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New Instruments to Evaluate Geriatric Nurse Practitioners Incorporation of Spiritual Care into Practice

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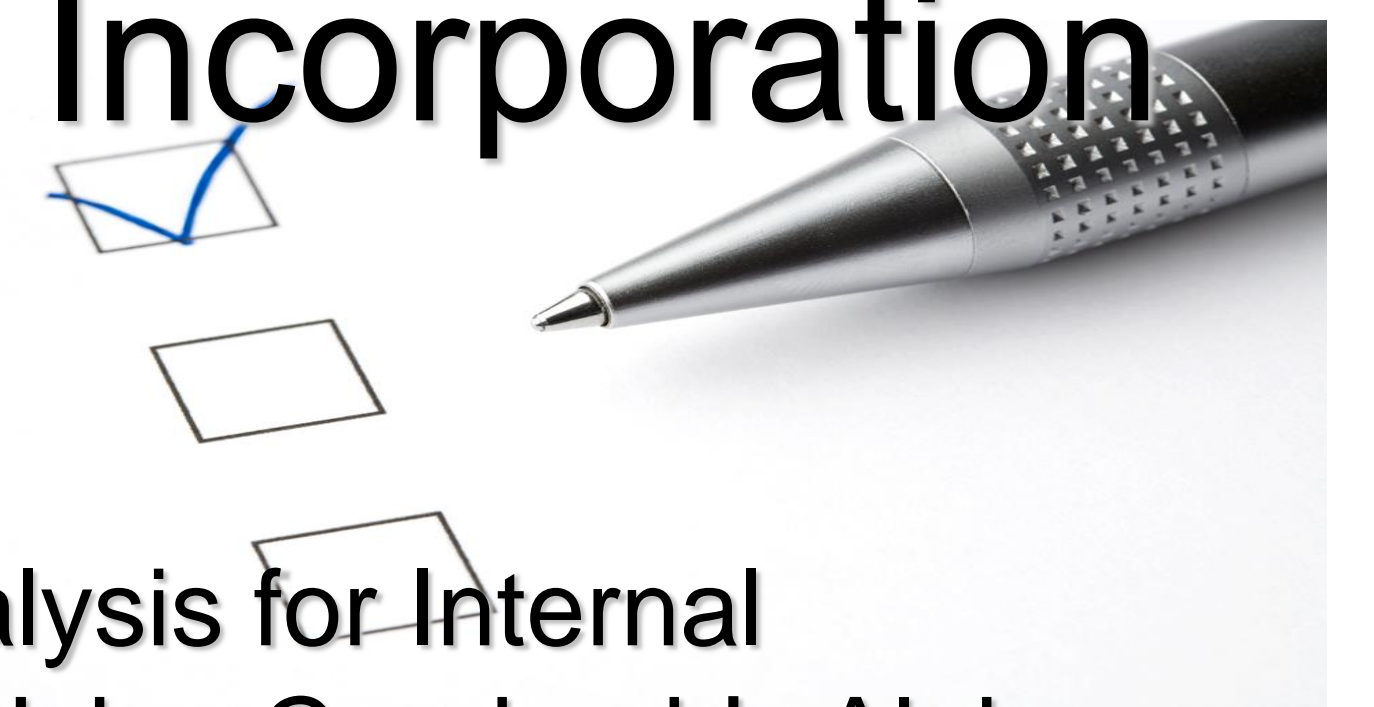
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Two New Instruments to Evaluate Geriatric Nurse Practitioners' Incorporation of Spiritual Care into Practice



Background

1. The evidence to improve clients' health and health indicators has been linked in the literature to spirituality and spiritual care
2. Spiritual care in nursing includes both adequate assessment of the need and provision of appropriate spiritual care nursing interventions
3. Clients have identified a desire for spiritual care from their health care providers as they age or as their health or chronic diseases worsen
4. Geriatric nurse practitioners (GNPs) are in a position to provide this type of care to their clients and improve clients' health and health indicators
5. There are no tools presently found in the literature to evaluate whether GNPs incorporate spiritual care into their practice

