

Nurse-Provided Spiritual Care: Practices and Perspectives

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School of Nursing

Why collaborate with nurses?

- » Low chaplain referral rates (Hall, Shirey, & Waggoner, 2013; Epstein-Peterson, 2014)
 - ~ 20% of all chaplain-patient contacts resulted from referral (Flannelly, Weaver, & Handzo, 2003)
 - ~ Only 1 of 29 in audit of palliative care referrals (Koczywas et al., 2013)
- » Nurses make the most referrals (7% [Epstein-Peterson] - 82% [Fogg et al., 2004])
- » Team approach to spiritual care may be best (Balboni et al., 2010; 2011)
- » Reality: too many patients, too few chaplains

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Healthcare Chaplaincy study (Vanderwerker, et al., 2008)

- » Sample:
 - ~ 13 health care institutions in NYC in mid-1990s
 - ~ Of nearly 43,000 chaplain visits, 7,094 (18.4%) resulted from referral
- » Methods: chaplain visit records during 2-week period
- » Findings:
 - ~ **Source of referrals: nurses (28%** [cf: 45% in Galek et al., 2009]), patients (22%), family (13%), other chaplain (11%), ... MD (3%) ...
 - ~ **Reasons for nurse referrals: emotional issues (40.5%)**, spiritual issues (17%), relationship/support (12%), new dx/prognosis (9%), medical issues (5%), other (16%) [cf: Galek et al. "feeling bad and pain, medical issues"]
 - ~ (emotional issues ranked 1st across staff)

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Objectives

- »How do nurses conceptualize spirituality and religion?
- »How do nursing students learn about spiritual care?
- »What spiritual care therapeutics do nurses provide?
- »What are nurse opinions and perspectives about the provision of spiritual care?
- »Is there evidence that nurses' personal religiosity is associated with how they provide spiritual care?

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How do nurses conceptualize spirituality and religion?

Weathers, E., McCarthy, G. and Coffey, A. (2016), Concept Analysis of Spirituality: An Evolutionary Approach. *Nurs Forum*, 51: 79–96.

»“Spirituality is a way of being in the world in which a person feels a sense of **connectedness** to self, others, and/or a higher power or nature; a sense of **meaning in life**; and **transcendence** beyond self, everyday living, and suffering” (p. 93)

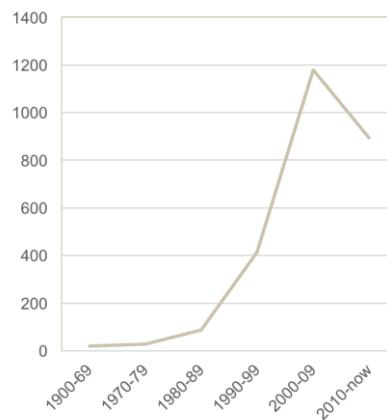
Nursing definitions of spirituality

- » Murray & Zenter (1989): “A quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning and purpose, even in those who do not believe in any god. The spiritual dimension tries to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness or death.”
- » “Spirituality and religiosity are distinct multidimensional concepts that are often inappropriately used as synonyms.” (White, Peters, & Schim, 2011)

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CINAHL search for ‘spiritual*’ in titles in nursing journals

- » 1900-69: 19
- » 1970-79: 27
- » 1980-89: 88
- » 1990-99: 413
- » 2000-2009: 1,178
- » 2010-present: 893
- » TOTAL: 2,618



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Context: mid-20th century

- » 1950s: spirituality = religious

- » 1960s and '70s:
 - ~ Often authors are Catholic sisters
 - ~ spirituality is universal, search for meaning
 - ~ SC is more than religious support, different that emotional support; language of “spiritual need”
 - ~ all nurses should be trained for spiritual care
 - ~ Nursing theories often acknowledge S/R

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1980s

- » Mostly from USA, UK
- » Focus on spiritual care in clinical practice
 - ~ assessment
 - ~ development of NANDA dx,
 - ~ descriptions of patient spiritual needs
- » Nursing textbooks on spiritual care
 - ~ Fish & Shelly (IVP)
 - ~ Carson (Mosby)
- » A very few empirical studies, reflections on measurement

