

DEVELOPMENT OF INTEGRATING SPIRITUAL  
MODEL INTO DIETETICS PRACTICE AMONG  
DIETITIAN IN THE EAST COAST OF  
PENINSULAR MALAYSIA

BY

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## ABSTRACT

Chronic disease patients often express their burden of illness to the dietitians because they need spiritual comfort. However, due to the lack of time, skills, and knowledge in spirituality, it may be challenging for the dietitian to provide spiritual support, but some manage to address the needs. By using a pragmatism philosophical approach and Islamic worldview, this study aimed to examine dietitians' experience with integrating spirituality during nutrition counselling. The specific objectives were to, 1) synthesis current literature on issues with religion/spirituality in nutrition and dietetic research, 2) identify attitudes of dietitian towards spiritual inquiry and their values on spirituality, 3) explore Islamic spiritual conversation during nutrition counselling, and 4) create a model for integrating Islamic spiritual care in dietetics practice. In general, this study has three components including integrative review, e-survey, and focus group. It started with an integrative review using samples of articles published up to 2018 from selected databases. Then, followed by a concurrent cross-sectional e-survey (quantitative) and focus group (qualitative) between May to December 2019. This concurrent study is known as convergent mixed methods study design. Participants were recruited among the members of Malaysian Dietitians' Association for the e-survey (N=128) using volunteer sampling through their official Facebook page. Besides, the study interviewed selected Muslim dietitians (N=28) working within the East Coast of Peninsular Malaysia in six focus group discussions using snowball sampling. For the analysis, the integrative review used descriptive and meta-synthesis. The survey adopted descriptive analysis, Pearson's chi-square test, and factor analysis. Meanwhile, data from the focus group was analysed using thematic content analysis. Cross-analysis of data from the e-survey and focus group had enabled the study to interpret merged integrated data through joint displays approach. As the results, regardless of religious affiliation, more than half of the dietitians reported have ever inquired about patients' spiritual needs, but only 2% always willingly made the inquiry. Talking about spirituality might promote inner strength and gave meaning to dietitians' self-spirituality. The study identified several themes that emerged for dietitians' experiences with Islamic spiritual conversation. The final spiritual care model identified three possible approaches that always willingly made spiritual inquiry, only when the patient asked, and never inquire. This study concludes that 1) spirituality play an important role in dietary self-management of diabetic patients, 2) small proportion of Malaysian dietitian are always willingly making a spiritual inquiry, 3) Islamic spiritual conversation during nutrition counselling are evident among Muslim dietitians, 4) a new model for integrating Islamic spiritual care in dietetics practices may offer immediate response to a patient with spiritual distress. The practical implication of the study demonstrated that spiritual conversations might promote a holistic approach in dietetic patient-centred care practices.

