Practices in Spiritual Care: The Use of Simulation to Instruct Nursing Students and Nurses

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Objectives

- Understand the concepts of culture and diversity and how these impact patient and family spirituality.
- Describe the concept of simulation-based education to teach spiritual care to nurses and nursing students.
- Understand when high-fidelity simulation is useful and when objectives can be met by other activities.
- Describe ways to prepare the learner prior to simulation activities and how to utilize simulation to integrate standards for providing spiritual care to diverse patients and the utilization of interdisciplinary care to meet patient needs.
- Describe and demonstrate simulation debriefing strategies and demonstrate the ability to lead a debriefing session to effectively teach culturally appropriate spiritual care principles and competencies.

Meet Mrs. Stone
Life threatening illness potentially plunges patients into an unknown world.
Normal routines are shattered and relationships are turned upside down. Illness can cause pain and suffering.

Mrs. Stone is being treated for late stage lung-cancer and is admitted into the hospital.
Spiritual care is part of providing holistic patient-centered care.

Spiritual care is an essential part of palliative care.
SPIRITUALITY

Write down any thoughts, words, feelings, images that come into mind as you think about the word.

What is spirituality?

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.” (Puchalski et al., 2014)
Why Spiritual Care?

- **American Nurses Association** *Nursing’s Social Policy Statement*: Faith, religion, and spirituality are distinct components of what defines many human communities and allow individuals to make sense of their experiences, including health and illness.
- **ANA Code of Ethics**: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person
- **ANA Scope & Standards of Practice**
- **International Council of Nursing**: ICN’s Vision for Nursing & Code of Ethics
- **American Association of Colleges of Nursing**: Essentials for Baccalaureate Education
- **National League for Nursing Core Values**
- **Joint Commission Standards**

There are many recommendations for improving the quality of spiritual care.

- Integral to any patient-centered health care system
- Based on honoring dignity of all people
- Spiritual distress treated the same as any other medical problem
- Spirituality should be considered a patient vital sign
- Spiritual care should be interdisciplinary

(Puchalski et al., 2014)
What skills are necessary for nurses to have in order to provide spiritual care?
Our patients are diverse and have diverse spiritual needs.

Defining Culture

- **Dynamic** and ecologically-based inter-related elements that function together as a living, adapting system.
- To understand cultural groups we must recognize that they’re a part of a multi-level, multi-dimensional, biopsychosocial, ecological framework and incorporate the geographic, historical, social, and political realities of diverse communities.
- Cultural tools and processes enable group members to have a collective way of “seeing the world” and interpret the world through social norms of beliefs, attitudes, spiritual and emotional explanations, and practices of health behaviors.

(The Cultural Framework for Health; NIH, 2016)
How does culture shape our lives?

- All of us make meaning out of our lives through our own culture(s)
- It is how we view the world: how we think, we pray, we value some things and not others

Culture shapes our perception of illness.

When we are ill: how we perceive illness, suffering and dying is through our own cultural lens.
What happens if we don’t consider culture in healthcare?

- Patients receive inadequate care = health disparities
- Patients don’t receive care they want/need
- A pattern of disparity is evident in both health care outcomes and utilization (Crossing the Quality Chasm; IOM, 2001).

White middle class values predominate in end of life care (EoL).

Historically EoL care in U.S. has been rooted in values that represent the cultural and religious values of the white middle class
(Wicher & Meeker, 2012; Krakauer, Crenner & Fox, 2002; Kagawa-Singer & Blackhall, 2001)

Advance Directives: What are your wishes for EoL care?

Values represented:
- Independence
- Individual rights
- Fears of receiving too much care at EoL
A lack of sensitivity to, and lack of respect for cultural difference may significantly compromise care at EoL for minority patients. (Krakauer et al., 2002)

The need to provide high-quality culturally-competent care is a national priority.

The lack of culturally-competent EoL has been referred to as the largest public health crisis looming in the US (Periyakoil, 2016)
How do we reach across cultures to provide spiritual care in a cross-cultural setting?

Johns Hopkins University & Medicine Diversity Leadership Council
http://web.jhu.edu/dlc/resources/diversity_wheel/
Cultural respect has a positive effect on patient care delivery.

- Cultural respect allows us to be respectful and responsive to individual health beliefs, practices, cultural and linguistic needs.
- Cultural respect is critical to reducing health disparities and improving access to care.

(NIH, 2017)

Health care providers can also feel like they are charting unknown territory.

The way in which spiritual care could best be taught is not clear.
Nursing students enjoy learning clinical skills.

Authentic learning focuses on “real-world complex problems and their solutions, using role-play exercises, problem-based activities, case studies and participation in communities of practice.”

(Lombardi, 2007, p.2)
Learning is experience. Everything else is just information.

—Albert Einstein
Simulation can be used as an assessment tool.