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1990s

- » Concepts diversify (eg, spiritual abuse, wellness, disequilibrium, chaos)
- » Research grows exponentially
- » Mandates for learning and practicing spiritual care spread (JC, Essentials, etc)
- » Clinical and cultural contexts a bit more diverse (MH, HIV, CA, EOL, Peds; a few different countries)
- » SC “interventions” expand (eg, dreamwork, bibliotherapy)
- » Editorials call for increased attention to spirituality
- » Concept/s begin to be examined--and debated!

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2000-10

- » Empirical research:
 - ~ qual and quant methods
 - ~ PT and RN perspectives
 - ~ isolated researchers (few programs of research)
- » Education for SC increases in academic & clinical settings; more textbooks and chapters on SC
- » Practice literature:
 - ~ Often discuss assessment
 - ~ “interventions”—untested, lacking novelty, or awareness of developments in the field or ethics
- » International acceptance of spirituality grows (especially in Asia, Europe, Middle East)
- » Critique – from nurses and non-nurses

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More recently...

- » Empirical research
 - ~ More synthesis of existing evidence and evaluation of measures
 - ~ Qual and quant descriptions of nurse perspectives, practices and training
 - ~ Palliative care, oncology, gero, peds, MH...
- » International
 - ~ Interest continues to expand (Scandinavia, Australasia)
 - ~ Some collaborative work across cultures
- » Movement toward team science, more sophisticated designs/analyses

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What are the critiques?

- » Spirituality may not be universal; SC “smuggles” religion in
- » Diagnosing spiritual distress pathologizes it
- » Outcomes SC may not be measureable or happy/positive feelings
- » Not terrain to be “fixed”; mix transcendent authority with nsg and you get room for harm
- » Spirituality in nsg alienates religion; generic spirituality is limiting, hegemonic, removes source of wisdom for religious patients
- » Meaning of term often differs between patients and RNs; nurses have professionalized the term, creating a chasm

» [Paley; Clarke; Pesut; Pattison; Sawatzky & Pesut; Swinton; Henery]

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Why does nursing need spirituality?

- » Provides a bridge for religious RNs as they interact with non-religious pts [Walter]
- » To enhance professionalism? [Walter; Gilliat-Ray; Clarke]
- » To allow nurses to articulate their inner life that work devalues? [Woodhead]
- » To give the work of nursing meaning; an “antidote to occupational frustration” [Gilliat-Ray]
- » To provide an aspect of care that otherwise is missed? To redress the reductionistic, unhealing model for disease-related services? [Piepgras; Swinton & Pattison]

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How do nursing students
learn about spiritual care?

Nursing curricular mandates: The US example

Essentials of Baccalaureate Education (American Association of Schools of Nursing, 2008) states that BSN students are expected to learn to:

“Conduct comprehensive and focused . . . spiritual . . . assessment of health and illness parameters”; “Provide appropriate patient teaching that reflects . . . spirituality . . .”; “Develop an awareness of patients as well as health care professionals’ spiritual beliefs and values and how those beliefs and values impact health care” (p. 31-32).

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NCLEX

Contain items (in psychosocial pool) about spiritual care



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Nursing Codes of Ethics

- » ICN: “In providing care, the nurse promotes an environment in which the human rights, values, customs and **spiritual beliefs** of the individual, family and community are respected.”
- » ANA: “Nurses take into account the needs and values of all persons....”; “An individual’s lifestyle, value system, and **religious beliefs** should be considered in planning health care with and for each patient.”

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NANDA-I diagnoses

- » Spiritual distress
 - ~ *“impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, or a power greater than oneself”*
- » Risk for spiritual distress
- » Readiness for enhanced spiritual well-being
- » Impaired religiosity
 - ~ *“Impaired ability to exercise reliance on religious beliefs and/or participate in rituals of a particular faith tradition”*
- » Risk for impaired religiosity
- » Readiness for enhanced religiosity

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Spiritual care training: What are nurses taught?