## خلاصة البحث

إنه غالبًا ما يشكوا المصابون بالأمراض المزمنة عن أعبائهم المرضية لأخصائيي التغذية لحاجتهم إلى الراحة الروحية، ولكن نظرًا لقلّة الوقت والمهارات والخبرة الروحية المحدودة، فإنه من الصعب على اختصاصي التغذية تقديم الدعم الروحي، وقد يتمكن البعض من تلبية هذه الاحتياجات. باستخدام الطريقة الفلسفية البراغماتية والنظرة الإسلامية للعالم، هدفت هذه الدراسة إلى فحص خبرة اختصاصي التغذية في دمج الروحانيات في استشارات التغذية. كانت الأهداف المحددة هي، (1) تجميع المؤلفات الحالية حول القضايا المتعلقة بالدين/الروحانية في التغذية والبحوث الغذائية، (2) تحديد مواقف اختصاصي التغذية تجاه الاستفسارات الروحية وتأثيرها على الروحانية، (3) استكشاف المحادثات الروحانية الإسلامية أثناء الاستشارات الغذائية، (4) إنشاء نموذج لدمج الرعاية الروحية الإسلامية في ممارسات علم التغذية. تتكون هذه الدراسة بشكل عام من ثلاثة مكونات: المراجعة التكاملية، والاستبيانات الإلكترونية، ومجموعة التركيز. بدأت الدراسة بمراجعة تكاملية باستخدام عينات من المقالات المنشورة حتى عام 2018 من قواعد بيانات مختارة. بعد ذلك تم القيام بالاستبيان الإلكتروني المقطعي المتزامن (البيانات الكمية)، ومجموعات التركيز (البيانات النوعية) بين مايو وديسمبر لعام 2019. يُعرف هذا التصميم الدرسي المتزامن باسم دراسة الأساليب المختلطة المتقاربة. تم تعيين المشاركين من بين أعضاء جمعية اختصاصي التغذية الماليزية للاستبيان الإلكتروني (العدد=128) بطريقة أخذ العينات التطوعية من خلال صفحاتهم الرسمية على موقع فيسبوك. تم أيضا اختيار ومقابلة اختصاصي تغذية مسلمين (العدد=28) يعملون في الساحل الشرقي لشبه الجزيرة الماليزية في ست مناقشات جماعية مركزة باستخدام عينات كرة الثلج. بالنسبة للتحليل، استخدمت المراجعة التكاملية التأليف الوصفي والفوقي. اعتمد الاستبيان التحليل الوصفي، واختبار مربع كاي لبيرسون، وتحليل العوامل. وتم تحليل البيانات من مجموعة التركيز باستخدام التحليل الموضوعي للمحتوى. التحليل المقطعي لبيانات الاستبيان الإلكتروني ومجموعات التركيز أتاح للدراسة تفسير البيانات المتكاملة المدججة بواسطة العرض المشترك. أشارت النتائج، وبغض النظر عن الانتماء الديني، أن أكثر من نصف اختصاصي التغذية قد استفسروا عن الاحتياجات الروحية للمرضى، ولكن 2٪ فقط قاموا دائمًا بالاستفسار طوعًا. لقد عزز الحديث عن الروحانيات القوة الداخلية وأعطى معنى للروحانية الذاتية لأخصائيي التغذية. حددت الدراسة العديد من الموضوعات التي ظهرت لتجارب اختصاصي التغذية مع المحادثات الروحية الإسلامية. حدد نموذج الرعاية الروحية النهائي ثلاث طرق ممكنة، وهي: الاستفسار الروحي الطوعي الدائم، وعند طلب المريض فقط، وعدم الاستفسار أبدًا. استنتجت الدراسة إلى أن: (1) الروحانية تلعب دورًا مهمًا في الإدارة الذاتية للغذاء لمرضى السكري، (2) نسبة صغيرة من اختصاصي التغذية الماليزيين يقومون دائمًا وطوعًا بإجراء استفسار روحي، (3) المحادثة الروحية الإسلامية أثناء الإرشاد الغذائي كانت واضحة بين أخصائيي التغذية المسلمين، (4) قد يقدم نموذج جديد لدمج الرعاية الروحية الإسلامية في ممارسات التغذية استجابة فورية لمرضى يعاني من ضائقة روحية. أظهر التضمين العملي للدراسة أن المحادثات الروحية قد تعزز طريقة شاملة في ممارسات الرعاية الغذائية المركزة على المريض.

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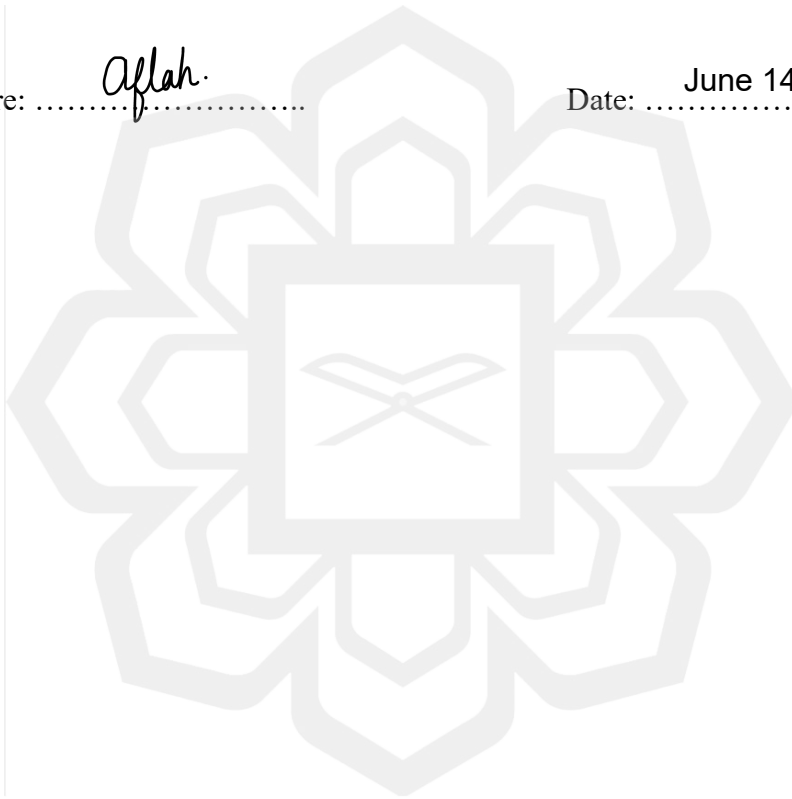
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## DECLARATION

