Title:

Advancing Health in the 21st Century through Spiritually-guided Health Risk Interceptions (SGHRI)

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Session Title:

Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:

SGHRI, Spirituality and Spiritually-guided Health risk interventions

References:

Ammerman, A., Corbie-Smith, G., St George, D., & Washington, C. (2003). Research expectations among African American church leaders in the PRAISE! Project: A randomized trial guided by communitybased participatory research. American Journal of Public Health, 93(10), 1720-7. Archibald, C.M. (2011). Cultural tailoring for an Afro-Caribbean community: A naturalistic approach. Journal of Cultural Diversity, 18(4), 114-119. DeHaven, M., Hunter, I., Wilder, L., Walton, J., & Berry, J. (2004). Health Programs in Faith-based organizations: Are they effective? American Journal of Public Health, 94(6),1030-1036. Fitzgibbon, M.L, Stolley, M.R., Ganschow, P., Schiffer, L., Wells, A., Simon, N., and Dyer, A. (2005). Results of a faith-based weight loss intervention for black women. Journal of the National Medical Association, 97(10): 1393-1402. Gullatte, M., Brawley, O., Kinney, A., Powe, B., and K. Mooney, 2009. Religiosity, Spirituality, and Cancer Fatalism Beliefs on Delay in Breast Cancer Diagnosis in African American Women. J Relig Health (2010) 49:62-72 DOI 10.1007/s10943 008-9232-8 Hackney, C.H., Saunders, G. S. (2003). Religiosity and Mental Health: A meta-analysis of recent studies. Journal for the Scientific Study of Religion, 42(1), 43-55 Miller, J., McConnell, T. 2007. Religiosity and Spirituality: Influence on Quality of Life and Perceived Patient Self-Efficacy among Cardiac Patients and Their Spouses. Journal of Religion and Health, 46(2): 299-313. Naghi, J., Phillip, K., Phan, A., Cleenerwerck, L., & Schwarz, E. (2012). The effects of Spirituality and Religion on Outcomes in Patients with Chronic Heart Failure.

Learning Activity:

LEARNI NG OBJECTI VES	EXPAN DED CONTE NT OUTLIN E	TIME ALLOT TED	FACULTY/SPE AKER	TEACHING/LEA RNING METHOD	EVALUATION/FE EDBACK
Example	Example	Example	Example	Example	Example
	Definitio ns of "curricul um"	20 minutes	Name, Credentials	PowerPoint	Group discussion: What does cultural training mean to you?

"curriculu m"	Course of study Arrange ments of instructio nal materials The subject matter that is taught Cultural "training" Planned engagem ent of learners				
Upon completio n of this presentatio n, attendees will be able to: Define spirituality .	on, attendees will be able to: Definitio	10 minutes	Jacquie S. Marshall, MSN, RN, MPH, CNE PhD (C)	Poster presentation	Discussion
Upon completio n of this presentatio n, attendees will be able to: Discuss the significanc e of spirituality as it	Why is spirituality	5 minutes	Jacquie S. Marshall, MSN, RN, MPH, CNE PhD (C)	Poster presentation	Discussion

pertains to health outcomes.					
Identify ways to utilize spiritually- guided health interventio ns (SG HRI) in at risk population s.	we incorpora	5 minutes	Jacquie S. Marshall, MSN, RN, MPH, CNE PhD (C)	Poster presentation	Discussion

Abstract Text:

ADVANCING HEALTH IN THE 21ST CENTURY THROUGH SPIRITUALLY-GUIDED HEALTH RISK INTERCEPTIONS (SGHRI)

The relationship between spirituality and health is evident in the literature. Additionally, approaches to health promotion guided by spirituality have proven beneficial in various health outcomes. Research has also demonstrated the dire health outcomes for many unhealthy Americans for whom conventional methods of health promotion have been less than favorable. As an intentional shift occurs toward equitable health care, it is important to examine unconventional approaches to health promotion. The concept of Spiritually-quided health risk interceptions (SGHRI) represents such an approach. Spirituallyquided health risk interceptions (SGHRI) provide the impetus-in-action to achieve healthy balance through the integration of spiritual, physical and emotional dimensions of self. As such SGHRI are designed and implemented through spiritually-informed methods with the intention of intercepting risky health behaviors. Impetus-in-action is the representation of spirituality as the stimulus in motion facilitating the forward movement toward healthy behaviors and outcomes. In considering this, how can health care personnel utilize spirituality to influence health in varied populations? What is the affiliation between one's spirituality and health care practices? Are there salient features, centered on core spiritual practices which determine decisions, explain actions, and depict health outcomes? Central ideologies of spirituality provide a viable platform upon which health promotional activities can be sponsored, learned and maintained. By combining the two, the health educator may be able to effectively tap into motivating factors that can contribute to improved health care practices and outcomes that last a lifetime. Using spirituality as a foundation for the proposed study the investigator will examine the influence of a spiritually-quided health risk intervention on breast self-care attitudes in Afro-Caribbean women. It is hoped that the findings of the study will generate knowledge pertaining to ways in which SGHRI may be used to (a) create environments that value spiritual health; and (b) actualize interventions that utilize the concept of spirituality to ameliorate the potentiation of risky health behaviors.