

Assessing Spirituality in Inter-Professional Practice

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Why integrate spirituality in patient care?

- Recent years have witnessed extensive growth in research on the ways in which spirituality can support health in the contexts of medicine, nursing, ethics, social work, and psychology (Puchalski, 2014).
 - GW Institute for Spirituality & Health
 - Supportive Care Coalition- Catholic foundations
- This has been especially true in the field of palliative care. Data indicate that a focus on spirituality improves patients' health outcomes, including quality of life.
- As healers, we are called to heal the whole person.
- As Catholics, we strive to emulate Jesus.

Why integrate spirituality in patient care?

- Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Cohen, 1996).
- Participants noted the critical role of spirituality in relationship-centered compassionate care, recognizing that health care professionals and patients enter into a professional relationship whereby each party is potentially transformed by the other in the context of what was described as a healing relationship—i.e., where patients in the presence of a compassionate clinician can find healing in the midst of their suffering (Puchalski, 2014).

Objectives of the study:

It aims specifically:

- To determine the spirituality and religiousness (S/R) among health care providers as components of clinical practice across the Schools of Health Professions (SHP), Medicine (SOM) and Nursing (SON) at Texas Tech University Health Sciences Center, Lubbock
- To assess the health care providers' preference to address S/R issues with their patients/clients
- To compare health care providers' preference to address these issues with their level of S/R
- To describe opportunities to develop fluency in S/R as a part of inter-professional care in the Schools of Health Professions, Medicine and Nursing

Building on the foundation

- Spirituality has been defined as “the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to other, to nature and to the significant or sacred” (Borneman R, 2010).
- Piedmont (2013) referred to a spiritual transcendence as “the capacity of individuals to stand outside of their immediate sense of time and place to view life from a larger more objective perspective”.
- Verghese (2008) defined religion as institutionalized spirituality and may involve differing beliefs, practices and traditions.
- The integration of spirituality in the provision of care gives providers a better understanding of what an illness means to a patient, a patient’s decision making, and it contributes to building rapport, improving compliance and may enhance a patient’s coping mechanisms (Puchalski, 2001).

