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Efficacy of a Collaborative, Spiritual Care Educational Intervention to Enhance Nurses' Spiritual Care Attitudes

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Background and significance

Hospitalized patients frequently have unmet spiritual needs linked with poorer patient outcomes including depression (Pearce, Coan, Herndon, Koenig, & Abernethy, 2012), increased medical costs (Balboni et al., 2011), worse quality of life (Kang et al., 2012), and diminished quality (Astrow, Wexler, Teixeira, He, & Sulmasy, 2007) and satisfaction with care (Johnson, Engelberg, & Curtis, 2014; Kang et al., 2012). These spiritual-care needs can be addressed by nurses, but the main barriers to spiritual-care provision include nurses' attitudes about spiritual-care (Vance, 2001) and their perception they are inadequately prepared to discuss spiritual concerns with patients (McSherry & Jamieson, 2013) preventing them from competently addressing spiritual needs and care.

The Actioning Spirituality and Spiritual-Care Education and Training model that suggests self-awareness and spirituality can be integrated in educational programs to assist in values clarification and changed spiritual-care attitudes to augment nurses' spiritual-care provision (Narayanasamy, 1999). Tested interventional formats have included 60 minutes to two-week face-to-face classes (O-Shea, Wallace, Griffin, & Fitzpatrick, 2011), a four-hour study unit on spiritual coping (Sandor, Sierpina, Vanderpool, & Owen, 2006), and 10-hours of self-study using a work-book and *digital video disk* (Taylor, Mamier, Bahjri, Anton, & Petersen, 2009). However, none have tested a collaborative, brief, two-hour class using values clarification and spiritual timeline exercises, and content regarding spirituality, spiritual needs, and spiritual-care interventions with case study application.

Purpose/Aims

The purpose of this study was to determine the effect of a collaborative (between a university nursing faculty member and the hospital's nurse researcher) spiritual-care educational intervention on nurses' spiritual-care attitudes and the relationships between demographics (age, gender, ethnic background, nursing education and experience, spiritual-care education in nursing school and through conferences, reading and continuing education, religious education in high school, and religious service attendance frequency) and nurses' spiritual-care attitudes.

Methods

Following institutional review board approvals, a quasi-experimental, pre-post-intervention design was used to address the aims. Demographics were assessed with the *Information about You* and spiritual care attitudes with the *Spiritual Care Perspectives Scale* (Taylor, Highfield, & Amenta, 1999). Descriptive analysis, paired t-test, and univariate and multivariate correlational statistics were used. The majority of subjects [n=183 pre- and 103 post-intervention] were 46.2 (± 1.31 years through conferences and continuing education. Subjects reported religious service attendance weekly (n=50, 27.5%). Nurses participated in an intervention that required reading an

article about spiritual care in advance of attending a two-hour class about spirituality and spiritual care described above. With a sample size of 103, nine predictors and an observed R^2 of 0.25, observed statistical power was 0.99 for a multiple regression.

Results

Spiritual care attitudes were statistically significantly improved by the intervention [pre: low (39.7 ± 6.9), post: moderate (51.4 ± 11.55 , t test = -8.788, $p < .001$). Spiritual care attitudes pre-intervention were associated with older age ($r = .24$, $p = .001$), more nursing experience ($r = .26$, $p < .001$), less frequent religious services attendance ($r = -.29$, $p < .001$), more spiritual care education through conferences and continuing education ($r = .19$, $p = .009$) and explained 12.7% of the variability in spiritual care attitudes (4, 170, $f = 6.19$, $p < .001$). Spiritual care attitudes post-intervention were associated with less religious education in high school ($r = -.25$, $p = .03$).

Conclusions

A collaborative two-hour class using values clarification and spiritual timeline exercises, and content regarding spirituality, spiritual needs, and spiritual-care interventions with case study application can change nurses' spiritual-care attitudes and may change nurses spiritual-care provision and important patient outcomes.

Title:

Efficacy of a Collaborative, Spiritual Care Educational Intervention to Enhance Nurses' Spiritual Care Attitudes

Keywords:

spiritual care, spiritual-care attitudes and spirituality

References:

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Abstract Summary:

Patients' spiritual needs can be addressed by nurses; however, spiritual-care provision barriers include nurses' spiritual-care attitudes. The abstract describes the efficacy of a hospital nurse researcher/university faculty member-provided two-hour/spiritual-care intervention using values clarification/spiritual timeline exercises, and content regarding spirituality/spiritual needs/spiritual-care interventions with case study application to enhance nurses' spiritual-care attitudes.

