

Commentary on “The Provision of Spiritual Care by Registered Nurses on a Maternal–Infant Unit”

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Abstract:

This study was done using a sample that all expressed religious beliefs, but a nurse does not need to hold strong religious beliefs in order to offer spiritual care. It is important that all nurses, regardless of their own religious beliefs, be educated about how to assess the spiritual needs of patients and provide appropriate spiritual care. This education needs to take place in Schools of Nursing and as continuing education in workplaces. Spiritual assessment should be more complex than asking the patient if he or she has any spiritual needs.

Keywords: Nursing | Perinatal care | Nursing Education | Religious Beliefs | Spiritual Care

Article:

In this article (Dunn, Handley, & Dunkin, 2009) on the provision of spiritual care in a maternal–newborn setting, the authors very correctly point out that spiritual care is more often discussed in terms of end-of-life care situations, and less frequently in perinatal situations. At times, end-of-life interventions are required in the perinatal setting, but more often, nurses care for women, infants, and families undergoing a healthy life event. This life event, although “normal,” frequently has deep spiritual meaning to the families involved. Many religions have rituals associated with birth, such as Christian baptism and Jewish circumcision rituals for boys. Many cultural traditions that are not as familiar to North Americans, often involving placenta rituals, have religious and spiritual implications for the families involved.

In nursing education, students are taught to provide nursing interventions to people of varying religious, cultural, regional, and educational backgrounds. Because we are careful to teach students not to offend people of different backgrounds, sometimes we err on the side of not encouraging the students to initiate conversation about aspects of care that are intensely personal,

such as spirituality. Some religions encourage proselytizing, others reject it. Some religions reserve discussion of religious topics to those who share that religion; others welcome the opportunity to discuss their religious beliefs with nonmembers. Some people identify strongly with an organized religion; others reject organized religion but perceive themselves as intensely spiritual. Some people express no interest in spiritual things. Both nurses and patients fall into all of these groups. How, then, do nurses learn to assess a patient's spiritual needs and provide the spiritual care that meets that particular patient's needs?

This study was done using a sample that all expressed religious beliefs, but a nurse does not need to hold strong religious beliefs in order to offer spiritual care. It is important that all nurses, regardless of their own religious beliefs, be educated about how to assess the spiritual needs of patients and provide appropriate spiritual care. This education needs to take place in Schools of Nursing and as continuing education in workplaces. Spiritual assessment should be more complex than asking the patient if he or she has any spiritual needs. Just like the nurse would not just ask "how are you feeling" and end the physical assessment there, spiritual assessment should be more thorough. It is important to ask about religious beliefs, but also patients should be asked if they have any spiritual practices that they do every day that can be accommodated while hospitalized, and if there are any special rituals or ceremonies or practices that they would like to have done or have time set aside to do while they are hospitalized.

Childbearing families should be asked how they would like their newborn handled after delivery and if there are any special practices that they would like to do related to the baby or the placenta, and if there are any people they would like to be involved. Nurses should not feel that they should be able to personally meet the religious needs of every patient, but they should seek out ways for those needs to be met. For example, a nurse who is not comfortable praying with a patient should make arrangements for a chaplain or a community religious leader or family member to pray with a patient if that is the needed intervention. It may be that nurses are reluctant to inquire about spiritual needs because they feel personally inadequate to meet those needs. Just like each nurse may not be able to meet every physical need for a patient, it should not be expected that every spiritual need can be met by the individual nurse, but by using the collaboration and care management skills that nurses are so skilled at, these needs can be met. Identification of the needs and providing a care atmosphere where patients are comfortable expressing spiritual needs is the first step.

Nurses should perform spiritual assessments on each patient, and this should occur more often than at admission, because spiritual needs may occur at any point in the hospitalization. Nurses should be taught how to conduct the spiritual assessment with patients of a variety of religious and spiritual beliefs. Values clarification on the part of the nurse might be the first step in this education, to allow the nurse to acknowledge what he or she personally believes spiritually, to be better able to set aside personal beliefs and assess and intervene with what the patient needs.

In nursing education settings, students should be taught about different religious and spiritual beliefs, role-play conducting spiritual assessments and holding conversations about spiritual topics, and put this education into practice on each clinical unit, regardless of the specialty. This will provide the student with an opportunity to assess what resources are available in a variety of settings, and begin to learn how to seek out resources in the community when no appropriate resources are available on the unit. Because spiritual care is not a universal nursing assessment in our current time, nurse educators both in academic and service settings will need to work together to educate nurses about this important nursing intervention. Nurse managers need to support and encourage spiritual assessments becoming part of the everyday nursing assessment on that unit. By making a concerted effort across all areas of nursing practice, patients will get holistic care in whatever setting they are located.

Reference

Dunn, L. L., Handley, M. C., & Dunkin, J. W. (2009). The provision of spiritual care by registered nurses on a maternal–infant unit. *Journal of Holistic Nursing*, 27(1), 19-28.

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