Spiritual Care Practices and Nurses’ Perceptions of Efficacy

Cheryl Delgado  PhD, APRN-BC, CNL
Cleveland State University
Cleveland, Ohio   USA
Spiritual Care

• Important part of holistic care
• Mandated by nursing organizations
  AACN (1986)
  ANA (2001)
  ICN (2006)
• Mandated by Hospital Associations
  JCAHO (2008)
Spiritual Care Practices

Refer to a broad range of interventions that reflect a holistic perspective and can include actions that address a patient’s existential concerns as well as the patient’s attention to the fulfillment of religious obligations.
Spirituality and Health

• Spiritual beliefs and values influence patient perceptions of illness, affect treatment decisions, and influence coping with illness and self rating of quality of life.

• Positive physical outcomes have been associated with spiritual/religious coping and support.

• Provider beliefs may affect discussion of treatment options with patients.
Despite the growing interest in spiritual care, little is known about what spiritual care practices nurses engage in and whether nurses believe in the effectiveness of these interventions.
Past research focused on whether or not spiritual care was provided, patient expectations, nurses’ attitudes toward and preparation to provide spiritual care.
Most studies done in the last two decades found that nurses felt inadequately prepared to provide spiritual care and found little time to do so.
Specific practices or interventions have received little attention except for prayer, which may be seen as problematic.
Primary interventions for spiritual care have been grouped into basic categories:

Communication
Assisting in spiritual/religious activities
Providing physical care
Purpose

• The purpose of this study was to identify the spiritual care practices currently used by nurses and to explore the nurses’ perceptions of efficacy for these practices.
Methodology

Exploratory descriptive design, mixed method, on-line quantitative data collection
Phase I
Quantitative data collected using an online study specific survey

Phase II
Qualitative data collected by interview to aid interpretation of quantitative findings
Setting and Sample

Sample:
Registered nurse graduates of a mid-western American university school of nursing and currently enrolled graduate students holding active licenses to practice
And
Registered Nurse members of the Ohio League for Nursing

N=123 total, 5 in qualitative subgroup
Procedure

Recruitment letter emailed to alumni and membership lists with link to on-line survey. The letter contained all information necessary for an informed consent and submission of the survey was considered to be understanding and agreement to participate.

At the end of the on-line survey, volunteers for a qualitative interview were provided a telephone number and e-mail address to contact the study PI. A separate consent was signed for the interviews that included permission to audiotape the session.
Phase I - Quantitative Measures

22 questions were developed for the study collecting demographic and spiritual care practice information. Some queries accepted multiple responses.

14 specific spiritual care interventions were identified (based on spiritual care competencies, NIC and NOC) and participants could add practices not listed. Participants identified all interventions they had used and which they felt were most effective.
Quantitative Data Analysis

- On-line survey managers provided an Excel worksheet summarizing participant responses without personal identifiers. Data was nominal and ordinal.
- Data was transferred to a SPSS PASW 18 database.
- Descriptive, frequency and percentage statistics were calculated.
Participants were female (94.3%), middle-aged ($M=48.5$, range 26-78 years), White (81.9%, top left), married (67.7%, bottom left), with children ($M=1.7$, range 0-5) and financially stable ($M=98K$, range 0-$500K$).
• All had baccalaureate degrees or higher
  o BSN  50%
  o MSN  39.3%
  o PhD  9%

• Most were employed full time (77.4%)
  Patient Care  69.1%
  Education    21.1%
  Ministry workers/volunteers  2.4%
**Religion**  
45.5% Protestant  
42.3% Catholic  
4.1% Jewish  
2.4% Agnostic/Atheist  
No Islamic participants

