that often accompany the physical and cognitive impairments caused by a stroke (Oshvandi, Torabi, Khazaei, Khazaei, & Yousofvand, 2024). Following a stroke, patients frequently face a range of psychological and spiritual struggles, such as a sense of loss, diminished self-worth, and anxiety about the future. These emotional burdens can significantly impact their overall recovery and quality of life. With integrating spiritual care into the rehabilitation process, healthcare providers can offer support that transcends the purely physical aspects of recovery, helping patients find meaning, comfort, and a renewed sense of purpose despite their disabilities (Goli, Faraji, Maroofi, & Hassanpour, 2024).

Effective spiritual care for stroke patients involves understanding and addressing their individual spiritual needs, which may include exploring their beliefs, values, and sources of hope (Azar, Radfar, & Baghaei, 2022). This personalized approach requires active listening and empathy from healthcare providers, who should engage in open dialogues with patients about their spiritual concerns and aspirations. Spiritual care interventions may include facilitating religious practices, providing counseling, and connecting patients with spiritual or religious support networks (Gibbs, Anderson, Simpson, & Jones, 2020). Such interventions can help patients navigate the emotional turmoil and existential questions that arise after a stroke, fostering a sense of inner peace and resilience that supports their overall well-being (Hinwood et al., 2023). Additionally, spiritual care can enhance the effectiveness of other therapeutic interventions by promoting emotional stability and a positive outlook. Research has shown that patients who receive spiritual support often experience improved coping mechanisms, reduced anxiety, and a greater sense of control over their health outcomes (Giaquinto, Sarno, Dall'Armi, & Spiridigliozzi, 2010; Mirhosseini et al., 2024). For stroke patients, this means that addressing their spiritual needs not only contributes to their emotional and psychological healing but also supports their physical recovery. With incorporating spiritual care into a comprehensive treatment plan, healthcare providers can offer a more compassionate and holistic approach to stroke rehabilitation, ultimately improving the patient's quality of life and aiding in their recovery journey.

## Conclusion

Spiritual care offers significant benefits for stroke patients, addressing the multifaceted emotional, psychological, and existential challenges that arise from their condition. By integrating spiritual care into stroke rehabilitation, patients can experience enhanced emotional resilience, a renewed sense of purpose, and improved coping mechanisms, which collectively contribute to a better overall quality of life. Spiritual care interventions—such as personalized counseling, facilitation of religious practices, and connection with spiritual support networks—help patients navigate the profound changes and difficulties following a stroke, promoting both psychological healing and physical recovery. As a result, incorporating spiritual care into stroke management not only supports patients' emotional well-being but also complements traditional medical treatments, leading to more holistic and effective care. Future research should focus on exploring the specific mechanisms through which spiritual care influences stroke recovery and quality of life. Studies could investigate how different types of spiritual interventions (e.g., religious practices, spiritual counseling, meditation) affect various aspects of stroke patients' well-being, including emotional stability, pain management, and rehabilitation outcomes. Additionally, research should examine the effectiveness of spiritual care in diverse patient populations, considering factors such as cultural and religious backgrounds, to tailor interventions that meet the unique needs of different groups.

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