I hereby declare that this thesis is the result of my own investigation, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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In the name of Allah, the Most Beneficent, The Most Merciful

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## LIST OF ABBREVIATIONS

CAM	Complementary and Alternative Medicine
COREQ	Consolidated Criteria for Reporting Qualitative Research
DCS	Dietetic Confidence Scale
GRAMMS	Good Reporting of A Mixed Methods Study
HSNZ	Hospital Sultanah Nur Zahirah
HUSM	Hospital Universiti Sains Malaysia
IUM	International Islamic University Malaysia
IRT	Iman Restoration Therapy
KMO	Kaise-Mayer-Olkin
MDA	Malaysian Dietetics' Association
MMAT	Mixed Method Appraisal Tool
MOPSI	Islamic Therapy Module for Breast Cancer Patient
NCP	Nutrition Care Process
NERSH	Network for Research in Spirituality and Health
PCA	Principal Component Analysis
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RSMPP	Religion and Spirituality in Medicine: Physician's Perspectives
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, and Research type
T2D	Type-II diabetes mellitus
UniSZA	Universiti Sultan Zainal Abidin
USM	Universiti Sains Malaysia

# CHAPTER ONE

## INTRODUCTION

### 1.1 BACKGROUND OF STUDY

Nutrition counselling is a process of educating patients, providing support and follow-up care to make, and maintain nutrition plans and dietary changes. In managing nutrition care activities, it involves a standard workflow called Nutrition Care Process (NCP) that has four steps: nutrition assessment, nutrition diagnosis, nutrition intervention, nutrition monitoring and evaluation. When conducting NCP, nutrition counselling provides a logical structure, using various strategies of counselling theories. It has a place in each of the four steps in NCP model. Hence, nutrition counselling plays a vital role to motivate and provide emotional comfort as well as spiritual support, especially to the patients with chronic illness.

The need to care for patients' spiritual concerns during nutrition counselling seems essential, but dietitians' current practice is unknown. Practically, addressing patients' spiritual concerns is an exceptional task for dietitians in which many of them may not have the courage to do it without training. For instance, some dietitians working in a government hospital shared their patients' stories, intending to exchange ideas on how best to respond to such an awkward moment – spiritual distress. The first case was a patient newly diagnosed with diabetes who expressed her anger, 'Why...? After all these years, I practice a good diet and exercise, and eventually, I end up with diabetes. I just can't accept that...'. In the second case, a newly retired teacher non-Muslim woman, never married and has diabetes, asked a little favour, 'Please do help me by praying to your God, ask Him to grant me good health. I have nobody to look after me

if I am sick'. In another case, an obese single young man expressed frustration for being unable to sit longer in the masjid for Jumaat prayers because worry might cause other people who sit around him to feel uncomfortable. These examples have challenged nutrition counselling's current practice because our local dietitians have no formal training to address spiritual distress.

Patients undergoing the treatment for chronic diseases may be physically weak, but they also suffer from spiritual distress (Puchalski, 2001). Studies have shown that seriously ill patients and their family members reported spiritual distress within the inpatient setting (Roze des Ordon et al., 2018). This study noted that 23% of patients with chronic pain conditions would like to talk to a priest about their spiritual needs, 20% unable to speak of this need with anyone. In comparison, 37% felt that they must express spiritual needs to their medical doctor (Büssing et al., 2009). Patients with life-threatening diseases often wish to talk about their spiritual orientation (Frick et al., 2006). But health professionals may have limited time and skills to address these spiritual needs, and perhaps it's also beyond the professional training that may have caused them not to care about it (Büssing et al., 2018).

Similarly, inadequate care provision that aligns with patients' unique needs and wants were also observed in dietetics practices (Endevelt & Gesser-Edelsburg, 2014; Hancock et al., 2012). An integrative review of patient-centred care in dietetic practices noted two key challenges to individualize and adapting care (Sladdin et al., 2017). The first is dietitians admitted that individualising care is difficult because each patient has a unique need. Secondly, they claimed that they know better the patient's 'real/medical' needs, but it does not align with what patients want. The scope of individualising and adapting care may include spiritual care needs, but its establishment in dietetics research still has a long way to go.