- » Curricula: Integrated vs isolated instruction
- » Content:
 - ~ What is S/R?
 - ~ Spiritual “assessment”
 - ~ Spiritual aspects of dying, other life transitions
 - ~ Religio-cultural variations
 - ~ Respect for patient S/R values
- » Pedagogical methods:
 - ~ Lecture, discussion, case studies, clinical conferences, guest lectures from experts, faculty role modeling, journaling, care plan on spiritual distress, term paper, shadowing parish nurse or chaplains, reflecting on artwork, spiritual self-assessment
 - ~ Textbooks
 - ~ Simulation

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The reality...

- » Average of 7 hrs (range 0-32; more in religious SoNs – Lemmer, 2002)
- » RN samples with high % report lack of SC training
- » Actual provision of SC likely rarely evaluated
- » Provision of SC associated with/predicted by SC attitude, personal S/R
- » SC instruction linked with improved attitude, personal S/R, and SC knowledge (eg, Timmins and Neill [2013]—even 1-3 hr classes with + outcomes)
- » SC can be learned, yet learning can diminish over time

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Please respond...

- » In your experience, how well prepared are nurses to provide spiritual care?
 - ~ A. Abysmally unprepared
 - ~ B. A wee bit or somewhat prepared
 - ~ C. Rather well prepared
 - ~ D. The quality is "hit or miss"; I can't make a generalization
 - ~ E. I can't gauge this, as I'm not in a position to know

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What spiritual care therapeutics
do nurses provide?

Nursing Interventions Classification

- » presence [5340],
- » journaling [4740],
- » hope inspiration [5310],
- » meditation facilitation [5960],
- » forgiveness facilitation [5280],
- » guided imagery [6000],
- » family support [7140],
- » cultural brokering (if, for example, religious beliefs appeared to conflict with the health care system's) [7330],
- » bibliotherapy [4680],
- » art therapy [4330],
- » active listening [4920],
- » emotional support [5270],
- » consultation [7910]

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Taylor, E. J., Mamier, I., Allegra-Ricci, P., & Foith, J. (2017). Self-reported frequency of nurse-provided spiritual care. *Applied Nursing Research*.

- » Nurse Spiritual Care Therapeutics Scale
 - ~ 17 items--non-religious, non-psychosocial, RN appropriate
 - ~ Response options:
1 (Never), 2 (1-2 times), 3 (3-6 times), 4 (7-11 times), 5 (at least 12 times)
- » N=1030 US American RNs from 4 studies
- » Results:
 - ~ Item mean = 2.2
 - ~ Most frequent therapeutic: Presence
 - ~ except for Item 17 (Presence), all inter-item correlations >0.57
 - ~ Those who offered Presence >12+ times, provided other forms of spiritual care more frequently than those who did less often

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Frequency of spiritual care (N=1030)

| Therapeutic (during past 72-80 hours) | Mean | % Never | % 12+ times |
|---|------|---------|-------------|
| Assessed a patient's spiritual or religious beliefs or practices that are pertinent to health | 2.75 | 16.7 | 10.3 |
| Asked a patient about how you could support his or her spiritual or religious practices | 2.15 | 31.4 | 3.3 |
| Documented spiritual care you provided in a patient chart | 1.81 | 53.3 | 4.1 |
| Discussed a patient's spiritual care needs with colleague/s (eg, shift report, rounds) | 2.02 | 39.3 | 2.3 |
| Arranged for a chaplain to visit a patient | 2.07 | 38.9 | 3.8 |

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Frequency of spiritual care (N=1030)

| Therapeutic (during past 72-80 hours) | Mean | % Never | % 12+ times |
|--|------|---------|-------------|
| Offered to pray <i>with</i> a patient | 2.0 | 45.2 | 3.7 |
| Told a patient about spiritual resources | 2.1 | 34.9 | 3.1 |
| Listened to a patient talk about spiritual concerns | 2.7 | 13.9 | 6.9 |
| Encouraged a patient to talk about what gives his or her life meaning amidst illness | 2.2 | 37.2 | 5.3 |
| After completing a task, remained present just to show caring | 3.4 | 6.9 | 20.9 |

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Taylor, E. J., & Mamier, I. (2013). Nurse Responses to Patient Expressions of Spiritual Distress. *Holistic Nursing Practice*, 27(4), 217-224.

