

Title:

The Role of Religion and Spirituality in Parent Decision-Making for Critically Ill Young Children

Melissa J. Kurtz, MSN, MA¹

Marie T. Nolan, PhD¹

Jill Hamilton, PhD²

(1)School of Nursing, Johns Hopkins University, Baltimore, MD, USA

(2)Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA

Session Title:

Research Poster Session 2

Slot (superslotted):

RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

Slot (superslotted):

RSC PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

Keywords:

Decisionmaking, Pediatrics and Religion/Spirituality

References:

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Abstract Summary:

Religion/spirituality are major cultural factors that shape health care decision making. This presentation will systematically review the literature describing the role of religion and/or spirituality in critical care decision making for parents of children under 2 years of age.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Identify the types of research that describe the relationship between religion and spirituality and parents' decision making for a critically ill child.	a) The majority of literature that describes the relationship between religion and spirituality and parents' decision making for a critically ill child is qualitative in design. A handful of quantitative research studies explore this relationship and one mixed methods research study explores this relationship
Describe the health care settings where research involving parent spirituality/religion has been conducted and the types of decisions explored.	a) Health care settings where research involving parent spirituality/religion has been conducted include: the perinatal/neonatal intensive care setting, the pediatric intensive care setting, the oncology setting, and the palliative care setting. b) In studies where parent spirituality/religion has been explored, the types of decisions explored include: end-of-life decisions, pediatric palliative care decisions, delivery room or decisions for extremely premature infants, and hypothetical decision making.

Abstract Text:

Purpose: Approximately 85% of African Americans and 58% of Caucasians say religion is very important in their lives (Grossoehme et al., 2012). More specifically, significant literature cites parents' use of religious coping in pediatric decision making. However, what is still unknown is how parents of young children utilize religion and spirituality during the decision making process. A more in-depth exploration of the existing research that has explored religion and spirituality and parent decision making will inform the development of decision support interventions that promote parent engagement in complex pediatric decision making. Therefore, the purpose of this presentation is to systematically review the literature describing the role of religion and/or spirituality in critical care decision making for parents of children under 2 years of age.

Methods: Keyword searches of peer-reviewed literature investigating the relationship between spirituality or religion and parents' medical decision making for a critically ill child under 2 years of age were conducted using relevant databases, including PubMed, CINAHL plus, PsychInfo, and Embase. The review was limited to studies published between January 2004 and September 2016. Titles and abstracts for 141 nonduplicate records were screened. Thirty three of these full-text articles were reviewed and 20

published studies were included. Resulting quantitative and qualitative studies were summarized using thematic analysis.

Results: Twenty articles met final inclusion criteria examining the relationships among religion/spirituality and shared decision making. Resulting thematic categories included: 1) Finding meaning in the experience of caring for a critically ill young child; 2) Using spirituality and religion for guidance in medical decision making for a critically ill young child; 3) Using spirituality and religion as a coping strategy during the illness or after the death of a critically ill young child.

Conclusion: The review revealed that religion/spirituality is an important and primarily positive influence on shared medical decision making among parents of a critically ill child. Future research should explore how to facilitate health care providers' understanding of these religious/spiritual beliefs and to incorporate these beliefs into medical decision making for their critically ill child.