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Nurse and Patient Spiritual Care Perspectives Compared: A Cross-National Collaboration

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Background: Spirituality is part of the patient's whole person, and spiritual care is an important aspect of holistic nursing care. However, many nurses feel unprepared to provide or facilitate spiritual care, so they often ignore patient cues relating to spiritual needs, concerns, or resources (Giske & Cone, 2015; Ross et al., 2016; Wu, Tseng, & Liao, 2016). It is important to understand both the nurse and patient perspective in order to discern the best patient-centered approach to care tailored to the patient's deeply held beliefs. The primary investigator (PI) and co-PI shared in planning and implementation of the research as well as in the analysis and dissemination of findings. In accordance with Norwegian ethical guidelines, no identifiable participant information was gathered.

Objectives: The purpose of the original mixed-method, two-phased project among nurses and patients was to explore and understand their perspectives on spiritual care in diverse in-patient with the goal of influencing nursing education.

Methodology: This study involved secondary analysis of data collected as part of a sequential, transformative (Creswell, 2013) mixed-method study conducted in Norway utilizing qualitative focus groups of nurses (n=22) in 2014 (Giske & Cone, 2015) and individual interviews of patients (n=6) conducted in 2016 (Cone & Giske, in submission) and quantitative surveys (n=167) in 2015 (Cone & Giske, 2017). The Nurse/Patient Spiritual Assessment Questionnaire, developed and validated by Taylor (2013) in New Zealand, was translated into Norwegian and tested in this project. Upon approval of the Norwegian ethics board, nurses and patients were recruited at a hospital in Bergen. Nurses responded to a survey packet containing the study purpose, demographic sheet, survey, and return envelope provided through the hospital mail system, thus ensuring anonymous participation (77% response rate). Later, nurses offered the survey packet with a brief explanation of the study to patients, choosing those whom they determined could participate without burden, so a response rate could not be calculated. Respondents left their packets in the hospital mail upon discharge, which also kept them anonymous. The Co-PI did data collection and sorting, while the PI did data entry and analysis using SPSS-19 for chi square, t-tests, ANOVA, and correlations. For the qualitative phase, nurses were invited to participate anonymously in focus groups where a semi-structured interview guide was used by the PI and Co-PI to understand the nurse view of spirituality and spiritual care with hospitalized patients. The co-PI led one-on-one interviews of patients who were willing to participate, also anonymously. All the interviews were audio-taped and transcribed, and those in Norwegian were translated

before data analysis was doing using the constant comparative approach of classical grounded theory.

Findings: Interestingly, nurses and patients both expressed a positive comfort level with most questions about spiritual or deeply important personal concerns even though religion is considered taboo to discuss. There was consensus about the need to address spirituality in hospital. While nurses found ways to assess spiritual needs and tried to facilitate spiritual care in a variety of ways, patients often questioned whether or not spiritual assessment was in the nurse's domain. Patients preferred that chaplains/priests ask about their spiritual needs, though nurses were second on their list of who could ask about the spiritual and patients identified four approaches for nurses relating to spiritual concerns, with views ranging from "Don't ask" to "Ask anything." Four of the questions with reported high comfort level were the same for both patients and nurses, while one question had completely different views by nurses and patients as to whether or not nurses should ask such questions of hospitalized patients.

Implications for Nursing: Because of the private nature of deeply held beliefs, nurses must proceed with caution as they work to discern what will facilitate spiritual care for their patients. With a deeper understanding of patient perspectives, nurses can be better prepared for spiritual care through appropriate readings, spiritual scenarios, and brief training sessions to help recognize patient cues and to identify best approaches to care that will promote healing at all levels, including the spiritual. Interdisciplinary collaboration between nurses and chaplains as they cooperate to facilitate spiritual care is an approach that both patients and nurses may value.

Conclusion: Understanding both the nurse and the patient perspective care in this deeply personal domain will allow nurse educators to prepare resources and develop teaching strategies for teaching and preparing nurses across the curriculum in nursing education around the world.

Title:

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References:

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Abstract Summary:

Findings from a two-phased mixed-method 2014 study done in Norway on nurse and patient perspectives about spiritual care were compared for commonalities and differences. Nurses and patients have similar comfort levels with many deeply personal questions, but some surprises reveal opposing views. Nurses need a better understanding of patient perspectives.

Content Outline:

1. Introduction: Spirituality is recognized the world over as an important domain of whole-person care, and nurses need to be prepared to assist patients with issues in the spiritual domain when there are spiritual needs, concerns, and resources.

2. Methodology of the study: Research design: Secondary analysis of data collected as part of a sequential, transformative (Creswell, 2013) mixed-method study conducted in Norway utilizing

1. qualitative focus groups of nurses (n=22) in 2014 (Giske & Cone, 2015) and
2. individual interviews of patients (n=6) conducted in 2016 (Cone & Giske, in submission)
3. and quantitative surveys (n=167) in 2015 (Cone & Giske, 2017).
4. Findings:
 1. Nurses and patients both expressed a positive comfort level with most questions about spiritual or deeply important personal concerns even though religion is considered taboo to discuss.
 2. Similarities:
 1. Consensus about the need to address spirituality in hospital.
 2. High comfort level with discussing spirituality
 3. Differences:
 1. Nurses found ways to assess spiritual needs and tried to facilitate spiritual care in a variety of ways
 2. Patients often questioned whether or not spiritual assessment was in the nurse's domain.
 3. Patients preferred that chaplains/priests ask about their spiritual needs, though nurses were second on their list of who could ask about the spiritual
 4. Patients identified four approaches for nurses relating to spiritual concerns, with views ranging from "Don't ask" to "Ask anything."
 5. Views by nurses and patients as to whether or not nurses should ask such questions of hospitalized patients.
6. Conclusion: Lessons learned from this large study should be addressed in nursing education, both in undergraduate education and among working nurses. The spiritual

domain is important to support in order to promote holistic care and overall healing and health among patients.

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Author Summary: Dr. Cone is a nurse/educator/researcher with a longtime interest in nursing spiritual care, having begun spiritual care research in 1993. A 2008 Fulbright grant allowed her to conduct research in Norway with Dr. Giske, and a 10-year collaboration resulted in the development of four grounded theories, seven joint publications, and presentations in 15 countries. An intramural grant from Azusa Pacific University enabled us to conduct a 2014 study among nurses and hospitalized patients.

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Author Summary: Dr. Giske is a nurse, educator and researcher with a special interest in spiritual care from a patient and nursing viewpoint, and from a teaching- learning perspective. She has published nationally and internationally on this subject. She is also the president of Nurses Christian Fellowship International and thus has an interesting in how nursing is practiced in a diversity of settings.