

Providing Spiritual Care

Literature Review

Hannah Winn

Lakeview College of Nursing

## **Providing Spiritual Care**

Spiritual care is as significant as physical care and supporting patients spiritually as they approach the end of life is vital. According to Intermountain Healthcare (2020), spiritual support may help people cope with the hard, religious questions that come up at the end of life or even in difficult health situations. According to the Online Journal of Complementary & Alternative Medicine (2019), acknowledging the importance of spiritual care and having the nursing skills to address it are crucial for providing patient-centered care. Spiritual care is an expectation in healthcare, specifically in nursing practice, by national organizations. The Joint Commission (TJC), the World Health Organization (WHO), and the American Nurses Association (ANA) each include statements regarding the importance of integrating spiritual care in nursing. (Saunders, et al., 2017). This literature review will review various qualitative research articles to determine the best practice for providing spiritual care.

### **Providing Spiritual Care: Does It Make Sense?**

The article, Clinical Nurse Specialist Perceptions' of Spiritual Care (2017), used a qualitative design to collect and analyze evidence-based data and is in approval by an Institutional Review Board. The primary purpose of this article is first to identify if nurses in healthcare realize the importance of spiritual care and the many benefits that it may bring to health outcomes. The author addresses the key questions, "How do you meet the spiritual needs of patients and families in direct care or an indirect role through the nursing staff?" It is necessary for us as nurses to realize the importance of our patients' spiritual needs, even if we do not follow that specific religion or believe in religion. The most critical information in this article

would be the results of the questionnaires. In this study, twelve clinical nurse specialists are in the interview. These interviews were audio-recorded and then re-checked for accuracy within the audio. All twelve CNSs worked with adults or older adults, and religious or faith beliefs of the CNSs are not in focus. As a result, several CNSs disclosed that spiritual care is not a significant priority and is the last of the essential items of patient care. They further explained that their top priority is safety, so personal needs tend to get pushed to the bottom of the list. They defended their statement in other ways by stating that some nurses may be uncomfortable with religion and that there are so many other priorities in nursing, such as education, that religious needs get pushed lower down on the list. One other CNS said she tried to encourage the frequent offering of spiritual care, but that was not something that the nurses did at that specific hospital. The primary interference of this article is that overall, the CNSs admitted that the existence of spiritual care falls short in many healthcare industries. Safety is one of the main concerns in a patient-hospital setting, which sometimes overrides the questioning of spiritual needs. Although spiritual needs may not seem like a top priority to us as nurses, to some patients, it may be their only source of hope.

### **Key Points (note that the key points is flush to the far left)**

From the CNSs' responses to the spiritual care question, four key points, or themes are now in focus. These themes are significant because they identify the main problems and analyze what we can do to improve the use of quality spiritual care. Two key points that determine the main issues are that nurses need to provide direct spiritual support for patients and that spiritual care falls short. The responses from the twelve CNSs who are in the interview gives us this evidence. As a recap, education and safety tend to overrule religious needs on the priority scale,

and some nurses feel uncomfortable with religion. Two additional points address what we can do as an industry to increase the importance of recognizing spiritual needs. First off, nurses need support in providing spiritual care. There is an issue within the healthcare industry, with nurses feeling uncomfortable with religion. As a result, the CNSs expressed the need to model how to provide spiritual support to patients and their families for the nurses who feel uncomfortable. As nurses, we learn throughout nursing school how to correctly communicate with our patients. It should be an easy task for nurses, whether they are religious or not, to hold a hand and kindly say, "Would you like to say a little prayer?" or, "Do you pray?" to help put our patients at ease. Secondly, we need to utilize our existing sources to help provide spiritual care. The CNSs acknowledged that if spiritual care was not a mandatory part of the admissions process, it might never be recognized. It would be appropriate to say things like, "Would you like to request any spiritual care services?" during the admission process to identify if those needs are present right off the bat.