Health Care Provider Survey

• **Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree**

1. I consider myself to be religious.

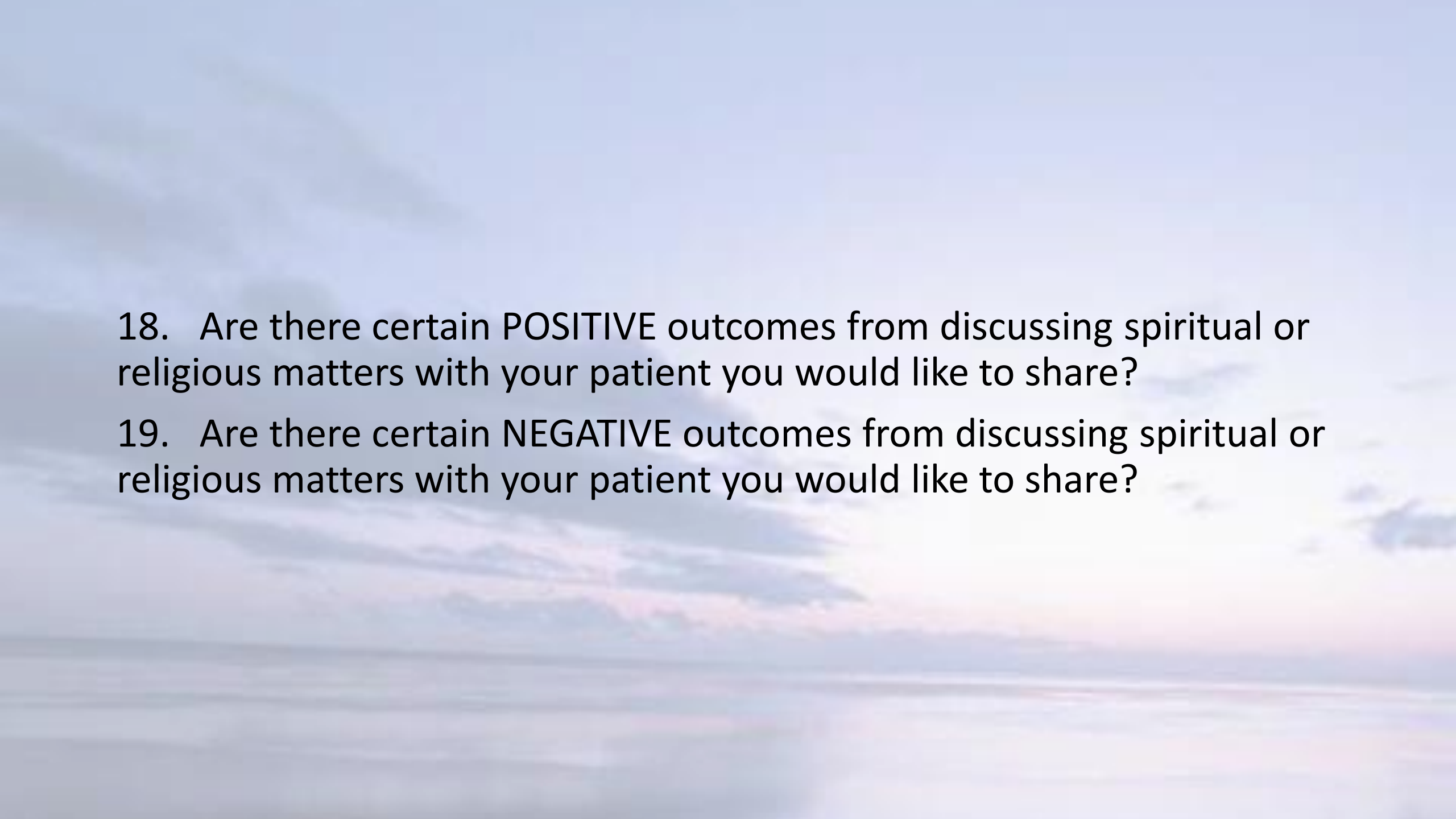
(We define being religious as believing in a higher power, and following the teachings of a single religion for example, attending services regularly or maintaining that religion's practices in your daily life).

2. I consider myself to be spiritual.

(We define being spiritual as having confidence that your life has purpose and connection to others, nature, or a higher power)

Likert Scale 1-5

- 3. I believe in God/ higher power
- 4. I feel the presence of God/ higher power
- 5. I experience a connection to life
- 6. Health care providers should be aware of patients’/clients’ religious/spiritual beliefs
- 7. Which aspects of religion/spirituality do you want to include in the patient encounter?
 - 7a. Narrative / listening to patient story
 - 7b. Reflection on what gives meaning to patient’s life
 - 7c. Religious/Spiritual support and guidance
 - 7d. Reflection on patient’s connection to other people
 - 7e. Silent prayer/ Meditation
- 8. It is helpful for me to address patients’/clients’ spiritual/ religious needs as part of overall care
- 9. It is helpful for provider and patient/client to have similar religious/spiritual beliefs
- 10. I would like to discuss my own religious/spiritual beliefs with patients/clients
- 11. I feel that I don’t always have the right words to address patients’/clients’ religious/spiritual concerns
- 12. During their education, health care providers should be taught how to address religious/spiritual issues with their patients/clients
- 13. It is helpful for a health care provider to believe in God/a higher power
- 14. I would prefer to refer patients/clients to a person of faith rather than talk directly about their religious/spiritual beliefs
- 15. I think about end-of-life issues in my practice
- 16. I enjoy good health
- 17. I have had a near death experience

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18. Are there certain POSITIVE outcomes from discussing spiritual or religious matters with your patient you would like to share?
19. Are there certain NEGATIVE outcomes from discussing spiritual or religious matters with your patient you would like to share?