Purpose

1. The purpose of this study was to develop two new tools based on content analysis of the literature, to describe how spiritual care is incorporated into GNP clinical practice
2. This study was part of a larger descriptive survey study

Concept Analysis of the Research

Vincensi Spiritual Assessment Tool (VSAT)

1. Based on the spirituality, oncology, cultural, and geriatric care literature
2. Phenomenological, conceptual, and quantitative articles provided support for the development of each item
3. Part I – a general indicator item on NPs own perceived ability to recognize clients need for spiritual care
4. Part II – 15 patient indicator items measuring a need for spiritual care
5. Part III – measured how often specific formal spiritual assessment tools, found in the literature, were utilized by GNPs

Vincensi Spiritual Care Interventions Tool (VSCIT)

1. Based on the parish nursing, reflective practice, and spirituality in nursing literature
2. Phenomenological, conceptual, and quantitative articles offered support for each item
3. Part I - 10 items that are GNP generated interventions
4. Part II – 5 items that are client requested or initiated interventions
5. Both parts measured on a 5 item Likert scale (1= never, 5 = always)

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Content and Face Validity of the Tools

Lawshe's method for content validity was undertaken on both tools

1. Six subject matter experts (SME) rated each item on both tools as essential, useful but not essential, or not essential
2. If 50% or greater agreement of the SMEs was present indicating an item was essential, then there was some content validity of the item
3. Lawshe's Content Validity Ratio (CVR) was done to determine this percent of agreement
 - CVR yields a range from +1 to -1
 - More positive values indicate more essential ratings of each items

$$CVR = (ne - N/2) \div N/2$$

N = total number of SME panelists

ne = number of SME panelists indicating an item is essential

VSAT

1. Overall CVR was 0.34
2. 6 patient indicator items were removed based on SME input and CVR scores
3. SMEs recommended dividing the remaining 9 items into 2 subscales: identifying the cues and behaviors of spiritual care needs of clients and further assessment on clients' spiritual care needs once a cue or need was identified

VSCIT

1. Overall CVR was 0.73
2. Rewording of some items was done as recommended

Face Validity

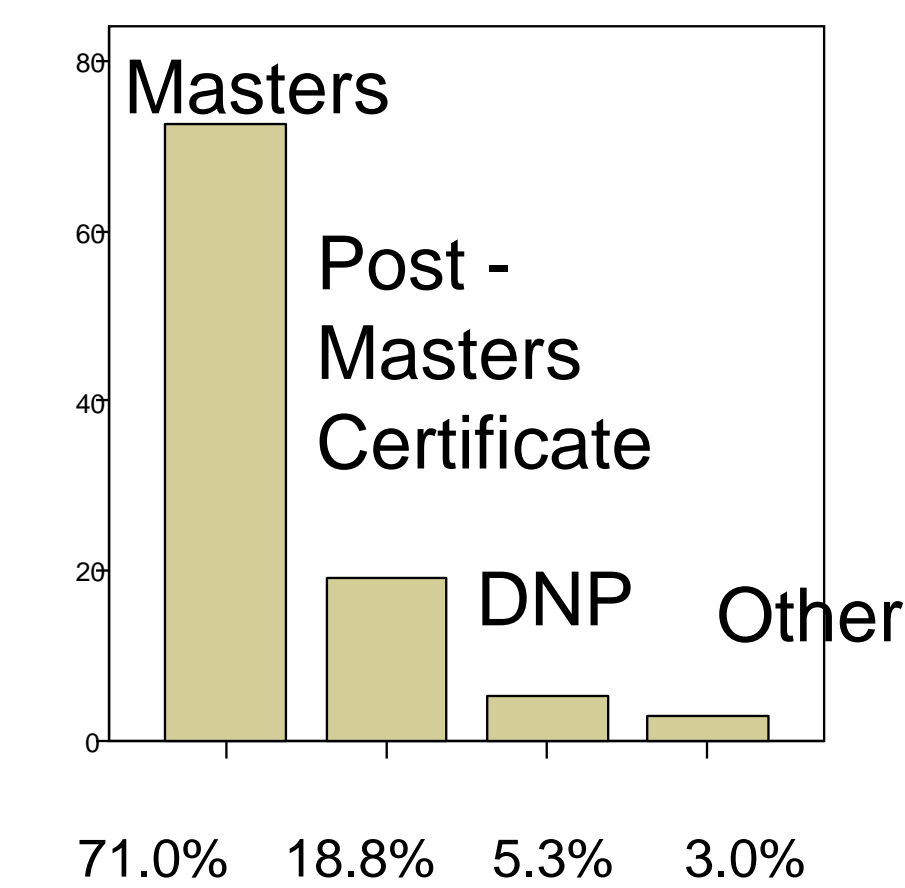
1. Completed with 4 practicing NPs on both tools

