Faculty Presentations

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The Relationship of Education on Geriatric Nurse Practitioners Frequency of Providing Spiritual Care in Practice

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Recommended Citation

Importance of Providing Spiritual Care

- Improves patients' health indicators

- Improves QOL and SWB

- Patients want spiritual care from providers

- Accrediting agencies

Defining Spiritual Care

- Framework of spirituality based on relationships
  - To Self (intra-personal)
  - To Environment (inter-personal)
  - To God, Higher Power (Transcendent)

- Includes meaning, purpose, and fulfillment in health, illness, and life

- Supports others to use spirituality as an inner resource for health

Present State of Spiritual Care in NP Practice

- Spiritual care in practice

- Perceived barriers
  - NP and environmental variables

- Confusion about the definition
  - Spirituality and religiosity

Nursing Education on Spiritual Care

- Nationally   30.0%

- Present Research:
  - Undergraduate level   28.0%
  - Graduate level   33.8%
  - Continuing education   29.3%

Research Study

- Descriptive survey design
- Stratified randomized sample
- Tools
  - VSAT (Vincensi Spiritual Assessment Tool)
    - Frequency of identifying cues and behaviors
    - Frequency of probing or further evaluating identified concerns
  - VSCIT (Vincensi Spiritual Care Intervention Tool)
    - GNP initiated interventions
    - Patient requested or initiated interventions

Findings

- Sample
  - Return rate (207)   67%
  - Met inclusion criteria (133)   44%
  - Religion : Christian   75.2%
  - Education: Master's level   71.4%
  - Average age: 52 yrs; $\geq$ 50   60.9%
  - Gender: female   94%
  - Race : Caucasian   83.5%
  - Working: full time   71.5%

Overall Means of the Tools
(1 = rarely; 5 = always)

- **VSAT ($m = 4.82$)**
  - Cues and Behaviors ($m = 4.73$)
  - Further ($m = 3.92$)

- **VSCIT ($m = 3.20$)**
  - GNP-Initiated Spiritual Care Interventions ($m = 3.28$)
  - Patient-Initiated Interventions ($m = 3.23$)

VSAT	Cues	Further
1. Appears to have lost meaning or purpose in life.	*m*= 3.97 *sd*=0.91	*m*= 3.93 *sd*=1.02
2. Displays a sense of helplessness.	*m*=3.76 *sd*=0.97	*m*= 3.84 *sd*=0.98
3. Is having difficulties accepting forgiveness.	*m*=3.57 *sd*=0.99	*m*=3.53 *sd*=0.99
4. Displays a sense of hopelessness.	*m*= 3.81 *sd*=0.87	*m*=3.54 *sd*=1.02
5. Appears to have become disconnected from relationships.	*m*= 3.59 *sd*=0.93	*m*= 3.87 *sd*=0.95
6. Is grieving over various losses, including health losses.	*m*= 4.07 *sd*=0.87	*m*=3.56 *sd*=0.98
7. Expresses that life has no meaning or purpose now.	*m*= 4.05 *sd*=0.96	*m*=3.98 *sd*=0.99
8. States they no longer are involved with spiritually or religiously related activities or rituals which have brought them peace, comfort, or a sense of connection in past.	*m*= 4.00 *sd*=0.91	*m*= 4.01 *sd*=0.89
9. Mentions directly they are interested in talking about their spiritual needs with someone.	*m*= 4.59 *sd*=0.74	*m*= 4.63 *sd*=0.73