“Simulation makes visible what we have suspected but could not see in clinical: Some of our students are not safe”
(Kardong-Edgren, Hanberg, Keenan, Ackerman & Chambers, 2011, p.23)

Simulation can also be used as a teaching strategy.

Simulated experiences provide the student with the opportunity to be involved in patient care experiences they may otherwise not experience in actual clinical settings.
There are many different types of simulation.

- Simulated clinical immersion
- In situ simulation
- Computer-assisted simulation
- Virtual reality
- Procedural simulation
- Hybrid simulation

Can spiritual care be taught using simulation?

- Simulated cases
- Unfolding scenarios/cases
- Psychomotor skill teaching/evaluation
- Using standard patients vs. manikins
Perform a needs assessment.

Construct measurable objectives.
Structure the format of a simulation based on the purpose, theory, and modality.

Ensure the quality and validity of the content and support the objectives and outcomes.
Create realism.

Use a participant-centered approach driven by objectives, participant’s knowledge and expected outcomes.
Establish a safe container.

Begin with a pre-briefing.
Mrs. Stone

Performing a spiritual care assessment for Mrs. Stone...
One of Mrs. Stone’s sons come to visit.

Who do you think Jews are?
Who is a Jew?

HUUUUUUGGGGE Diversity among Jews
How many are there?

- 14 Million
  - 42% live in Israel
  - 42% live in the US/Canada
  - Rest scattered
- There were Jews here. No more
  - There were Jews in Spain. No more.
  - There were Jews in Europe. No more.
  - There were Jews in Morocco, Egypt, Iraq, Iran, Turkey.
    No more.

Is there one Jewish Religion?

Reform
Conservative
Orthodox
Reconstructionist
For Nurses: Jews and Illness

Mutated genes in Jews of European ancestry (Ashkenazis)

- **Tay-Sachs:**
  - 1:3,600 Ashkenazi Jews
  - Carrier: 1:26-30 compared to 1:300 in non-Jews

- **BRCA1/2 and2:**
  - Ashkenazi Jews x10 more likely to have mutations
  - Mutation in 2.65% of Ashk. Jews; 0.2% of general pop.

For Nurses: Jews and Hospitalization

- May be uncomfortable that they’re “different”
- May feel uncomfortable about e.g.,
  - *Pork*: Orthodox Jews don’t eat pork or shellfish
  - *Dietary restrictions*: Orthodox Jews only eat kosher food
  - *Head covering*: Kippah must remain on
  - *Family visits*: Want family with them
  - *Pastor*: May feel uncomfortable with Christian pastor
  - *Conversion*: Do not want to be converted
  - *Death and Dying*: May wish to see their Rabbi

**Best advice: Ask, Listen & Hear**
How do we provide spiritual care to Mrs. Stone?

<table>
<thead>
<tr>
<th>Diagnoses (Primary)</th>
<th>Key feature from history</th>
<th>Example Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existential</td>
<td>Lack of meaning / questions meaning about one’s own existence / Concern about self/ life / Questions the meaning of suffering / Sought spiritual assistance</td>
<td>“My life is meaningless” / “I feel useless”</td>
</tr>
<tr>
<td>Abandonment God or others</td>
<td>Lack of love, loneliness / Not being remembered / No Sense of Relatedness</td>
<td>“God has abandoned me” / “No one cares by anymore”</td>
</tr>
<tr>
<td>Anger at God or others</td>
<td>Displaces anger toward religious representatives / Inability to forgive</td>
<td>“Why would God take my child... it’s not fair”</td>
</tr>
<tr>
<td>Concerns about relationship with deity</td>
<td>Closeeness to God, deepening relationship</td>
<td>“I want to have a deeper relationship with God”</td>
</tr>
<tr>
<td>Conflict or challenged belief systems</td>
<td>Denializes inner conflicts or questions about beliefs or faith</td>
<td>“I am not sure if God is with me anymore”</td>
</tr>
<tr>
<td>Despair / Hopelessness</td>
<td>Hopelessness about future health, life / Despair an absolute hopelessness, no hope for value in life</td>
<td>“Life is being cut short” / “There is nothing left for me to live for”</td>
</tr>
<tr>
<td>Grief/loss</td>
<td>Grief is the feeling and process associated with a loss of person, health, etc</td>
<td>“I miss my loved one so much” / “I wish I could run again”</td>
</tr>
<tr>
<td>Guilt/Shame</td>
<td>Guilt is feeling that the person has done something wrong or evil: shame is a feeling that the person is bad or evil</td>
<td>“I do not deserve to die pain free”</td>
</tr>
<tr>
<td>Reconciliation</td>
<td>Need for forgiveness and/or reconciliation of self or others</td>
<td>I need to be forgiven for what I did / I would like my wish to forgive me</td>
</tr>
<tr>
<td>Isolation</td>
<td>From religious community or other</td>
<td>“Since moving to the assisted living I am not able to go to my church anymore”</td>
</tr>
<tr>
<td>Religious specific</td>
<td>Ritual needs / Unable to practice in usual religious practice</td>
<td>“I just can’t pray anymore”</td>
</tr>
<tr>
<td>Religious / Spiritual Struggle</td>
<td>Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping</td>
<td>“What if all that I believe is not true”</td>
</tr>
</tbody>
</table>
Follow with a debriefing.

