Spiritual Care Practices of Advanced Practice Nurses

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Disclosures

None
Objectives

- Discuss historical perspectives of spiritual care in nursing
- Explore similarities and differences of spiritual care practices of APNs in the United States and western Europe.
- Consider implications for practice and further areas of research.
Brief History of Nursing

- 1st century Christians: all believers were to care for poor, sick and disenfranchised
- Churches grew and deacons appointed to care for needy: Phoebe
- 3rd Century: groups deaconesses caring for sick, insane, lepers
- 4th Century: church established hospitals: few physicians, staffed by nurses
- Middle Ages: nursing centered in monasteries
- Renaissance – 1700s: dark period in nursing history
- Mid-1800’s – Nightingale reformed nursing and brought it back to Christian roots.

(Shelly & Miller, 2006)
What is Spirituality?

- A personal search for meaning and purpose in life, which may or may not be related to religion.
- Self-chosen or religious beliefs, values, practices which give meaning to life, motivating individuals to optimal being
- Brings faith, hope, peace and empowerment
- Results: joy, forgiveness of self and others, awareness and acceptance of hardship and mortality, increased physical/emotional well-being, ability to transcend challenges of life.

(Tanyi, 2002; Wattis, Curran & Rogers, 2017)
Spirituality v. Religion?

- Spirituality
- Religion
Reasons for Spiritual Care

- Holistic care – mind, body, soul
- Maintain and restore health
Patient Perspectives

- Severity of illness: determinant of patient’s expectation of spiritual care
- Hospitalized v. outpatient setting
- <10% patients willing to give up time during office visit for spiritual care discussion, but majority are open to discussing the topic.
- Terminal illness: >50% patients welcome any form of spiritual care  (Wattis, Curran & Rogers, 2017)
Common Forms of Spiritual Care by Providers

- Prayer
- Reading spiritual writings
- Referral to Chaplain/Pastor/Religious Leader
**APNs and Physicians**

- Little variation between APNs and Physicians
- Majority Physicians willing to participate in spiritual care at end of life
- Providers with self-description of religious/spiritual more apt to perform spiritual care and pray with patients.
- APNs – most often pray for patients privately or referral to chaplaincy (Wattis et al, 2017)
Barriers

- Inadequate training
- Time
- Productivity
- Lack of coding knowledge for reimbursement
- Physicians – concerned about disapproval from colleagues and offending patients

(Wattis et al, 2018)
The Project

- APNs and Spiritual Care
- Similarities/differences in Europe v. U.S.
  - US, England, Switzerland, Austria, Germany
- Survey/Convenience sample of 600 APRNs
- 41-item questionnaire: Likert scale, short answer, multiple choice

(DeKoninck, Hawkins, Fyke, Neal & Currier, 2016)
Challenges of the Project

- Meaning of APN
- Language translation
- Distribution of surveys
# Demographics

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Age

- <30: 44%
- 31-50: 49%
- >50: 7%
Family 45%
Other 33%
Acute Care 11%
Pediatrics 4%
Psychiatry 4%
Gerontology 3%
Other 33%
RELIGIOUS AFFILIATION

- Protestant: 38%
- Christian: 27%
- Catholic: 20%
- Non-traditional: 5%
- Hindu: 5%
- Buddhist: 2%
- Muslim: 2%
- None: 1%
- Agnostic: 1%
APN Years in Practice

- <1' (21%)
- 2-5' (26%)
- 6-10' (17%)
- 11-20' (30%)
- >20' (6%)
Findings

- 63% obtained some form of spiritual assessment
- 58% reported feeling unprepared
- 72% reported no training in nursing program
Findings

- Relationship: those who trained in spiritual care tended to conduct spiritual assessments.
- Increased training associated with increased patient communication regarding spirituality
- Increased training associated with increased comfort in initiating communication on spirituality
- Feeling comfortable with spiritual care meant less reliance on clergy to provide that aspect of care
Findings

- APNs who placed personal importance on spirituality more likely to provide spiritual care and reported less barriers
- Older and more experienced APNs less likely to perform spiritual care assessments
- Lack of training similar across age groups and years of practice
- Western European APNs more likely to provide spiritual care assessment than American counterparts
Findings

- 50% of respondents work in primary care.
- 46% of those in primary care never obtained spiritual assessments.
- 49% reported barriers: time, lack of knowledge/reticence and political correctness.
- Those who perceived a barrier waited for the patient to broach the subject as compared to APNs who reported no barriers.
- 78% agreed spiritual care is an important part of ANP practice, while only 50% reported providing any kind of spiritual care to patients.
Limitations

- Low number of Western European respondents
- APN practice relatively new in Western Europe
- Variation in APN role between U.S. and Western Europe
Intriguing Issues

- Spiritual care addressed in undergraduate programs, but APNs don’t feel equipped
- APN programs – gap in spiritual care training
- Why are those between 31-50 more likely to perform spiritual care?
- Medical schools and residency programs have significantly increased training in spiritual care. What about graduate nursing program?????
References


References