<table>
<thead>
<tr>
<th>Response choice</th>
<th>Percent Who are Active in Own Faith</th>
<th>Percent Who Consider themselves Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very active</td>
<td>29.3</td>
<td>48.8</td>
</tr>
<tr>
<td>Somewhat active</td>
<td>17.1</td>
<td>31.7</td>
</tr>
<tr>
<td>Average in activity</td>
<td>11.4</td>
<td>13.0</td>
</tr>
<tr>
<td>Not very active</td>
<td>22.8</td>
<td>4.9</td>
</tr>
<tr>
<td>Not at all</td>
<td>19.5</td>
<td>1.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cared for person of another faith</th>
<th>Comfort in caring for a person of another faith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often 60.2%</td>
<td>Very comfortable 57.3%</td>
</tr>
<tr>
<td>Occasionally 33.9%</td>
<td>Somewhat comfortable 30.8%</td>
</tr>
<tr>
<td>Rarely 3.4%</td>
<td>Neither comfortable nor uncomfortable 8.5%</td>
</tr>
<tr>
<td>Never 2.5%</td>
<td>Not very comfortable 3.4%</td>
</tr>
<tr>
<td></td>
<td>Very uncomfortable 0%</td>
</tr>
</tbody>
</table>
Spiritual Care

- Initiated most often by the nurse (59.8%)
- Requested by the patient (35%)
- Requested by third party (5.1%)

- Nurses felt strongly that spiritual care was legitimate nursing practice (92.4%) with only 5.9% unsure.
Educational Preparation for Spiritual Care

- Spiritual care mentioned but not taught 38.3%
- Spiritual care mentioned by not emphasized 34.2%
- Spiritual Care thoroughly covered 11.7%
- Spiritual Care not included in professional education 11.5%
<table>
<thead>
<tr>
<th>Spiritual Care Practice</th>
<th>Percentage of nurses who used this for a patient of a different faith</th>
<th>Percentage of nurses who used this for a patient of the same faith</th>
<th>Percentage who perceived this practice as effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listened to a patient to provide support or comfort</td>
<td>91.5</td>
<td>85.5</td>
<td>88.0</td>
</tr>
<tr>
<td>Listened to the patient’s concerns</td>
<td>85.8</td>
<td>80.9</td>
<td>78.6</td>
</tr>
<tr>
<td>Provided physical contact for support or comfort (holding hand, hugging, hand on shoulder)</td>
<td>84.0</td>
<td>70.9</td>
<td>67.5</td>
</tr>
<tr>
<td>Assessed the patient’s spiritual needs or asked about their spiritual concerns</td>
<td>80.2</td>
<td>70.9</td>
<td>73.5</td>
</tr>
<tr>
<td>Communicated with other caregiver’s regarding the patient’s spiritual assessment or needs</td>
<td>72.6</td>
<td>54.5</td>
<td>54.7</td>
</tr>
<tr>
<td>Contacted a spiritual advisor on behalf of the patient</td>
<td>68.9</td>
<td>61.8</td>
<td>61.5</td>
</tr>
<tr>
<td>Allowed time or privacy for spiritual practice or rite</td>
<td>58.5</td>
<td>48.2</td>
<td>53.0</td>
</tr>
<tr>
<td>Meditated or prayed for a patient without their knowledge</td>
<td>54.7</td>
<td>53.6</td>
<td>35.9</td>
</tr>
<tr>
<td>Assisted patient to maintain dietary restrictions</td>
<td>54.7</td>
<td>30.9</td>
<td>40.2</td>
</tr>
<tr>
<td>Allowed time for meditation or prayer in the patient’s schedule</td>
<td>49.1</td>
<td>40.9</td>
<td>51.3</td>
</tr>
<tr>
<td>Meditated or prayed with the patient</td>
<td>46.2</td>
<td>42.7</td>
<td>34.2</td>
</tr>
<tr>
<td>Contacted a family member or friend of the patient regarding the patient’s spiritual assessment or needs</td>
<td>30.2</td>
<td>33.6</td>
<td>30.8</td>
</tr>
<tr>
<td>Provided spiritual texts for reading</td>
<td>18.9</td>
<td>18.2</td>
<td>19.7</td>
</tr>
<tr>
<td>Provided physical materials for spiritual practice or rite</td>
<td>14.2</td>
<td>12.7</td>
<td>17.1</td>
</tr>
</tbody>
</table>
Most Common Practices

