


The Influence of Prayer on Critical Patients Admitted to the Intensive Care Unit

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Abstract

Background: Critical patients admitted to the intensive care unit (ICU) might experience some degree of depression or anxiety, due to different treatments and medications they receive. These mental conditions can persist even years after hospital discharge. Therefore, the mental health of these patients is one of the particular interests. In this context, religious traditions and prayers are considered during the illness process.


Objectives: The current article reviews the beneficial effects of prayer in light of research conducted in this area.


Methods: A general search for electronic databases (Medline, Science Direct and Springer databases) was developed. The human studies of the influence of prayers in critically ill patients were evaluated.

Results: The results indicated that prayer might be effective in reducing the severity of the disease in patients admitted to intensive care units and it has a positive effect on critical ICU patients.

Conclusions: It is recommended that a prayer-based approach be taken to improve the mental health of these patients in a clinical setting.

Keywords: Prayer, Critical Ill Patients, Intensive Care Unit

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One of the most important aspects of human health is the spiritual health. In general, spiritual health provides a harmonious and integrated connection between internal forces and is characterized by attributes such as stability in life, peace, proportion and harmony, a sense of close connection with our inner self, God, community, and the environment. It is proposed that the spiritual health determines one's integrity [1]. It is a unique force that coordinates physical, mental and social dimensions and is essential for coping with illness [2]. When spiritual wellbeing is seriously compromised, one may experience mental disorders



such as feeling lonely, depressed, and loss of meaning of life [3]. Critically ill patients are admitted to the intensive care unit (ICU) due to different treatment options, such as prolonged mechanical ventilation or the side effects of the medications they have been taken; and they may experience depression or anxiety [4]. Mental disorders in ICU survivors may persist for months and even years after discharge [5]. The religious and spiritual resources for critically ill patients admitted to the ICU is important during the disease process. These resources are adapted in different situations in this particular population of patients. These resources are associated with patient satisfaction with his/her life, better adjustment with the disease, pain relief, and reduced death anxiety. Therefore, spiritual or religious support and communication with a higher power are beneficial and can be useful for improving the quality of life, interpersonal support, anxiety reduction and appropriate medical outcomes [6].

Among the religious sources, the most frequently used source is prayer [7]. Prayer is associated with the meaning of life and spiritual health. Prayer is suggested as a good means of coping with illness [8]. It is a spiritual activity and for many people is a religious activity. In the religious encyclopedia, prayer is defined as a relationship with God and a spiritual essence [9]. Prayer is also defined as a deep human instinct that is at the core of humanity and where one finds out about his/her connection to the source of life. The forms and expressions of prayer are varied and can be private or public. Some people combine techniques such as relaxation, silence, concentration, imagination, and observation with prayer [10]. Praying can be healing and calming. Prayer includes praise and worship, confession, benediction, intercession, mourning, and thanksgiving.

When a person is physically disabled and hospitalized, imagination can enable him/her to travel elsewhere, which may be a healing place for him, giving him a sense of peace and led to

participate in activities such as prayer [10]. It has been shown that there is a positive relationship between physical health, spiritual well-being, the meaning of life, and prayer [8].

When prevention from death is impossible and long-term medication therapy is not effective in critically ill patient admitted to ICU [11], the task of hospital staff is to provide comfort and relief and reduce pain during the last days of a patient's life. The staff in ICU have been faced with the highest mortality rates in the hospital. According to worldwide estimates, the mortality rate in ICU ward of hospitals is around 6 to 40 percent [12]. When classical therapies are unsuccessful or unbearable due to adverse effects, complementary medicine is the best option [13].

One of the most important effects of prayer is to reduce anxiety and depression caused by severe illness [14]. Data on the effect of prayer on mental health in critically ill patients are limited. In a study done by Asadzandi et. al., 70 critically ill patients with chronic obstructive pulmonary disease or congestive heart failure were evaluated with prayer therapy for 3 days. SOFA (Sequential Organ Failure Assessment) scale was calculated and compared to the control group. The results of this trial showed that prayer can be effective in reducing the severity of the disease in patients admitted to ICU [15]. Today, we are witnessing the emergence and development of many complementary therapies around the world with a holistic view of the human body, mind, and spirit [16]. This view has been widely accepted in recent years. Some researchers have sought scientific evidence to find evidence that prayer has an effect on human physical and mental health [17, 18]. In patients admitted to ICU, it has been recommended that prayer therapy be considered along with other medical facilities [14]. There has also been a strong correlation between prayer and mental health in cancer patients admitted to ICU [15]. Given the high mortality rate in patients admitted to ICU and

the fact that for some patients there is only supportive therapy, and given the clinical outcomes of the trials conducted in this area, prayer might be used as a strategy to enhance the mental health of patients and their companions. As it is mentioned, the evidence on the effect of prayer in critically ill patients is still lacking and future high quality clinical trials are still needed to confirm these results.

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Authors' contribution

KA Carried out a literature search and prepared the primary draft. AS Prepared the final manuscript and edited the English manuscript. MM Generated the idea of the manuscript and had a scientific supervision.

Conflict of interest

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