
NURSES AND SPIRITUAL CARE: A WILLINGNESS TO GO THERE

Brandon M. Varilek, RN, PCCN, CCTC¹

Jessica Stadick, MS, BSN, RN, PHN¹

Shannon O'Connell-Persaud, RN¹

Mary J. Isaacson, PhD, RN, CHPN®²

Mary E Minton, PhD, RN, CNS, CHPN®²

¹ South Dakota State University College of Nursing, PhD Students

² South Dakota State University College of Nursing, Faculty



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OBJECTIVES



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The learner will be able to:

1. Identify communication strategies for spiritual care communication at the end-of-life.
2. Identify the themes generated from the participant's narratives related to communication and spiritual care for patients and families at the end-of-life.
3. Consider the role of the nurse regarding communication and implementation of spiritual care for patients and families at the end-of-life.
4. Identify strategies to better prepare pre and post licensure nurses to deliver authentic spiritual care.
5. Understand the significance of spiritual care and the need to include spiritual care into current academic and post-licensure education.

PURPOSE & AIM OF THE STUDY



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- 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 ***aim of the study*** was to provide a foundation for understanding the spiritual communication strategies used by experienced hospice/palliative care nurses with patients and families at end-of-life.



BACKGROUND & INTRODUCTION

- Spiritual care is a an important component of holistic care.
- There is a growing interest in spiritual care globally.
- Multiple governing bodies have recognized the importance of spiritual care as a fundamental aspect of end-of-life care.
- The potential to overlook spiritual care is heightened by several barriers.
- Spiritual care is perceived to be important; however, many nurses feel unprepared to do so.

METHODS



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■ Design

- Qualitative study guided by COMFORT Communication Model.

■ Sample and Setting

- Purposeful recruitment
- Ten hospice/palliative care nurses
 - Five of the participants worked in a rural area and five worked in an urban area

■ Data Collection

- Individual face-to-face interviews
- “How do you address spiritual communication with your patients?” or “Talk a little bit about spiritual and/or cultural components.”

METHODS



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■ Ethical Considerations

- Approval was obtained from the institutional review boards at Avera Health and South Dakota State University.
- To maintain confidentiality each participant selected a pseudonym.

■ Data Analysis

- Inductive analytic approach using Braun and Clarke's (2006) Thematic Analysis Method.
- Initial codes → secondary independent codes → thematic maps
- The team reviewed each thematic map, where relationships between concepts emerged from the data and the initial themes surfaced.

RESULTS



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Overarching Theme

- **Sentience**

Subthemes

- **Willingness to Go There**
- **Being in A Moment**
- **Sagacious Insight**



SENTIENCE

- 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.***
- Capacity to act
- A willingness to enter into the unknown
- Ability to have deep, meaningful conversations
- **A willingness to go there**
- **Ability to be in a moment**
- **Sagacious insight**

WILLINGNESS TO GO THERE



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- Courage to enter into a sacred space.
- Voluntarily asking profound, yet simple questions and entering into this meaningful space, these nurses could determine if the patient was experiencing spiritual distress or existential concerns.
- Effective spiritual care includes asking meaningful questions, being willing to listen and open to hearing, and entering into sacred spaces with patients and families at pivotal moments.



WILLINGNESS TO GO THERE



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- Frances attends to spiritual concerns ***by simply asking the individual, “What worries you about that?”*** “That is when some of the stuff often also comes out...I find that I’ve been able to get people to open up about a deep spiritual pain ***asking that question***, people that have a lot of regrets.”

WILLINGNESS TO GO THERE



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- Laura tells,

“I think it’s people’s kind of maybe **thinking out loud** when they’ll say, ‘Well, I’ve always hoped my life was important,’ or, ‘I hope the Lord thinks I did the right thing.’ In other words, **they need affirmation** that yeah, what you did has been good, right or wrong or whatever. And I think they give you hints that way whether they need to hear that or not.”





BEING IN A MOMENT

- "A" moment presents at anytime
- Authentic presence
- Share a space with a patient that is personal
- Creating a strong bond
- Attentive listening
- Silence, reflection, transformation





BEING IN A MOMENT

- Ruth shares,

"I take a deep breath outside of the room. I try to set aside wherever I've been and walk in that room ***calmly, sit down, make eye contact, and make it personal for them.*** I've found if you ***don't hurry them...***and you just sit there for a few minutes, sometime they have an answer for you. You learn so much when you take time to be with them, covering all kinds of things, and ***take time to listen.***"



BEING IN A MOMENT



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- Alison shared,
“...just trying to ***be present*** there for them. Sometimes I don’t really say anything, I’ll just give them a few minutes and then ask them, ‘Are you okay?’”



SAGACIOUS INSIGHT



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- Awareness
- Wisdom
- Sensitivity
- Deep personal commitment
- Intuitiveness



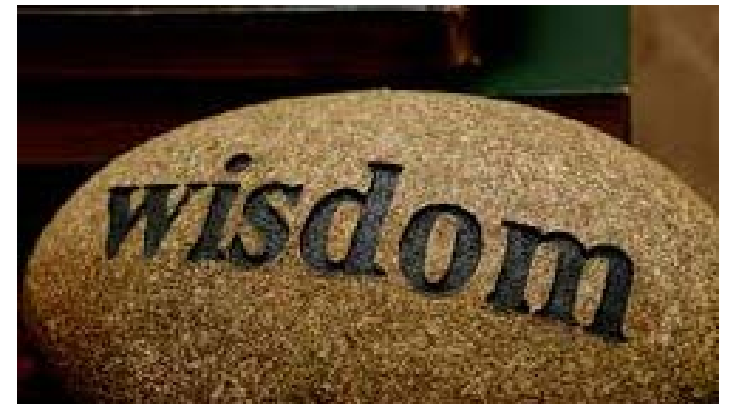
SAGACIOUS INSIGHT



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- Isabelle tells,

“I pray frequently in the morning for that **discernment** and that **wisdom**. I think a lot in my work comes from **experience**, but also from **listening**... So to really ask questions, trying to pull out what's important to them and having the **discernment and the wisdom** to see what you can pull out that's really important out of the conversation. It takes listening.”



SAGACIOUS INSIGHT



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- Lainey shares,

“I ***just know*** when a family is hurting. You can tell, you can see, you can hear, by what they are saying. For one thing they look frightened and they’re not. Or they’re just frightened by what they’re seeing and the whole death process...there have been times...when ***you can sense it*** to.”



DISCUSSION

- Inquiring about what worries the patient or what is bothering the patient are excellent ways to initiate the spiritual assessment.
- Nurses need to be attentive to all dimensions of suffering (psychosocial, spiritual, and physical), and must be intentional to not neglect spiritual or existential distress.
- There is a dire need to assess and treat spiritual distress and to demonstrate respect for patients and families to improve the quality of care at the end-of-life.

CONCLUSION & RELEVANCE TO PRACTICE



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- Nurses are integral in the provision of spiritual care for patients and families across the lifespan and at end-of-life.
- Nurses must feel confident and competent before they are willing to enter into uncomfortable spaces with patients and families.
- When nurses and students better understand the significance of providing spiritual care and are taught how to provide it, they are more likely to care for patients with empathy, dignity, and respect.
- Making spiritual care a priority in all clinical and educational settings will promote the delivery of spiritual care to all patients, and can further shape nursing curricula, policies, guidelines, and assessment tools.

THANK YOU



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- Any questions?
- Thank you for your time.



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