20. How often do you attend church or other religious meeting?

- a. Never
- b. Once a year or less
- c. A few times a year
- d. Once a week or more

21. How often do you spend time in private religious activities, such as prayer, meditation or scripture study?

- a. Rarely or never
- b. A few times a year
- c. A few times a month
- d. A few times a week
- e. Once a day or more

22. What is your highest level of education?

- a. College degree
- b. Graduate or professional
- c. Post-graduate

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25. Relationship status

- Married
- Partnered
- Single
- Divorced/separated
- Widowed

26. Your gender: Male_____ Female_____
LGBTQIA_____

Transgender male_____ Transgender
female_____

27. How old are you? _____years

28. _____Years in practice

Outcomes:

Demographics and background information	
Age (Mean \pm SD)	
Gender	
Male	32 (31.7%)
Female	68 (67.3%)
Prefer not to disclose	1 (1%)
Race/Ethnicity	
Black/African American	2 (2%)
White, non-Hispanic	84 (82.4%)
Hispanic/Latino	6 (5.9%)
Asian	4 (3.9%)
Native American	2 (2%)
Other/Missing	3 (2.9%)
Religious Affiliation	
Christian	81 (81.8%)
Other	7 (7.1%)
No religious affiliation	11 (11.1%)

Outcomes:

School of Medicine	48 (47.6%)
Nursing	36 (35.6%)
Health Professions	17 (16.8%)
Consider themselves to be religious	
Yes	75 (73.5%)
No	27 (26.5%)
Consider myself to be spiritual	
Yes	93 (91.2%)
No	9 (8.8%)
Believe in God/ higher power	
Yes	89 (87.3%)
No	13 (12.7%)
Experience a connection to life	
Yes	91 (89.2%)
No	11 (10.8%)

Outcomes:

- ANOVA used
- Which aspects of religion/spirituality do you want to include in the patient encounter?
 - 7e. Silent prayer/ Meditation
 - $p = 0.022$
 - School of Health Professions; School of Nursing, School of Medicine
 - School of Nursing ranking higher

Outcomes:

- Which aspects of religion/spirituality do you want to include in the patient encounter?
 - 7c. Religious/Spiritual support and guidance
 - $p = 0.028$
 - School of Health Professions; School of Nursing, School of Medicine
 - School of Nursing ranking higher

Outcomes:

- During their education, health care providers should be taught how to address religious/spiritual issues with their patients/clients.
 - $p=0.037$
 - School of Health Professions; School of Nursing, School of Medicine
 - School of Nursing ranking higher

Provider-Patient relationship

- #6 It is helpful for me to address patients'/clients' spiritual/ religious needs as part of overall care.
- #9 Health care providers should be aware of patients'/clients' religious/spiritual beliefs.
- #13 It is helpful for a health care provider to believe in God/a higher power.
 - $p= 0.002$

