

Title:

Nurses and Spiritual Care: A Willingness to Go There

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Session Title:

Addressing Spirituality Needs in End-of-Life Care

Slot:

B 12: Saturday, 28 October 2017: 3:15 PM-4:00 PM

Scheduled Time:

3:35 PM

Keywords:

end-of-life care, sentience and spiritual assessment

References:

Baird, P. (2016). Spiritual care intervention. In B. R. Ferrell (Ed.), *HPNA palliative nursing manuals: Spiritual, religious, and cultural aspects of care* (pp. 29-46). New York, NY: Oxford University Press.

Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions, 6*(2), 594-613. doi:10.3390/rel6020594

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp0630a

Cockell, N., & McSherry, W. (2012). Spiritual care in nursing: An overview of published international research. *Journal of Nursing Management, 20*(8), 958-969. doi:10.1111/j.1365-2834.2012.01450.x

Narayanasamy, A. (2015). Reflexive account of unintended outcomes from spiritual care qualitative research. *Journal of Research in Nursing, 20*(3), 234-248. doi:10.1177/1744987115578185

Ramezani, M., Ahmadi, F., Mohammadi, E., & Kazemnejad, A. (2014). Spiritual care in nursing: A concept analysis. *International Nursing Review, 61*(2), 211-219. doi:10.1111/inr.12099

Tiew, L. H., Kwee, J. H., Creedy, D. K., & Chan, M. F. (2013). Hospice nurses' perspectives of spirituality. *Journal of Clinical Nursing, 22*(19-20), 2923-2933. doi:10.1111/jocn.12358

Wittenberg-Lyles, E., Goldsmith, J., Ferrell, B., & Ragan, S. L. (2013). *Communication in palliative nursing*. New York, NY: Oxford University Press.

Abstract Summary:

The purpose of this presentation is to share the qualitative findings specific to a nursing perspective on spiritual care based on a multi-method study conducted to explore nurse comfort with communication regarding palliative and end-of-life care. The study was guided by the COMFORT Communication Model.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<p>The learner will be able to identify at least two communication strategies for spiritual care communication at end of life.</p>	<p>The presenters will discuss the three subthemes identified in the study which encompass communication strategies for spiritual care communication at end of life. a. Willingness to Go There i. Meaningful conversations & Questions ii. Entering into sacred space b. Being in A Moment i. Authentic Presence ii. Attentive listening and assessing worries/distress c. Sagacious Insight i. Innate wisdom ii. Deeper level of knowing iii. Sensitivity</p>
<p>The learner will be able to describe at least two strategies to equip pre-/post-licensure nurses to intentionally assess and deliver spiritual care.</p>	<p>During the findings and discussion portion, the learner will hear about the importance of integrating spiritual care content in education. I. Findings a. Braun and Clarke’s (2006) Thematic analysis Method i. Review the themes 1. Description and definition ii. Support with participant narratives b. Sentience i. Presence and awareness c. Willingness to Go There i. Meaningful conversations & Questions ii. Entering into sacred space d. Being in A Moment i. Authentic Presence ii. Attentive listening and assessing worries/distress e. Sagacious Insight i. Innate wisdom ii. Deeper level of knowing iii. Sensitivity II. Discussion a. Relevance to professional practice. b. Significance to patients. c. Need to implement in pre-/post-licensure education.</p>
<p>The learner will understand the significance of integrating spiritual care content into current pre-/post-licensure education.</p>	<p>During the discussion portion, the learner will hear about the importance of integrating spiritual care content in education. I. Discussion a. Relevance to professional practice. b. Significance to patients. c. Need to implement in pre-/post-licensure education.</p>

Abstract Text:

Purpose: Florence Nightingale emphasized the need for nurses to provide holistic care that encompassed physical, psychological, and spiritual components. Attention to these components is essential for health maintenance. However, it is well documented that spiritual care is largely missing from

nursing care. As an integral component of holistic care (Tiew, Kwee, Creedy, & Chan, 2013), spiritual care is expressed in attitudes and actions (Baldacchino, 2015), and according to Ramezani, Ahmadi, Mohammadi, and Kazemnejad (2014), is the most important component of nursing care. Internationally, delivery of spiritual care is a growing topic of interest (Cockell & McSherry, 2012), yet, spiritual care remains poorly understood by nurses (Narayanasamy, 2015). The purpose of this presentation is to share findings from a qualitative study with rural and urban palliative/hospice care nurses regarding their communication strategies while providing spiritual care for patients and families at end-of-life.

Design: This presentation shares the narrative descriptions from 10 experienced palliative/hospice care nurses working in the Midwest. The data represents the qualitative component of a multiple method study guided by the COMFORT Communication Model (Wittenberg-Lyles, Goldsmith, Ferrell, & Ragan, 2013). The specific aim of the interviews was to determine the key communication strategies employed by certified and non-certified palliative and hospice nurses when engaging patients and families in advanced end-of-life decision-making. Based on our literature review, we entered the interview process with the awareness that communication strategies described could include aspects of spiritual care. The principal investigators conducted individual, face-to-face interviews, lasting 45-60 minutes. Each interview started with the same lead-in questions, was audio-recorded, and was transcribed verbatim. The lead-in questions for each interview included: 1) *Tell us about a time where you helped a patient and family with advanced care planning decision-making. If possible, describe the timeframe and the decisions within which you assisted the patient and/or family,* 2) *Describe your specific communication strategies when talking with patients and/or families about end-of-life planning,* and 3) *Tell us your communication approach when working with patients and families in advanced end-of-life decision-making.*

Analysis: Prior to narrative data analysis, three graduate nursing students were added to the research team. Narrative data was analyzed using Braun and Clarke's (2006) method of thematic analysis. An inductive analysis approach was used, with each researcher independently coding, reading, and rereading the transcripts. Collaboratively, the research team met several times reviewing and analyzing the detected themes. Discrepancies at each level of coding were discussed among the team until consensus was achieved.

Findings: Following Braun and Clarke's (2006) thematic analysis process, *sentience* was identified as the overarching theme. Subthemes of *sentience* include: 1) Willingness to Go There, 2) Being in "A" Moment, and 3) Sagacious Insight. The nurses revealed how they willingly enter into their patients' personal space by assessing their spiritual needs, preferences, pain, and distress. Unique to these nurses is the ability to be innately sentient regarding their patient's spiritual state as well as their own. *Sentience* is an unspoken awareness that extends beyond perceptions and cognitive decisions; it is an innate awareness comprising authentic care, presence, and the ability to be completely selfless.

Discussion: Communicating and providing end-of-life spiritual care for patients and families requires the capacity to act and engage in reflective practice. Spiritual care capacity arises from within each of us and occurs when the essence of our being interacts with the essence of another being (Baird, 2016). All practicing nurses should be comfortable and prepared to provide spiritual care for their patients. Innovative strategies are needed in nursing curriculum and must include purposeful engagement of pre-/post-licensure nurses with patients and families in spiritual assessment and care. This engagement, with focused debriefing is imperative, assisting students and practicing nurses in developing a spiritual care skillset, where they authentically and sensitively respond to spiritual concerns.

Conclusion: The narrative data from these experienced palliative and hospice care nurses provides essential understanding and tangible approaches for communicating and delivering spiritual care in the end-of-life setting. Based on this knowledge, current educational strategies can be improved so that all pre-/post-licensure nurses can provide this integral piece of holistic health (Tiew et al., 2013).