### **Assumptions**

The primary assumption underlying the author's thinking is that all patients' religious needs are recognized and respected. According to The Joint Commission (2017), requirements that focus on spiritual needs and practices are in the accreditation manual. Furthermore, the requirements include accommodating spiritual needs during end-of-life care and addressing the patient's right to access religious and spiritual services. In this study, clinical nurse specialists perceived spiritual responsibility to be a low priority in the healthcare setting compared to other necessities. The author(s) stated that they found this response to be very disturbing. Because of the study results, there is a need for various ongoing research to determine whether patient spiritual needs are satisfied. Here is where the CNS's may have the most significant influence on

impacting policies and procedures while assessing outcomes and encouraging the inclusion of spirituality care.

If we take this line of reasoning seriously, the implications will positively affect patient and cost outcomes. Another essential factor would be that it will promote a more caring environment for our patients. If we do not take this line of reasoning seriously, patients will continue to be neglected by healthcare workers in terms of their religious needs. As said in the article, "Not one CNS mentioned barriers to their direct provision of spiritual care" (Saunders et al., 2017, p. 180). We must recognize that this is an essential part of our nursing career- to help patients cope better during their stay.

### **Deficit/Conclusion**

The main point of this article was to bring the real importance of providing spiritual care to the realization of nurses. For the study, researchers want to get real-life perceptions, so they had a rather small sample group of CNSs come in for interviews. Unfortunately, these nurses admitted that religious care is often swept under the rug because it is a low priority compared to patient safety or education. Because of these results, analysis of the issues and interventions for better, more frequent spiritual care are in need. The issues identified were that nurses need support in providing spiritual care and that spiritual care often falls short. The interventions included the use of existing resources, such as religion screening questions during admission, and to finally provide direct spiritual support to our patients. Because this sample group was small, these study results cannot be generalized. Overall, the study results support the CNS role in providing direct and indirect spiritual care support and services for patients and families with spiritual needs. CNSs can model religious care behaviors to guide nurses in delivering appropriate spiritual care.

These researchers conclude that using any tool that promotes better communication within the spirituality assessment will lead to an increase in the spiritual care of any unit.

### **Providing Spiritual Care: Interventions (Article 2)**

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Key Points**

Paragraph goes here discussing the key points of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Assumptions**

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Deficit/Conclusion**

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

### **Providing Spiritual Care: The Benefits (Article 3)**

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Key Points**

Paragraph goes here discussing the key points of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Assumptions**

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Deficit/Conclusion**

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

#### **Conclusion**

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com.

## References

Cone, Pamela. (2019). Facilitating Spiritual Care for Whole Person Patient-Centered Care.

*Online Journal of Complementary & Alternative Medicine*, 1(2), 1.

<https://irispublishers.com/ojcam/pdf/OJCAM.MS.ID.000507.pdf>

Intermountain Healthcare. (2018). *Spiritual Support*. Intermountain Healthcare. Retrieved from:

<https://intermountainhealthcare.org/services/hospice-palliative-care/services/spiritual-support/>

Saunders, M. M., Harris, K., & Hale, D. L. (2017) Clinical nurse specialist perceptions' of spiritual care: Nurses need support, care falls short. *Journal of Christian Nursing*, 34(3),

176-181. <http://ezproxy.lakeviewcol.edu:2147/sp-4.06.0a/ovidweb.cgi?>

[1484624](http://ezproxy.lakeviewcol.edu:2147/sp-4.06.0a/ovidweb.cgi?&S=EPEKFPOPIHEBMBPMJPBKAFBFKDDIAA00&Link+Set=S.sh.26%7c1%7csl_11484624)

The Joint Commission. (2017). *Medical record- Spiritual assessment*. The Joint Commission.

Retrieved from: <https://www.jointcommission.org/en/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000001669/>

As you can see the reference is centered and is not bolded.

Review this citation of the source. The first line is NOT tabbed over, all other lines are.

A great hint is to click the “cite” paper within your searches.