How did that make you feel?

(Dreifuerst, 2012)
Evaluate the experience from all perspectives.

Authentic learning in nursing education

How can we do this in an online class?
How we approached this challenge in the online environment

- Develop a complex and detailed case study based on an adult patient
- Roll it out to students in several installments
- Include real life problems and tasks
- Use multimedia to enhance learning activities

Students are required to **optimize patient care at every turn of events.**

### Episode 1:
In the Primary Care Clinic

**Participation Activity 2: Working in the Primary Care Clinic...**

View
Please click on the link above to view the wiki. After viewing the wiki, click on the link below to complete Participation Activity 2: Activity Survey.
For the video within the wiki, please use the password uscnursing

**Participation Activity 2: Activity Survey**

This survey is based on the above wiki, "Working in the Primary Care Clinic". Please view the wiki and respond to the participation activity survey by Sunday at 8 p.m. See the questions that will be asked in the survey, above in the list of learning activities.
Why a continuing case study?

- Raise the level of complexity
- Demonstrate how different course concepts connect and build on each other
- Explore different aspects of the case: clinical, psychological, spiritual, social, financial etc.
- Provide opportunity to observe changes over time
- Establish an emotional connection with the patient and develop a caring attitude
- Sustain student interest and engagement

Taking care of Mrs. Stone for 14 weeks

- Make assessments of the patient at different points in her care
- Apply healthcare literacy principles
- Use effective communication techniques
- Identify patient problems and needs
- Recommend nursing interventions
- Handle healthcare forms, documentation
- “Observe” patient in stressful situations
- Advocate for the patient
- Explore available community resources
Developing empathy for Mrs. Stone

I've started to form a connection with Mrs. Stone and I think it makes the weekly participation activities interesting to see what she is up to this week.

I think it has been really helpful to follow the same patient throughout the semester, because it feels like we are slowly watching the progression of her condition as we would if she were a real patient of ours.

I like the way it is set up because it feels like you are their own personal nurse and you kind of get a feeling of what it is like to be someone's nurse or primary care giver in a setting outside of a hospital.

Student comments, Summer 2016

Feedback to the class: mentoring, coaching, challenging, encouraging

Multimedia recordings in Adobe Connect
Connections and reflections through case study related activities

- Connect concepts from different topics
- Become aware of how spiritual care plays out in other nursing courses and in clinical contexts
- Connect course content with personal experiences
- Overcome stereotypes of other cultures
- Reflect on their own spirituality
- Reflect on their own mortality
- Develop a professional value system

Most importantly...

How to see that spiritual concerns can surface for any patient at any time

How to develop nursing knowledge related to spiritual care for all groups of patients
What critical thinking skills do students develop?

- Clinical judgment skills
- Implementing relevant teaching strategies to achieve positive outcomes
- Integrating best evidence with clinical expertise
- Interdisciplinary collaboration in managing and coordinating care for older adults

Multimedia elements

- Images
- Video/audio files
- PDF documents: health forms, instruments, records etc.
- Wikis

Participation Activity 6: Living with Chronic Disease

Read the following case study wiki and then answer the questions
What technology did we use?

- Course management system (Blackboard)
- Wikis to present case study information
- Personal digital devices (iPhone) to take pictures and record video
- Video files are posted to Vimeo
- Laptop computer with a webcam
- Adobe Connect to record instructor feedback

Student Perspective

Formative midterm evaluations

99% of respondents agree or strongly agree that the participation activities allow them to apply new knowledge in clinical contexts in a safe and stress free environment.

The participation activities are very helpful and realistic and they add depth to the class.

The most challenging aspect is critical thinking like a nurse during the participation activities.

Student comments from Midterm Evaluations, 2015
Students also say ...

Absolutely LOVE this course! Dr. DeGregory really cares about what she is teaching and that fact is apparent in her review videos, weekly assignments and emails. It is encouraging to see such love for nursing and it motivates me to work hard not only in this course, but also in the other nursing classes I am taking.

Student comment from Midterm Evaluation, 2015

Also this really helped with our foundations class at looking at the patient as a whole and realizing that the care for the patient doesn't end when they leave the hospital, or our shift ends.

Student comment, Summer 2016

Questions? Comments?

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References


References cont.