- » N=200 RNs and BSN students
- » Empathic responses to 3 vignettes illustrating spiritual struggle – fell on a normal curve
- » Responses in bottom 10% (low empathy):
 - ~ Sidetracking with tangential questions (“How old is your son?”)
 - ~ Denying patient’s pain (“What do you mean you don’t have friends?”)
 - ~ Focusing on self vs pt (“I agree with you 100%!”)
 - ~ Providing advice, trying to fix (told patient he must help himself)
 - ~ Imposing positivity (“Its wonderful you have such strong faith.”)
 - ~ Evangelizing (“I know Someone who loves you...can I tell you...?”)
 - ~ Avoiding spiritual pain by offering a concrete approach to physical pain
- » No difference in scores between RNs and students

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What are nurse opinions and perspectives about the provision of spiritual care?

Barriers to spiritual assessment & care

(eg, Vermandere et al, 2011; Smyth & Allen, 2011; Swift, et al, 2007)

- » Lack of training; insecurity
- » Time
- » Fear of misinterpretation
- » Concern re invading privacy, intrusiveness, proselytization
- » Concern re difference in beliefs between HCP & Pt
- » Low priority, it's unnecessary
- » Pt being "wrong sort of person"
- » Not easy to use tools
- » Lack of understanding about what is S/R and its role in health(confusion re S vs R, fear of it being a taboo topic)
- » Fear of unleashing spiritual pain

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Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *Journal of Advanced Nursing*. [Epub ahead of print] doi: 10.1111/jan.1244

- » Methods: semi-structured interviews with 14 Christian RNs
- » Religious motives for nursing: being a "connector," a "witness," and "instrument" for God, so as to manifest God's love, joy, and peace; "sow seeds"; "ministry"
 - ~ "We're here on this earth to show God's love, to be compassionate and to exemplify God's love."
 - ~ "I believe He [God] is the healer of all healers. And if I can connect people to Him, I will have provided spiritual care because He can provide that healing I can't. So I just want to be a connector. . . . Be a channel for God to my patients."

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Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

- » When to broach S/R discourse:
 - ~ “tread softly. . . listen and pick up cues.”
 - ~ “Spiritual care isn’t right away. Until you’ve got a feel for that patient, established trust, then you feel like you can. It would be disingenuous to just have met a patient, you’re hooking them up to monitors. . . and you say, ‘Would you like me to pray with you?’ . . . I see it as part of everything else we do. I think it just isn’t probably right in the beginning. . . . [Regarding spiritual care potentially being “disingenuous”: It would be] as if you’re throwing them a bone. . . just talk, it’s not so good.”
 - ~ “You have to go with the patient, because otherwise it’s like pushing to a child a plate of food when they don’t want to eat. . . . They have to feel thirsty to drink.”

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Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *Journal of Advanced Nursing*.

- » “Spiritual care is being Holy Spirit driven. . . being in tune. . . letting the Word impress upon me opportunities. . . so when Holy Spirit impresses on me I need to pray with that individual, I pray with them... even if I’m not supposed to, the Lord will protect me.”

VS

- » “[I’m] not going in there to push God. . . because their value system might be completely different.”
- » “Just be sensitive, because a lot of people have been hurt in that area. So you don’t want to go in and do more damage. . . by going somewhere where the patient doesn’t want to go, pushing them. . . .”
- » When PT refused spiritual care: “You just move on; don’t make a big deal. I’m giving them the option.”