Recently, the British Dietetic Association published an article on their official website about spiritual care in dietetic practice. This article has raised an important awareness about dietitians' role in providing holistic care to patients (Lycett, 2020). Most of the time, dietitians spend more extended consultation hours with the patient than a medical practitioner. It has been suggested that dietitians may intervene in spiritual care at each point of NCP model. Likewise, the recommendation is aligned with the standard of practice in other health sectors such as nursing and psychiatric, but its applicability to the Muslim patient needs further clarification.

The observations on the probability of discussing the religious tradition and spiritual orientation between dietitians and patients seem unavoidable, especially among Muslims. Their dietary requirements and practice of disease management seem highly influenced by religious/spiritual perspectives. For example, dietary and disease management among Muslim diabetes patients are reported to be challenging when it comes to Ramadhan fasting (Ali et al., 2016). The influence of spiritual belief on coping style with disease condition is also evident (Duke & Wigley, 2016). More studies are needed to enhance dietitians' interpersonal skills to deal with religious/spiritual issues concerning Muslim patients' dietary and disease management.

To date, addressing spiritual concerns of patients with chronic disease, particularly among Muslims, has not been a focal point in dietetic research. Muslim patient has a unique need for dietary and medical requirements which must be permissible by the religion. Furthermore, the orientation belief of the Muslim is based on two important essences. Firstly, Muslims believe in Allah ﷻ, the one God the Most Merciful, and Allah ﷻ created this universe with a purpose. Indeed, everything in this world happens only with the permission of Allah ﷻ. Secondly, Muslims embrace the way of life of the Prophet Muhammad ﷺ as their way of life. Allah ﷻ sends him to this

world as for ‘Rahmatan Lil’ Alamin,’ which means mercy for all mankind. If a Muslim patient is misguided in understanding this essence, it will create unwanted circumstances. For example, due to some reasons, if a Muslim getting concerns with the meaning of suffering, life, and death, that leads this person to feel disconnected with the belief of total submission towards the Almighty; this is a sign of spiritual distress. Notably, when Muslim patients had a misunderstanding on the practice of prophetic medicine, this could lead them to be ignorant and later jeopardize their treatment for the disease.

The study’s rationale highlight that many of our local dietitians might have low awareness about the impact of unmet patients’ spiritual needs. Our local dietitians need to be educated and trained to unleash new skills to address patients’ spiritual needs in general and add specific Islamic knowledge to resolve spiritual distress among Muslim patients. There is an urgent need to uncover the best solution to address Muslim patients’ particular needs in light of this. At present, there is no empirical data to explain this issue. To the best of our knowledge, this is the first study in Malaysia that has researched spiritual conversations between dietitians and patients with chronic illness. Thus, we need to establish scientifically sound data to prove that difficulty in addressing patients’ spiritual needs among local dietitians is prevalent and describes dietitians’ spiritual attitudes and values in more detail.

We know that dietitians’ role has tremendously evolved since patient-centred care was first introduced in 1997 as an international dietetic competency standard ("Professional standards for dietitians in Canada," 1997). Over the years, patient-centred care has become an integral component in the Nutrition Care Process (Swan et al., 2017). Consequently, dietitians may have developed more verbal and non-verbal communication (Cant & Aroni, 2008), and communication skills for behavioural

change (Whitehead, 2015). Nevertheless, one important aspect that seems missing in nutrition and dietetics research is the overall awareness of religion/spirituality for people living with chronic disease.

Researchers argued that training and understanding the value of religion/spirituality for some patients are beneficial for health practitioners (Roger & Hatala, 2017). In view of this, a systematic review mentioned that spiritual care training had been proven to guide health practitioners with integrating spirituality in clinical practice and improving their communication with patients (Paal et al., 2015). However, those pieces of training were developed within the context of Western and non-Islamic society. This finding indicated a strong signal to Muslim healthcare professionals to initiate practical and straightforward Islamic spiritual care training. Such training is valuable to sharpen nutrition counselling skills when tailored explicitly to dietetics professionals.

Up to this point, the study has clearly explained the current issues with limited resources and exposures to religion/spirituality in dietetic practices. Looking at the three examples of cases presented at the beginning of this chapter, probably adopting spiritual conversation in nutrition counselling might offer a better way for comforting the patients. A research team was formed to investigate this approach and bridge the knowledge gap in current dietetic practices. The initial research inquiry has brought up two important things that need careful consideration. Firstly, is the need for representative data to describe the current situation on spiritual inquiry practices among dietitians. Secondly, to identify the most appropriate spiritual advice offered to Muslim patients and deliver spiritual care inquiry ethically. That time has led the research team to get in touch with dietetics graduates from International Islamic University Malaysia (IIUM), who have demonstrated high interest and exemplar talent with integrating

Islamic spirituality in their practices. Some new ideas from this initial meeting have equipped the research team to plan for the study design.

