

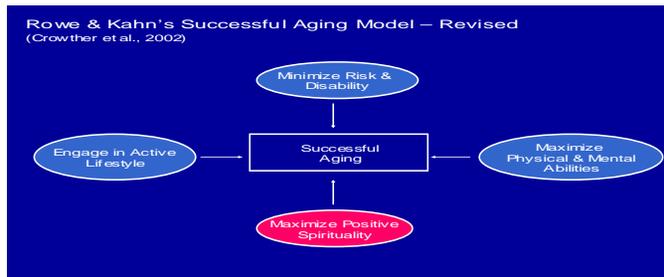
An Interdisciplinary Approach to Teaching Spirituality to Health Care Provider Students

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Introduction – Who we are

Teaching future nurses about existential issues, such as spirituality, is a challenge. Nursing students are often more interested in learning concrete psycho-motor nursing skills, such as starting an I.V., than esoteric issues such as spirituality. To address this challenge, an interdisciplinary team was formed from several community partnerships including nursing faculty, social work faculty, a board certified chaplain and health promotion nurses from a regional hospital. The goal of this Gerontology Group is to develop research and educational projects and interventions that promote successful aging and spirituality. Our work combines developmental theory and the life span perspective, as well as the life course perspective by addressing micro, meso and macro levels of aging. The specific conceptual framework of this study was based on Crowther, Parker, Achenbaum, Larimore and Koenig's (2002) adaptation of Rowe and Kahn's Model of Successful Aging.



Program

Needs Assessment: For several years, the course has had didactic content on aging development and spirituality, as well as the continuum of care, but no clinical component addressing spirituality. Clinical activities that help students develop interdisciplinary, leadership and organizational skills were needed.

Planning: The semester prior to the course, meetings were held with the Health Education Department RNs, the chaplain and social work faculty, resulting in the Gerontology Group formation. Two local senior centers were contacted for participation. Two student groups were formed, each consisting of ~15 students, 1 course faculty, 1 volunteer faculty, and 1 chaplain. Initial project planning consisted of potential stations, including spiritual well-being (SWB); and the identification of a SWB instrument.

Implementation: Students were provided didactic content on spirituality, health promotion, and planning a health fair, with consultation from the chaplain and health promotion nurses. Course faculty assisted students with the planning, which included community networking, methods of publicity and recruitment to stations (i.e., posters, banners), evidence-based educational materials adapted in an age-appropriate format, and methods of referral. Recruitment efforts included notices in local newspapers and raffles with donations from the hospital and local merchants. Students were encouraged to develop recruitment strategies for SWB that did not proselytize or threaten participants. SWB histories were obtained with the FACIT (Brady, Peterman, Fitchett, & Cella, 1999). On the day of the Health Fair, the chaplains were present in the event an immediate referral was needed. Students and faculty arrived early to set up the stations and post signs for directions. The health fair lasted from 9 a.m. to noon.

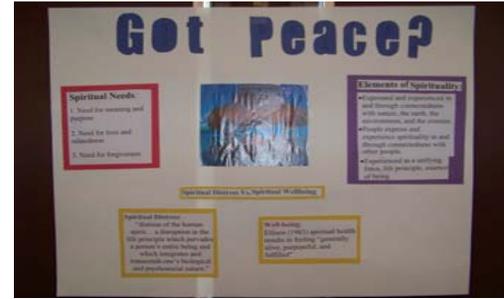
Evaluation: An Evaluation Meeting was held the day of the Health Fair with nursing students, nursing faculty, social work faculty, and the chaplain. An evaluation form was used that addressed: 1.) General assessment of the Health Fair, 2.) An assessment of the student's station, 3.) An assessment of the Spiritual-Well-being station (if that was not the student's station). All participated in an open discussion of the health fair.

Questions for Discussion

Q1: Though a list of questions, such as the FACIT tool, works well in a setting such as a health fair, is this type of tool appropriate for assessing spirituality in all clinical settings?

Q2: In what setting is a check-list or Likert scale appropriate? In what setting might an open-ended or a more narrative approach be appropriate?

Q3: How do we teach the difference between these two methods of obtaining spiritual data?



Discussion-Why this program is important

Evaluation Summary

- Students developed the "Got Peace!" poster, which appeared to be a successful recruitment strategy.
- Senior Center staff reported that the inclusion of blood work (i.e., cholesterol) is very popular.
- The majority of participants filled out the FACIT questionnaire at both sites, despite students thinking most would "shy" away from the SWB station.
- Students reported that most participants were receptive to the SWB station, seemed to enjoy it, and "good conversation" ensued.
- No referrals were needed with the chaplain, but having him present made faculty and students more comfortable.
- Due to logistics of space, noise and privacy were all barriers to the Health Fair, and were particularly challenging at stations, such as SWB.
- The vocabulary, the Likert response set, and interpretation of the FACIT results were difficult at one site.
- Students at the other site used large index cards for the FACIT response, rather than the form, which was reported as helpful.
- Some students struggled with the development phase of the Health Fair.

Future Strategies

- Include Advance Directives at the Health Fair.
- Schedule the Post Evaluation Meeting a week after the Health Fair, to allow time for critical thinking.
- Recruitment strategies: Have Health Fairs on days where other Senior Center activities are occurring, include blood work as a screening, and include churches in publicity.
- Include more disciplines, particularly social work (to develop organizational and interdisciplinary skills).
- No referrals were made to the chaplain, however this may be due to the privacy barriers - future studies are needed.
- Future research may be needed to adapt the FACIT for older adults and low literacy, possibly with a visual analogue scale.
- Future projects include:
 - refinement of SWB history taking in various clinical settings
 - spiritual interventions integrated with Reminiscence Therapy or Life Review
 - spirituality continuing education for health care professionals
 - the exploration of student transcendence and the impact of student life experience on attitudes toward aging and spirituality

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