Sample

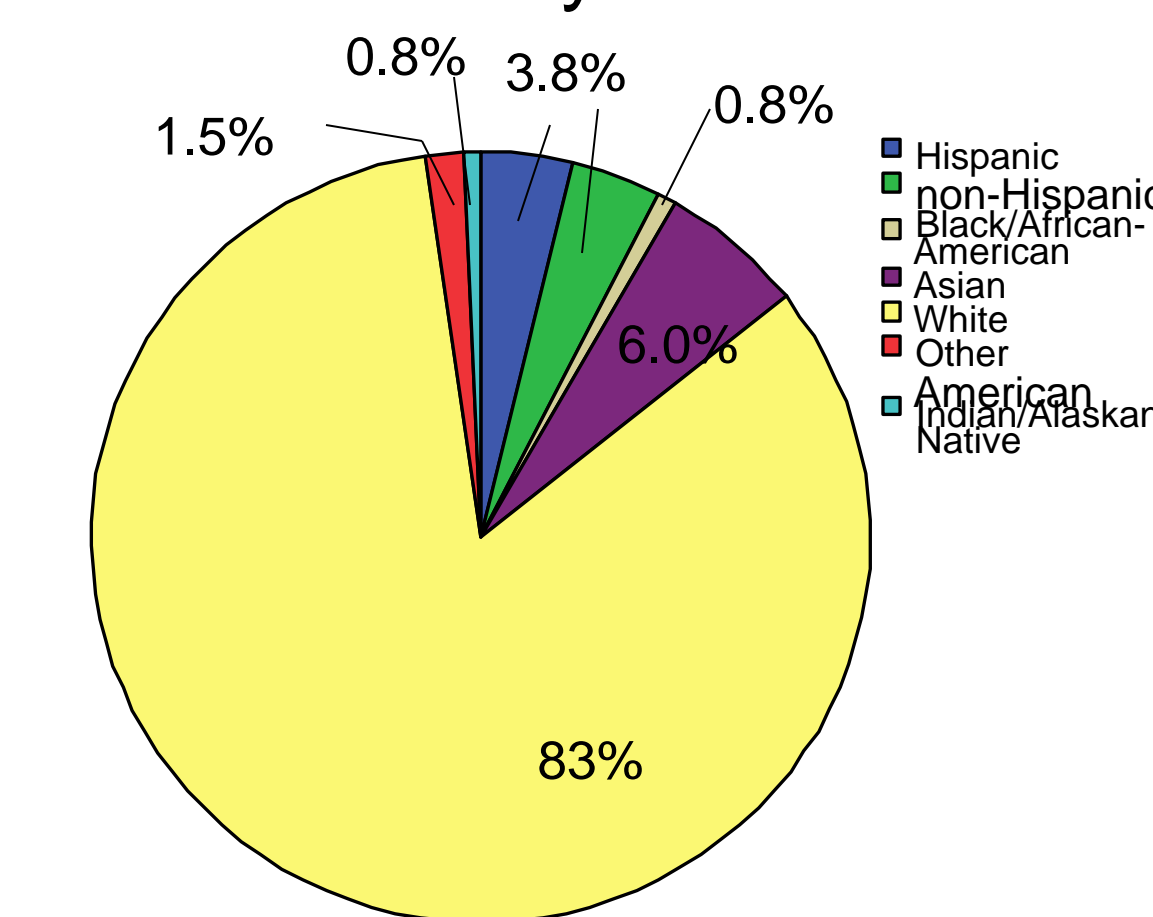
1. Stratified randomized sample of 300 practicing GNPs from throughout the US was obtained through the American Academy of Nurse Practitioners
2. Power analysis indicated 82 participants needed, with Cronbach's alpha = 0.05, an effect size of 0.30 (moderate), and a power of 0.80.
3. Return rate 201 (67%)
4. The final sample of N = 133 (45%) that met inclusion criteria included:
 - Male 6%; female 94%
 - Age: ≥ 50: 60.9%; m = 52 years (sd = 10.13)
 - Years in practice as a GNP: m = 10.42 (sd = 7.06)
 - Working full-time: 71.4%