The best strategy to research this topic is to use the mixed methods study design using pragmatism philosophical approach and adopted Islamic worldview to explain spiritual attributes in nutrition counselling. An article has discussed about mixed methods in nutrition and dietetics research (Zoellner & Harris, 2017). It informed that the fundamental approach of mixed methods focuses on allowing research problem and question determine the research design. Such a unique research design may assist researchers to better understand a phenomenon and find the best solution to the problems.

This present study requires a representative sample of quantitative data on spiritual inquiry, and detailed information on Islamic spirituality in nutrition counselling from qualitative data. Later, both findings from these studies have merged to generate some new insights on a practical spiritual conversation in nutrition counselling. Further discussion on the research problem statements is addressed in separate chapters for quantitative and qualitative studies. Besides, a detailed explanation of this study's philosophical approach is discussed in the chapter that describes the study's general methodology.

## **1.2 SIGNIFICANCE OF THE STUDY**

This study's findings are essential to create baseline data that later pave the way for Muslim dietetics professionals' future development. In International Islamic University Malaysia (IIUM), we continuously bring our best effort to illuminate the current modern knowledge and reform the Muslim Ummah by Islamising the human acquired knowledge through the integration of revelation and reason. Moving with the

philosophy of the University (*IIUM Roadmap*, 2020), we strive to provide holistic education to produce intellectuals, professionals, and scholars that have imbued with the qualities of faith (*iman*), knowledge (*'ilm*), and good character (*akhlaq*). In the spirit of 'humanising education,' we expect our dietetics graduates to embrace the attributes of *Khalifah*, *Amanah*, *Iqra*, and *Rahmatan lil-'alamin*. These qualities are expected to be translated into their actions when carrying out their professional duties as dietitians in the community and health care services. The present study's findings may help to improvise the university's current dietetics syllabus to enhance dietetics skills when addressing the patients' spiritual concerns.

This small work may have a considerable impact in developing a framework of dietetic patient-centred care practices in the hospital that has established a shariah compliance policy in their healthcare services. The IIUM has embarked on the shariah compliant initiative since the first establishment of the IIUM Medical Centre paperwork was proposed. The hospital is known as Sultan Ahmad Shah Medical Centre @ IIUM (SASMEC@IIUM). The shariah compliant hospital had become a new landmark in medical and healthcare services especially in Malaysia when SIRIM endorsed a standard requirement for Shariah Compliant Hospital, MS1900:2014 certification (Yahaya, 2018).

The shariah compliant hospital has four components: people, structure, work process, and technology (Shariff & Rahman, 2016). The people are the key player for the system in shariah compliant hospitals. Essential characteristics of the people such as observe covering the *aurat*, performing salah five times a day, and non-smoker are the obligatory requirements. More importantly, nurturing a person capable of addressing patients' spiritual concerns, particularly the Muslim patients, remains unclear. It may begin with the dietetic services. This current study is designed to

explicitly research the dietitians' spiritual attitudes and values on spirituality and formulate the practical approaches to address patients' spiritual concerns. The study's findings may contribute to the existing advocacy programs on shariah compliant hospitals, particularly in developing a structured training module tailored to dietetics professionals.

### **1.3 RESEARCH QUESTIONS**

This study is intended to address the following research questions:

- i. What is currently known about religion and spirituality in nutrition and dietetics research?
- ii. Do dietitians practice spiritual inquiry during nutrition counselling?
- iii. What is the experience like when Muslim dietitians bring Islamic spiritual conversations during nutrition counselling?
- iv. How to integrate Islamic spiritual care in nutrition counselling in most appropriate way?

### **1.4 THE PURPOSE STATEMENT AND RESEARCH AIMS**

The mixed methods study is to examine dietitians' experience with integrating spirituality in nutrition counselling. This study adopts a convergent mixed methods design. It has allowed the study to collect quantitative and qualitative data in parallel, analysed data from each part separately, and then merged the findings to discover new insights on its applicability in dietetic patient-centred care practices. This study uses a descriptive cross-sectional survey to determine the attitudes and values of dietitians towards spirituality using a representative sample from the Malaysian Dietitians' Association. The focus group discussions involve selected Muslim dietitians from the