VSCIT GNP-Initiated Spiritual Care Interventions

1. I have encouraged patients to talk about their spiritual concerns.	*m*=3.97 *sd*=0.78
2. I have encouraged patients to talk about their recent spiritual insights as related to health and chronic disease.	*m*=3.16 *sd*=0.86
3. I have encouraged patients to talk about their spiritual difficulties of living with chronic disease.	*m*=3.18 *sd*=0.91
4. I have encouraged patients to talk about what gives their life meaning and purpose in the midst of chronic disease.	*m*=3.55 *sd*=0.83
5. I have encouraged patients to think about ways to heal relationships in which they are experiencing dissonance.	*m*=3.42 *sd*=0.85
6. I have encouraged patients to talk about how chronic disease affects their relationship with God or a Higher Power.	*m*=2.91 *sd*=1.03
7. I have documented the spiritual care I provided in patients' charts.	*m*=2.64 *sd*=1.18
8. I have discussed a patient's spiritual care needs with other health care providers as it impacts the patient's health.	*m*=3.03 *sd*=1.12
9. I use touch appropriately as spiritual needs arise with patients.	*m*=3.64 *sd*=1.08
10. I have encouraged patients to talk about their grieving as it relates to their health, chronic disease, and spiritual well-being.	*m*=3.87 *sd*=0.78

VSCIT –Patient-Initiated Interventions

11. In the primary care setting, I have discussed with patients potential spiritual resources in the community to help meet their spiritual care needs.	m= 3.46 sd=1.18
12. I have provided support for patients' spiritual practices.	m=3.45 sd=1.03
13. I have arranged for a visit or made a referral to patients' clergy or spiritual mentors.	m=3.53 sd=1.11
14. I have offered to pray with patients.	m=2.51 sd=1.18
15. I have encouraged patients to cope using spiritual practices or spirituality.	m=3.31 sd=1.02

Differences in Means for the VSAT

t-tests	Graduate Education On Spiritual Care		Continuing Education on Spiritual Care	
	Recognize* *p*<0.05	**Further**** *p*<0.002	**Recognize*** *p*<0.009	**Further**** *p*<0.02
Yes	*m*=4.12 *sd*=0.54	*m*=4.17 *sd*=0.63	*m*= 4.13 *sd* =0.50	*m*=4.12 *sd*=0.63
No	*m*=3.84 *sd*=0.68	*m*=3.78 *sd*=0.66	*m*=3.81 *sd*= 0.69	*m*=3.83 *sd*=0.71

*   Recognize cues & behaviors

** Further assess cues & behaviors

Difference in Means for the VSCIT

t-tests	Graduate Education on Spiritual Care		Continuing Education on Spiritual Care	
Sub-Scale	GNP p<0.05	Patient Not Significant	GNP p<0.01	Patient p<0.05
yes	m = 3.48 sd= 0.84	*Not Significant	m= 3.67 sd= 0.67	m= 3.48 sd= 0.75
no	m =3.16 sd=0.65	*Not Significant	m= 3.13 sd=1.73	m= 3.15 sd= 0.86

Areas of Focus for Education: Assessment

- Identifying cues and behaviors
  - Meaning & purpose in life
  - Importance of relationships and connections
  - Outcomes of spirituality & spiritual care: forgiveness, hope, decreased sense of helplessness

- Further probing and evaluating
  - All the above
  - Grieving, including over health loses
  - Expressing life has no meaning and purpose

Areas of Focus for Education: Intervention

- GNP initiated
  - Think about ways to heal relationships
  - As related to health and chronic disease
    - Encouraged to discuss spiritual concerns and difficulties
    - What gives life meaning & purpose
    - How this affects their relationships with the Transcendent
    - Grieving related to loss of health and SWB
- Documenting spiritual care provide
- Discussing spiritual care needs of patients with other health care providers

Areas of Focus for Education: Intervention

- Patient initiated
  - Discussed potential spiritual resources in the community
  - Provided support for and encouraged use of spiritual care practices for coping
  - Arranged a visit or referred to clergy or spiritual mentors
  - Offered to pray with patient

Conclusions

- Important to health and to GNP practice
- Relationship based and patient centered
- Multiple barriers exist
- Education can make a difference
- Specific areas for educational content have been identified
- Continuing research

■ Thank You!

■ Questions?

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