

Spiritual Care Practices of Advanced Practice Nurses: A Multinational Study

Beth DeKoninck, DNP, FNP-BC, Lee Ann Hawkins, PhD, FNP-BC, Jeremy P. Fyke, PhD, Terry Neal, EdD, FNP-BC, and Kristina Currier, DNP, FNP-BC

ABSTRACT

Spiritual care is increasingly being recognized by governing bodies and patients as central to the work of advanced practice nurses (APNs), whose work is expanding globally. In this study we sought to determine how APNs integrate spiritual care into clinical practice and potentially uncover barriers to doing so in the United States and Europe. We found that nearly 93% of participants recognized that patients have spiritual care needs, but only about two thirds of participants reported actively engaging in spiritual care practices. Furthermore, increased training reduced discomfort with provision of spiritual care, and this training empowered APNs to work without the help of clergy.

Keywords: advanced practice nurse, spiritual care practices, spirituality, training

© 2016 Elsevier Inc. All rights reserved.

INTRODUCTION

The healing professions have long recognized that holistic care includes mind, body, and spirit and that all 3 must be considered to maintain or restore health. Addressing spirituality has typically been an integral part of nursing practice worldwide, yet attention given to spiritual care in the practice setting rarely involves more than asking the of the patient's religious affiliation. Indeed, as the emphasis on evidence-based practice (EBP) and clinical benchmarks in patient care increases, the provision of spiritual care may further challenge nurse practitioners (NPs), who already feel pressed for time when seeing patients.¹ [Although advanced practice nurses (APNs) may be representative of multiple fields of advanced practice in the US, reference to APNs within the framework of this study refers primarily to NPs. The term "advanced practice nurse" is reasonably familiar worldwide, whereas the term "nurse practitioner" is not. To minimize confusion among international participants, APN is the terminology that was used during the study; however, NP is used in this article.] Lack of attention to spiritual care has been recognized in the US by the Joint Commission, with a recent suggestion that spiritual care should consist of more than a cursory question regarding religious affiliation.² Furthermore, the International Council of Nurses and Malta Code

of Ethics have both underscored the importance of spiritual care for all patients.³

NPs continue to emerge as primary care providers, both in the US and abroad, with many working in rural areas and assuming primary care of patients.⁴ As primary care providers, NPs promote health and manage acute and chronic disease conditions across the lifespan, often developing deep relationships with patients and their families. Although NPs are well trained to manage disease from physiologic and often psychological perspectives, it is unclear whether they receive the same level of preparation to provide spiritual care to patients.

The literature has shown NPs may not be comfortable incorporating spiritual care into practice for various reasons.⁵ Many NPs report they received inadequate training for spiritual care in their post-baccalaureate nursing programs.^{4,6} In addition to lack of training in spiritual care, other barriers noted by NPs include limited time for patient encounters, decreased productivity, fear of rejection, and lack of coding knowledge to gain reimbursement for spiritual care.⁴ Indeed, studies have shown that, although NPs believe spiritual care to be a major aspect of care and a pillar of the nursing discipline, most do not provide spiritual care to patients other than praying for patients privately or referring for pastoral care.^{4,6}

When pondering the provision of spiritual care, the patient's perspective must be considered to gain a more complete understanding of the issue. In contrast to the limited research regarding spiritual care practices of NPs, the literature demonstrates patients are often open to discussing spiritual issues with their health care provider, and this window of opportunity increases as a patient's health deteriorates.^{7,8} MacLean and colleagues⁷ found that, although a majority of patients wanted their doctor to be aware of their spiritual beliefs, only 33% would welcome the physician actively addressing spiritual needs in the outpatient setting. However, with increasing severity of disease, such as a grave diagnosis or a terminal prognosis, 50%-70% of patients indicated they would appreciate the physician offering prayer or inquiring about spiritual beliefs.⁷

The gap in the literature regarding the provision of spiritual care extends to European countries where NP practice is becoming prevalent. NPs across western Europe are increasingly providing health care to patients in varied settings, similar to the US. In addition, many NPs share a global vision of providing health care and participate in international nursing research and conferences. Thus, learning about the spiritual care practices of NPs, both in the US and abroad, would serve to inform practice and contribute to the increasing exchange of information about transcultural care. Accordingly, this study sought to investigate if and how NPs integrate spiritual care into clinical practice and, potentially, uncover barriers to doing so in the US, England, Austria, Switzerland, and Germany. For the purpose of this study, spiritual care is defined as attending to and supporting the patient's own sense of transcendent meaning in life, which may or may not include religious practices. Unless otherwise specified, the term "spiritual care" refers to the provision of care within the clinical setting, not to the personal spiritual practices of the NP.

METHODS

Study Design and Setting

The setting for this prospective, descriptive study was international, yet it was conducted under the auspices of a faith-based liberal arts university located in the midwestern US. Approval was obtained from the

institutional review board. The primary investigator met with representatives of western European NP professional and educational organizations during the design of the study. The international partners provided access to potential participants in their respective NP populations, and assisted in translation and validation of the survey instrument as appropriate for their location.

Sampling Procedure

The sample population included NPs practicing in the US, England, Switzerland, Austria, and Germany. The study was primarily directed toward, but not limited to, APNs in an NP role. Participants were required to be age ≥ 18 years old, educated and licensed as an NP, practicing in an outpatient setting, and with internet access and skills to complete an online survey. The study e-mail consisted of a cover letter and survey link, and was sent electronically to potential participants using convenience and snowball sampling methods. Specifically, the international partners in Switzerland and England were from universities and forwarded the study e-mail to NP alumni. The Austrian and German partners were affiliates of NP professional associations and forwarded the study e-mail to their respective memberships. In the US, the study e-mail was sent to graduates of family NP programs from the investigators' respective universities and alma maters. The surveys were initially sent between July 22 and August 14, 2014 and then re-sent between September 1 and September 22, 2014, to ensure the highest possible response rate. The survey was sent to approximately 600 prospective participants in total.

Instrument

The study utilized SurveyMonkey technology (SurveyMonkey, Inc., Palo Alto, CA) to link to and gather data from the anonymous online survey. Informed consent was implied if the subject proceeded from the cover letter to the online survey; no personally identifying information was collected. The survey instrument was a 41-item questionnaire adapted with permission from Taylor's Nurse Spiritual Care Therapeutics Scale. Taylor's instrument had previously been tested and validated in a sample of 181 oncology nurses.⁹ The survey was

Download English Version:

<https://daneshyari.com/en/article/2660244>

Download Persian Version:

<https://daneshyari.com/article/2660244>

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