

# INTEGRATING SPIRITUALITY INTO NURSE PRACTITIONER PRACTICE:

## THE IMPORTANCE OF FINDING THE TIME



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### **ABSTRACT**

Is it possible to find the time to incorporate spirituality into nurse practitioner (NP) practice in time-driven managed care? This article reviews how medical schools are increasingly adding spirituality into their curricula, although NP programs and literature may be deficient in the area of spirituality. Caring concepts and books on nursing and spirituality are reviewed. Stranahan cites that less than 50% of NPs interviewed incorporate spirituality into practice. Practical suggestions are given to NPs to add spirituality care into their practice and recognize how they can enhance spiritual care by the use of spiritual assessment scales.

**Keywords:** caring, curricula, medicine, nurse practitioner practice, presence, spirituality

In this age of increasingly fast-paced health care practice, with insufficient time to provide such essentials as patient education, is it realistic to expect nurse practitioners (NPs) to incorporate spirituality into everyday practice? Many providers might agree that spirituality in health care is a wonderful idea, but too impractical in this era of business-driven managed care. Yet it now appears that spirituality is making a resurgence in the Western world. It must be reiterated that being spiritual may not imply the same thing as being religious. Spirituality is defined by Burkhardt and Nagai-Jacobson as “the essence of our being. It permeates our living in relationships and infuses our unfolding awareness of who we are, our purpose in being, and our inner resources...spirituality is expressed and experienced through living our connectedness with the Sacred Source, the self, others, and nature.”<sup>1(p167)</sup> Religion, however, sets a structure through which groups of people share beliefs and values, and it may be associated with culture and birth. Centuries ago, spirituality and health care were intimately connected, as described historically by many authors.

Our national practice guidelines suggest that spirituality should be a vital component of NP practice.<sup>2</sup> In Domain 7, “Cultural Competence” of the National Organization of Nurse Practitioner Faculty (NONPF) guidelines for NP practice, spiritual competency is included. The 6 spiritual competencies required of nurse practitioners in this domain are:

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
3. Assesses the influence of patient’s spirituality on his/her health care behaviors and practices.
4. Incorporates patient’s spiritual beliefs in the plan of care appropriately.
5. Provides appropriate information and opportunity for patients and families to discuss their wishes for end-of-life decision-making and care.
6. Respects wishes of patients and families regarding expression of spiritual needs.<sup>2(p4)</sup>

**Spirituality is common to all peoples, and prayer is considered a universal language.**

We must ask ourselves the question: “Are we fulfilling these spiritual competencies in our work as NPs?” Infusing spirituality into health care involves inquiring whether health care providers should be encouraging it in their clinical practices. Interestingly, even praying with patients may be included in spiritual care. It is estimated that over 40% of American physicians pray for their patients.<sup>3</sup> A survey sponsored by Cable News Network (CNN) revealed that 64% of respondents believed physicians should pray with their patients, if this is the wish of the patient.<sup>4</sup> These statistics may be applicable to NPs, as well. How well are we preparing future NPs to provide spiritual care?

### **MEDICAL SCHOOLS OUTPACE NP PROGRAMS IN INTEGRATING SPIRITUALITY**

NP preparation programs could be doing a better job of preparing their students to discuss spiritual issues with their patients. Outpacing NP programs, medical schools across the nation are increasingly incorporating spirituality into their curricula. Much of this emphasis was begun by Drs. Puchalski and Larson.<sup>5</sup> In 1994, only 17 medical schools required spirituality education, but in 2009, the American Medical Association has identified 100 of 150 national medical

schools that incorporate spirituality curricula, and 75 of these 100 require a full course in spirituality.<sup>6,7</sup> The American Association of Medical Colleges has a policy statement that physicians must understand a patient’s culture, spirituality, and end-of-life needs. Further, the provision of spiritual care has been linked with many positive benefits, including fewer hospital days, less substance abuse, lower blood pressure, less depression, faster recoveries, and an enhanced sense of well-being.<sup>8</sup>

In an attempt to determine if national nursing organizations are following suit in encouraging spirituality education, this author made telephone and e-mail queries to the major nursing and NP organizations, and learned that not one of them maintains records on the number of NP programs that incorporate spirituality curricula. However, the Health Ministries Association branch of the American Nurses Association remains involved in spirituality in nursing, and Parish/Faith Community Nursing, and the American Association of Colleges of Nursing (AACN) has

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