Content Outline:

Efficacy of a collaborative spiritual-care educational intervention to enhance nurses' spiritual-care attitudes

1. Cheryl Westlake, PhD, RN, ACNS-BC, FHFSA, FAHA, FAAN and Diane Drake, RN, PhD
Azusa Pacific University and Mission Hospital
- #### **Background and significance**
1. Hospitalized patients frequently have unmet spiritual needs linked with poorer patient outcomes including
 2. Spiritual-care needs can be addressed by nurses
 3. Main barriers to spiritual-care provision include nurses'
 1. depression (Pearce, Coan, Herndon, Koenig, & Abernethy, 2012),
 2. increased medical costs (Balboni et al., 2011),
 3. worse quality of life (Kang et al., 2012), and
 4. diminished
 1. quality (Astrow, Wexler, Texeira, He, & Sulmasy, 2007) and
 2. satisfaction with care (Johnson, Engelberg, & Curtis, 2014; Kang et al., 2012)
 3. Spiritual-care needs can be addressed by nurses
 4. Spiritual-care needs can be addressed by nurses
 5. Main barriers to spiritual-care provision include nurses'
 1. attitudes about spiritual-care (Vance, 2001) and

2. perception they are inadequately prepared to discuss spiritual concerns with patients (McSherry & Jamieson, 2013)
6. Actioning Spirituality and Spiritual-Care Education and Training model - suggests self-awareness and spirituality can be integrated in educational programs to augment nurses' spiritual-care provision
 1. assist in values clarification and
 2. changed spiritual care attitudes to augment nurses' spiritual care provision (Narayanasamy, 1999)
7. Tested interventional formats have included
 1. 60 minutes to two-week face-to-face classes (O'Shea, Wallace, Griffin, & Fitzpatrick, 2011,)
 2. four-hour study unit on spiritual coping (Sandor, Sierpina, Vanderpool, & Owen, 2006)
 3. 10-hours of self-study using a work-book and *digital video disk* (Taylor, Mamier, Bahjri, Anton, & Petersen, 2009).
8. None have tested a two-hour class using values clarification and spiritual timeline exercises, and content regarding spirituality, spiritual needs, and spiritual care interventions with case study application.

Study purpose

To determine the effect of a spiritual-care educational intervention on nurses' spiritual care attitudes and the relationships between demographics (age, gender, ethnic background, nursing education and experience, spiritual care education in nursing school and through conferences, reading and continuing education, religious education in high school, and religious service attendance frequency) and nurses' spiritual care attitudes.

Methods

1. Quasi-experimental, pre-post-intervention design
 2. Intervention: collaborative intervention that required
 3. reading an article about spiritual care in advance of attending a
 4. two-hour class about spirituality and spiritual care described above.
 5. Subjects [n=183 pre- and 103 post-intervention]
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1. Age: 46.2 (+12.7) years old
 2. Gender: female (n=168, 92.3%)
 3. Ethnicity: European-American (n=109, 59.6%),
 4. Nursing education: BSN (n=110, 60.4%)
 5. Religious education in
 1. High school: 1.79±2.2 years
 2. College: 1.05±2.3 years
 6. Spiritual care education
 1. Nursing school: 1.78±3 years
 2. ±1.31 years
 7. Nursing experience: 5±12.4 years
 8. Religious service attendance weekly: n=50, 27.5%
 6. Variables and instrument:
 1. Demographics - *Information about You*

2. Spiritual-care attitudes with the *Spiritual-Care Perspectives Scale* (Taylor, Highfield, & Amenta, 1999).

Analysis:

1. Descriptive analysis
2. Paired t-test,
3. Univariate and multivariate correlational statistics were used.

Results:

1. Spiritual care attitudes were statistically significantly improved by the intervention [pre: low (39.7±6.9), post: moderate (51.4±11.55, t test=-8.788, p<.001).
2. Spiritual care attitudes pre-intervention were associated with
 1. older age (r=.24, p=.001),
 2. more nursing experience (r=.26, p<.001),
 3. less frequent religious services attendance (r=-.29, p<.001),
 4. more spiritual care education through conferences and continuing education (r =.19, p=.009)
3. Spiritual care attitudes pre-intervention explained 12.7% of the variability in spiritual care attitudes (4, 170, f=6.19, p<.001).
4. Spiritual care attitudes post-intervention were associated with less religious education in high school (r=-.25, p=.03), t test=-8.788, p<.001).

Conclusions:

Collaborative two-hour class using values clarification and spiritual timeline exercises, and content regarding spirituality, spiritual needs, and spiritual care interventions with case study application can change nurses' spiritual care attitudes and may change nurses spiritual care provision and important patient outcomes

First Author

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Author Summary: Dr. Westlake has been principal/co-investigator for interdisciplinary clinical and community-based research studies for over 20 years and a registered nurse for more than 30 years. The focus of her research program is symptoms, depression, health literacy, quality of life, and outcomes of patients with heart failure to improve the care of and outcomes for cardiovascular patients. She is currently a professor in the School of Nursing at Azusa Pacific University in Azusa, California.

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Author Summary: Dr. Pfeiffer is an Associate Professor at Azusa Pacific University in the School of Nursing at the Inland Empire Regional Campus in San Bernardino, CA. She has a 15-year history in spirituality and health research to include spirituality and health in the community. Her current study strategically targets assessment and intervention to effectively intervene in the health of subjects' neighborhood and have church serve as a hub for community health and well-being.