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Taylor, Gober-Park, Schoonover-Shoffner, et al.:
 “Religion at the Bedside”

- » 445 nurses (90% US American, 93% Christian, 35% employed by faith-based organization, 31% with graduate degree)
- » Online survey
- » Quantified
 - ~ Frequency of spiritual care therapeutics
 - ~ Opinions about appropriateness of initiating S/R discourse
 - ~ Personal religiosity (DUREL, prayer, PEMS, MDQ-T)
 - ~ Demographic and work-related factors

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“Religion at the Bedside”

| When is it appropriate for a nurse to... | Converse about S/R (other than screening)? | self-disclose personal S/R? | Pray with patient? |
|--|--|-----------------------------|--------------------|
| Never | <2% | <7% | <2% |
| Only if patient initiates | 12 | 28 | 25 |
| Nurse can initiate under certain circumstances | 70 | 64 | 63 |
| Nurse can initiate regardless | 18% | 8% | 12% |
| * Could check multiple responses | | | |

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American Nurses' Association Code of Ethics

“In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse’s professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion” (Provision 5.3)

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Pesut B & Thorne S (2007) From private to public: Negotiating professional and personal identities in spiritual care. *Journal of Advanced Nursing*, 58, 396-403.

- » Question: RNs “experts” or “participants in a reciprocal encounter of shared humanity?”
 - ~ Either stance has limitations
- » Recommend Buber’s “I-You” relationship: RNs
 - ~ recognize they are not authorities,
 - ~ avoid objectifying patients, and
 - ~ defer to the patient’s spiritual experience rather than their own

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Spiritual Care Competence

- » “It is not enough to claim that we have an ethical responsibility to provide spiritual care and then to consider competence post hoc.” (Pesut, 2006, p. 132)
- » Marsha Fowler’s Levels of spiritual care competency
 - ~ Public spirituality (non-sensitive facts)
 - ~ Semi-public spirituality (facts selectively disclosed)
 - ~ Spiritual struggles within awareness
 - ~ Deep inner struggle, difficult to give voice
- » RNs prepared to care for level 1-2



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Questions to guide...

- » Is the S/R conversation...
 - ~ Necessary for the promotion of health?
 - ~ Motivated by need to convert, or other need of the RN? Done for personal gain?
 - ~ Coercive? Controlling? Vs. Respectful? Freeing?
 - ~ Is it honest (vs. bait 'n switch)?
 - ~ With patient’s consent?

Taylor, E. J., 2012, *Religion: A clinical guide for nurses*. New York: Springer.

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Is there evidence that nurses' personal religiosity is associated with how they provide spiritual care?

American oncology RN, circa 1992

» *“The patient seemed to have unspoken needs. I asked questions to assess the needs. Then I made suggestions, like praying, mentioning my past painful experiences and how God met my needs, discussed different possibilities, and made other suggestions if one was not a helpful one.”*

“Religion at the Bedside”: What is associated with opinion about when it is appropriate to initiate?

- » Bivariate analyses:
 - ~ all religiosity measures except MQS-T are significant—higher religiosity associated with taking initiative
 - ~ Working at religiously-affiliated organization and perceived support for SC are associated with taking initiative
 - ~ Having grad vs undergrad degree (grad take more initiative)
 - ~ Not significant--Age, gender, ethnicity, #yrs as HCP, inpt vs outpt
- » Multinomial logistic regression models:
 - ~ For initiating conversation: working at a religiously-affiliated organization and organized religiosity
 - ~ For initiating self-disclosure: non-organizational religiosity
 - ~ For initiating prayer: working at a religiously-affiliated organization and organized religiosity

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“Religion at the Bedside”: What is associated with frequency of spiritual care?

- » Bivariate analyses:
 - ~ Intrinsic religiosity, organized and private religiosity, prayer frequency, evangelistic motivation
 - ~ Work in religious-affiliated organization, organizational support for SC
 - ~ ethnicity
- » Linear regression (Adjusted $R^2 = .10$):
 - ~ prayer frequency
 - ~ employer support of spiritual care
 - ~ non-White ethnicity

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Questions for consideration:

- a) Where ought the boundary be between spiritual care generalist and specialist?
What are appropriate roles for each?
- b) What hinders chaplain-nurse collaboration?
What fosters it?
- c) What fears do you have about nurses providing spiritual care?

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