Listening to patients for support/comfort (88.5%)

Physical contact for comfort and support (77.9%)

Assessing spiritual needs (75.2%)

Contacting a spiritual advisor (65.3%)

Communicating needs to other providers (64%)

Maintaining diet restrictions (42.8%)
Practices Perceived to be Most Effective

Listening for comfort and support (88%)

Listening for patient’s concerns (78.6%)

Assessing spiritual needs (73.5%)

Providing physical care/comfort (67.5%)

Contacting spiritual advisors for patient (61.5%)
Prayer

More nurses prayed for (54.7%) than with their patients (46.2%), but the percentage of nurses that thought prayer effective (34.2%) was lower than the actual number of nurses who engaged in this activity.
Listening to a Patient’s Concerns

Although listening to a patient’s concerns was considered effective (78.6%), more nurses listened than believed in the effectiveness of this practice (78.6%) and the participants listened more to patients of a different faith (85.5%) than to patients who shared their belief system (80.9%).
Phase II  Qualitative Measure

Open ended questions for audio-taped interviews; transcriptions examined for common themes.

Please share your experience of providing spiritual care for patients.
Do you believe that spiritual care is important?
Do you believe that other nurses and patients feel that spiritual care is important?
How do your personal beliefs inform the spiritual care that you provide?
Qualitative Data Analysis

- Interviewer notes and transcripts from audio tapes were reviewed.
- Quotes from the interviews were used to aid in the interpretation of the quantitative data and to provide supportive illustrations for the emergent themes.
Three Themes

• Personal beliefs and experience shape practice
• Respectfully connections with patients
• Ambivalent attitudes of other providers
Support for Qualitative Theme

Personal belief and experience

“Experience makes you more adept at seeing certain things.”
Support for Qualitative Theme

Respectfully connecting to patients

“I try to avoid making any assumptions about their [patient’s] spirituality, or even if they have any spirituality”
Support for Qualitative Themes

Ambivalent attitudes of other providers

“...colleagues are caring, but afraid to offend.”

“Spirituality is right there with sexuality. Nurses compartmentalize and don’t talk about it.”
Support for Quantitative Findings

Spiritual Care is legitimate nursing practice

“spiritual care is caring for the whole person”

“(I) cannot be a nurse without being spiritual and I cannot be spiritual without nursing.”

“Caring is spiritual... spirituality transcends”
Support for Quantitative Findings

Physical contact for support and comfort

“reaching out respectfully”

“being there” and “going to people”

important

“I am not a hugger, but I hug patient

sometimes”

“For that moment [the hug] they are

surrounded and nothing can hurt them”
Study Limitations:

Sample skewed to higher educational preparation

Limited ethnic diversity of sample, American bias
Conclusions

Nurses in this study were comfortable with and engaged in a variety of spiritual care practices.

Nurses favored practices that were not overtly religious, but conveyed concern and support.

Nurses engaged in some spiritual care practices they did not perceive as effective.
Nurses felt strongly about providing spiritual care as a part of holistic practice, and learned from personal faith systems and experience how to provide spiritual care comfortably.

Most had at least some exposure to spiritual care concerns in their professional education.
Nurses considered themselves spiritual persons and were sensitive to patients of a different faith.

A greater number of interventions were enacted for patients of a different faith than for those of the nurses faith.
Findings may reflect a shift from previous research findings:

The nature of spiritual care practices and the frequency of their enactment is greater than previously reported.

Spiritual care appears to be embedded in everyday practice.

Nurses are confident in their ability to provide spiritual support.
A nurse “must be a religious and devoted woman; she must have respect for her own calling because God’s precious gift of life is often literally placed in her hands…”

Nightingale, 
Notes on Nursing, 1859