Education, Race/Ethnicity, & Religious Affiliation

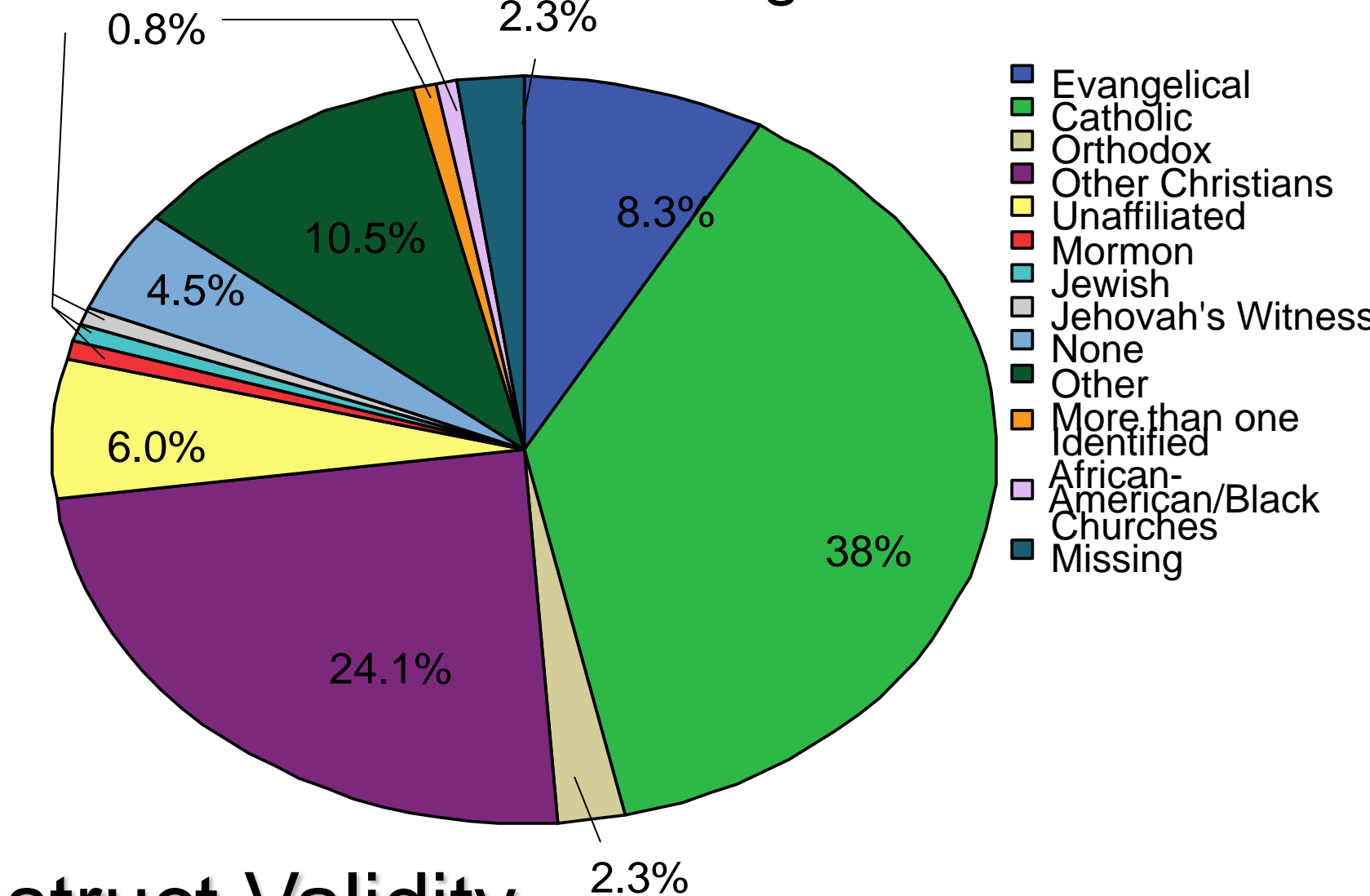
GNP Entry Level Education



Race/Ethnicity



Religious Affiliation



Construct Validity

Inter-item correlations were used to measure construct validity for both tools

VSAT

1. Items 1-7 indicated convergent validity (0.40-0.81) for both subscales
2. Items 8-9 indicated divergent validity (< 0.40) for both subscales

VSCIT

1. All items for both subscales indicated convergent validity (0.40 – 0.73) except item 9
2. Item 9 of the GNP initiated interventions subscale indicated divergent validity (0.21-0.38)

Reliability Analysis for Internal Consistency Using Cronbach's Alpha Correlation Coefficient

VSAT correlation coefficients

	with all items	without items 8 & 9
Entire Tool	0.93	0.94
Subscale cues and behaviors	0.89	0.89
Subscale further assessing	0.89	0.91

VSCIT correlation coefficients:

	with all items	with any item removed
Entire tool	0.92	0.91
Subscale GNP initiated interventions	0.89	0.88
Subscale client initiated interventions	0.92	0.78

Individual Item Analysis

GNPs had difficulty in recognizing and following up on certain cues or behaviors that indicated a need in clients for spiritual care:

1. Appears to have lost meaning or purpose in life, or expresses such loss
2. Displays a sense of hopelessness
3. Has difficulty in accepting forgiveness
4. Is grieving over losses including loss of health
5. Is no longer involved in religious or spiritual practices that brought peace, comfort or connection to them in the past
6. Directly mentions they are interested in talking about their spiritual needs with someone

GNPs had difficulty initiating the following interventions:

1. Encouraging clients to talk about their spiritual concerns, recent spiritual insights related to health and chronic disease, what gives life meaning and purpose, how to heal dissonant relationships, and about the grief they are experiencing
2. Documenting the spiritual care provided by the GNP
3. Discussing client's spiritual care needs with other health care providers as it is related to the client's health

Interventions that were client initiated or requested which GNPs did not frequently provide included:

1. Discussing potential spiritual resources in the community with clients to help meet their spiritual care needs
2. Providing support for clients spiritual practices
3. Arranging for a visit or referral to clients' clergy or spiritual mentors

Recommendations and Conclusions

Both the VSAT and the VSCIT have:

1. Indicated acceptable initial internal consistency
2. Further research regarding items 8 & 9 should be undertaken on the VSAT regarding construct validity
3. Individual item analysis presented possible gaps in spiritual care giving knowledge and skills for GNPs, where various pedagogies and models for education could be developed