



Contents lists available at ScienceDirect

International Emergency Nursing

journal homepage: www.elsevier.com/locate/aaen

Spiritual perspectives of emergency medicine doctors and nurses in caring for end-of-life patients: A mixed-method study

Zhang Yingting^{a,*}, Rakhee Yash Pal^b, Tam Wai San Wilson^a, Alice Lee^b, Mabel Ong^b, Tiew Lay Hwa^{a,c}

^a Alice Lee Centre for Nursing Studies, National University of Singapore, Yong Loo Lin School of Medicine, Clinical Research Centre, Block MD11, Level 2, 10 Medical Drive, Singapore 117597, Singapore

^b Emergency Medicine Department, National University Hospital, 5 Lower Kent Ridge Road, 1 Main Building, Level 1, Singapore 119074, Singapore

^c National University Hospital, 5 Lower Kent Ridge Road, Singapore 119074, Singapore

ARTICLE INFO

Article history:

Received 8 February 2017

Received in revised form 26 June 2017

Accepted 1 July 2017

Available online xxxxx

Keywords:

Doctors

Emergency Department

End-of-life care

Nurses

Perspectives

Spirituality

Spiritual care

ABSTRACT

Background: End-of-life care is becoming more prevalent in the Emergency Department. Quality end-of-life care includes spiritual support. As spirituality is a relatively vague concept, understanding healthcare professionals' spiritual perspectives is important.

Aims: To explore the perspectives of Emergency Department doctors and nurses in (i) spirituality, (ii) spiritual care domain in end-of-life care and (iii) factors influencing spiritual care provision in the Emergency Department.

Design: A sequential explanatory mixed-method design was used.

Setting: An Emergency Department of a tertiary teaching hospital in Singapore, which treats more than 120,000 patients annually.

Participants: This study involved Emergency Department doctors and nurses who meet the eligibility criteria. In phase one, 64 doctors and 112 nurses were recruited. In phase two, 14 doctors and 15 nurses participated.

Methods: The quantitative phase was conducted first using a socio-demographic form and validated Spiritual Care-Giving Scale on all potential participants. The Spiritual Care-Giving Scale explores one's perspectives of spirituality and spiritual care. Using a six-point Likert scale, participants would indicate their degree of agreement towards the statements. The qualitative phase was then conducted using focus group discussions on a convenience sample of 14 doctors and 15 nurses.

Results: Overall, participants had positive attitudes and understanding of spirituality and spiritual care, as the mean total Spiritual Care-Giving Scale score was 167.87 (SD = 24.35) out of 210. Some knowledge deficits were observed in the focus group discussions as several participants equated spirituality to religion and had limited understanding about spiritual care. Significant differences between the spiritual perspectives of doctors and nurses were reported in Spiritual Perspectives (p-value = 0.018) and Spiritual Care Values (p-value = 0.004) of the Spiritual Care-Giving Scale. Scores by nurses were higher than those of doctors.

Conclusion: The study findings emphasized the need for education regarding spirituality and spiritual care across different cultures. This may help healthcare professionals feel more competent to broach such issues and cope with the emotional burden when providing spiritual care.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

1.1. Background

Due to decreasing birth rates and increasing life expectancies, ageing population is currently a global issue [1]. This results in an increased number of terminally ill elderly patients being sent to Emergency Departments (EDs) [2,3]. Apart from elderly patients, other patients with terminally illness, such as those with oncological

* Corresponding author at: Blk 33, Bishan St 11 #20-12, Singapore 579820, Singapore.

E-mail addresses: yingting93@hotmail.com (Y. Zhang), rakhee_yash_pal@nuhs.edu.sg (R. Yash Pal), wilson_tam@nuhs.edu.sg (W.S.W. Tam), alicelee257@hotmail.com (A. Lee), mabel_ong@nuhs.edu.sg (M. Ong), layhwa_tiew@nuhs.edu.sg (L.H. Tiew).

diseases, neurological disorders or advanced organ failures are also presented to the ED [4]. Some of their ED visits aimed to seek symptomatic management of their end-stage illness [5]. Aggressive life-saving treatments may not be appropriate or of their choice. In contrast, EOL care provides greater benefits such as better pain management and quality of life [6].

As defined by the National Council for Palliative Care [7], EOL care help those with advanced, progressive and incurable illness to live as well as possible until they die. It entails providing physical, psychological, social, spiritual and practical support. However, as the ED traditionally focuses on life-saving [8], the multidimensional role of palliative care in the ED is not well-defined [9]. In particular, patients' spiritual needs are often neglected.

As defined by World Health Organization [10], health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Spirituality is an essential component of a patient's health [11]. A person who is spiritually well is usually able to cope with adversity and loss [12], has better quality of life [13] and lower chances of depression [14]. Hence, it is important for healthcare professionals to understand spirituality and spiritual care to provide holistic care for EOL patients.

