Spiritual Care: Scope of the Issue

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Impetus for the Project

- JACHO
  - Spiritual assessment includes, but is not limited to, “what are the patient’s spiritual goals”?

- Professional standards for nursing practice and institutional accreditation
  - Magnet certification

- Professional standards for educational accreditation
  - Provide appropriate patient teaching that reflects spirituality (Essentials, 2008)
  - Develop an awareness of spiritual beliefs and values and how they impact health care (Essentials, 2008)
Premise Underlying the Project

- Increasing number of patients who are interested in complementary and alternative modalities of care
  - Effect on patient satisfaction
- Increasing number of providers who are not competent to provide spiritual care
  - Implications for role conflict and/or confusion
  - Implications for institutional accreditation
  - Implications for academic accreditation

Methodology

- Mixed methods survey of
  - Baccalaureate students
  - Nursing faculty
  - Deans and Directors of nursing programs
  - General practice nurses
  - Specialty practice nurses
Mixed Methodology

- Researcher designed surveys that solicited demographic data as well as open-ended questions focused on:
  - eliciting personal and professional expressions of spirituality
  - respondent’s perceived ability to apply spiritual values to patient care

Findings: Baccalaureate Students

- Generally unable to identify where or how the concept of spirituality was presented in their nursing curriculum
- Confused religiosity with spirituality
- Did not feel well prepared to provide spiritual care beyond identification of patient religious affiliation
- Expressed a lack of role models to develop competence in the spiritual care role.
- Had limited exposure to spiritual care during clinical rotations
Findings: Nursing Faculty

- Noted that they integrated spiritual care into their personal lives
- Were not able to state the source of their knowledge of spirituality and spiritual care
- Were not clear how spirituality was included in the curriculum of the program in which they taught
- Were vague as to how they incorporated spiritual care into student learning experiences
- Expressed perceptions of lack of competence in guiding the spiritual care abilities in students

Findings: Deans and Directors

- Recognized relevance of including spirituality as a concept in nursing curriculum
- Were removed from curriculum issues and decisions
- Left inclusion/exclusion of spiritual care to the faculty
### Findings: General Practice Nurses

- Did have a spiritual identity in their personal lives
- Related that demands of the care environment did not allow them time to provide spiritual care
- Believed that spiritual care was not within their scope of practice
- Expressed lack of comfort in assuming responsibility for spiritual care
- Relyed on
  - Pastoral care department to deliver spiritual care
  - Social work department to coordinate spiritual care delivery

### Findings:

- Related a stronger level of confidence in provision of spiritual care
- Related a stronger level of competence in provision of spiritual care
- Still abdicated responsibility for spiritual care to pastoral counselors
Commonalities Among the Respondents

- All reported inadequate preparation for spiritual care in their basic nursing curricula
- Spiritual care was not viewed as an intrinsic nursing care responsibility
- All related interest in and need for developing a knowledge base in spiritual care

Implications for Further Nursing Research - Practice

- Survey various patient groups with regard to their perception of how well spiritual needs are being met by nurses
- Survey various patient groups with regard to gaps between spiritual needs and spiritual care
- Expand source of subjects to include critical care patients and their nurses; geriatric patients and their nurses
- Survey nursing service administrators to determine their commitment to providing resources for nurses
Implications for Further Nursing Research - Education

- Survey faculty and students in associate degree programs
- Increase the sample of baccalaureate nursing students
- Compare BS students with associate degree students
- Compare traditional BS students with accelerated BS students
- Survey MSN students/graduates

Conclusions

- Correlation between spiritual health and physical health mandates that all health care providers assume responsibility for spiritual care
- Despite increased awareness of and interest in spirituality among health care providers at all levels, roles and settings, there is a general consensus that the knowledge base about and provision of spiritual care is inadequate.
- Nurses in general have concerns about their role, their knowledge, and their skill in providing spiritual care that need to be addressed in a supportive environment