1.2. Importance

Due to the abstract nature of spirituality, healthcare professionals may have different understanding of it, which influences its application into EOL care for patients [15].

Based on Miner-Williams [16]'s paper which brings together the various definitions of spirituality, spirituality is 'integrative energy and the transcendent quest for meaning/happiness'. The search for spirituality leads to health and the relief of sufferings. Based on the healthcare professional's understanding of spirituality, spiritual care is then provided based on his/her assessment of the patient's spiritual needs. Some examples of spiritual care are providing kindness, appropriately sharing of oneself or offering to call the chaplain.

A literature search on healthcare professionals' perspectives of spirituality and spiritual care showed articles which were mainly conducted in palliative, hospice and oncology settings. Based on these articles, it was found that doctors and nurses opined that spirituality and religious beliefs are different, but related, with varying views regarding the strength of this relation [17]. Apart from religion, participants also viewed spirituality to be related to the meaning in life [17–20]. In particular, palliative General Practitioners highlighted that spirituality becomes more important when one experiences life crisis, for instance, being diagnosed with terminal illness [20]. Additionally, in contrast to healthcare professionals working in palliative settings, nurses from the acute neuro-oncology setting questioned their role in spiritual care provision, as due to time constraints, they felt that addressing spirituality may be more appropriate after the acute phase [21]. While doctors and nurses working in the ED are involved in managing patients with life-limiting illness, it is worth exploring if working in the acute setting limits their assessment of patients' spiritual needs, or their perception of the importance of spiritual care.

There is also disagreement on the roles and responsibilities of spiritual care provision [15]. Ramondetta et al. [22]'s study found that while 90% of the participating gynecologic oncologists felt that spirituality is important, only 34% 'frequently' or 'always' assessed patients' spiritual history.

Hence, based on the existing literature, it suggests for the exploration of the perspectives of healthcare professionals working in the ED, which would enable discovery about the present situation of their knowledge regarding spirituality and spiritual care.

Furthermore, with the increasing prevalence of EOL care in EDs, as evident by the increased in number of hospitals in Singapore

which introduced the palliative care protocol in their EDs [2], it enhances the need to conduct the research in the ED setting. This could aid in the identification of knowledge gaps and barriers to provision of quality care at EOL and hence advocate measures for improvement in the ED.

2. Methods

2.1. Aim

The aim of the study was to explore the perspectives of ED doctors and nurses regarding the spiritual domain in EOL care. There are four objectives: (1) Explore the perspectives of ED doctors and nurses regarding spirituality; (2) Explore the perspectives of ED doctors and nurses regarding the spiritual care domain in EOL care; (3) Identify the facilitators and barriers of spiritual care provision in the ED; and (4) Explore the differences in spiritual perspectives between ED doctors and nurses.

2.2. Design

This study used a sequential explanatory mixed-method design, i.e. primarily quantitative with a qualitative component. A cross-sectional descriptive quantitative research (phase one) was conducted first followed by a descriptive qualitative study (phase two). The quantitative phase allows for generalization of the results to the population, while the qualitative phase allows collection of participants' detailed views, which helps to explain and build on the quantitative results [23], providing in-depth knowledge of spiritual perspectives by ED doctors and nurses.

2.3. Setting

This study was conducted in the ED of a public tertiary teaching hospital in Singapore. It is the first ED in Singapore to establish EOL care. The EOL care protocol was implemented and doctors and nurses were trained to provide EOL care for dying patients and their families [2].

A total of more than 120,000 patients were treated in this ED in year 2012 [24].

2.4. Participants

For both phases, inclusion criteria were doctors and nurses working in the participating ED, have been involved in EOL care and aged 21 years and above. The exclusion criteria were those who were only working in the Children's Emergency, Extended Diagnostic and Treatment Unit and Acute Medical Unit as they may not have managed EOL patients.

All potential participants were recruited for phase one. This comprised 64 doctors and 112 nurses, achieving 95.5% and 87.1% response rates from the total target population. For phase two, a convenience sample of 14 doctors and 15 nurses participated, which is 20.9% and 11.5% of the total population, respectively.

2.5. Measures

For phase one, data was collected using a socio-demographic form (Supplementary file 1) and the validated 35-item Spiritual Care-Giving Scale (SCGS) (Supplementary file 2), which explores one's perspectives of spirituality and spiritual care [25]. Using a six-point Likert scale, participants would indicate their degree of agreement or disagreement towards the 35 statements. Higher scores indicate greater agreement towards the statements, which suggests positive attitudes and/or good understanding of

Download English Version:

<https://daneshyari.com/en/article/8556854>

Download Persian Version:

<https://daneshyari.com/article/8556854>

[Daneshyari.com](https://daneshyari.com)