Provider-Patient relationship

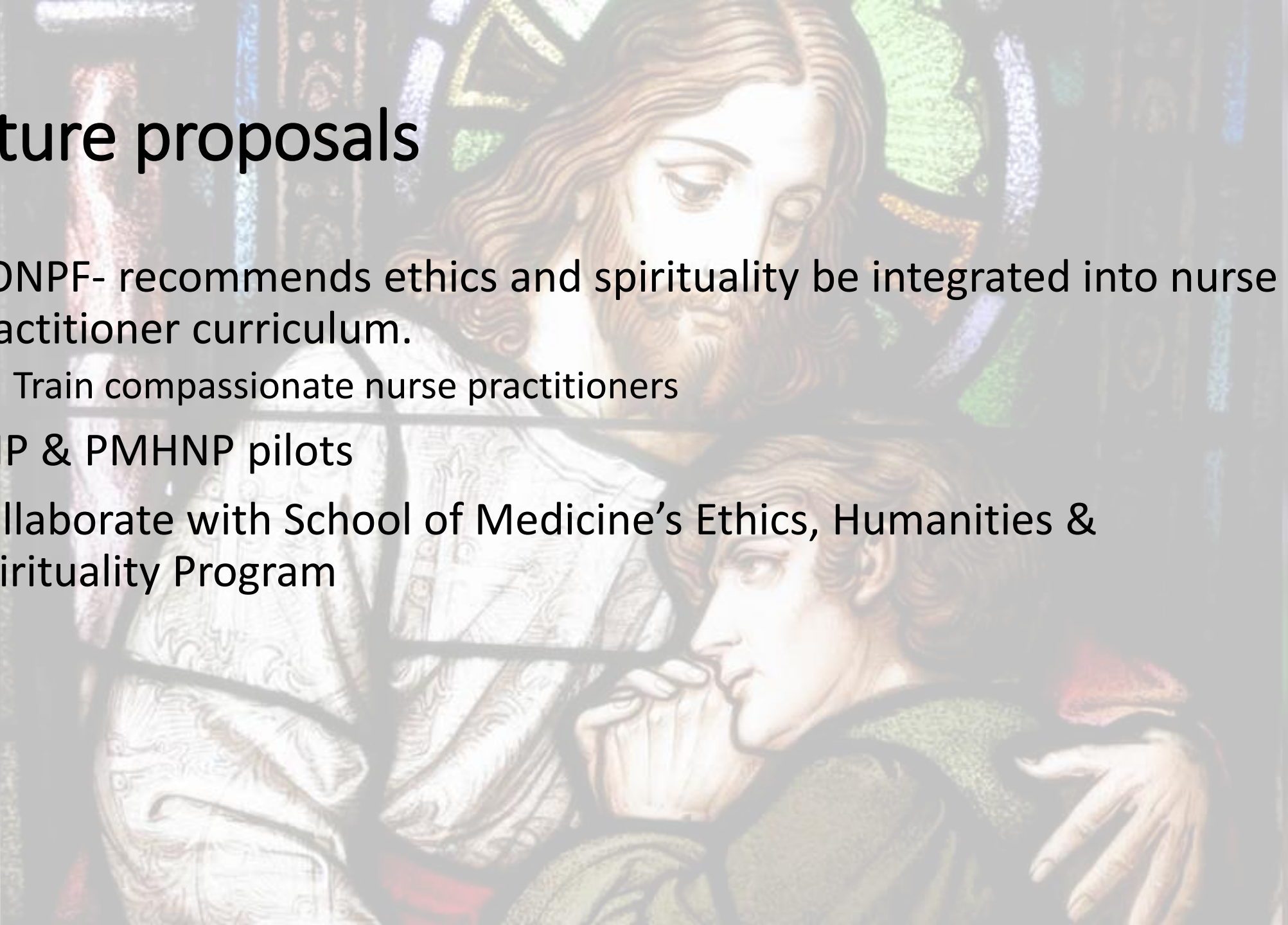
- Participants were predominantly female, Caucasian and Christian.
 - 67.3%
 - 81.8%
- Schools of Medicine, Nursing and Health Professions had close to equal participation based on the number of faculty in each school.
- Most participants considered themselves religious and/or spiritual.
 - 73.5%
- Most participants believed in God or a higher power and felt a connection to life.
 - 87.3%

Provider-Patient relationship

- Average age of participant was 51 years of age.
- Average years in practice was 22 years.
- The participants agree with each item statement if they themselves are involved in frequent private religious or spiritual activities.
- Compared with SON, SOM participants were less likely to agree with Item 6.
 - #6 It is helpful for me to address patients'/clients' spiritual/ religious needs as part of overall care.

Future proposals

- NONPF- recommends ethics and spirituality be integrated into nurse practitioner curriculum.
 - Train compassionate nurse practitioners
- FNP & PMHNP pilots
- Collaborate with School of Medicine's Ethics, Humanities & Spirituality Program



Questions?

- Thank you for your attention.

“For I will restore health to you and heal you of your wounds”, says the Lord. Jeremiah 30:17

References

- Borneman R, F. B. (2010). Evaluation of the FICA tool for Spiritual Assessment. *Journal of Pain and Symptom Management*, 40(2),:63-173.
- Cohen S.R., Mount, B.M., Tomas, J.J., Mount, L.F. (1996). Existential wellbeing is an important determinant of quality of life: Evidence from the McGill quality of life questionnaire. *Cancer*,77, 576–586.
- Cook, S. P. (2007). Association of Religiousness with Perceived Health and Healthcare Barriers. San Francisco.
- Hill PC, E. E. (2013). Measurement in the Psychology of religiousness and spirituality: existing measures and new frontiers. In P. K. (editor-in-chief), *APA Handbook of Psychology, Religion, and Spirituality Vol.1 Context, Theory and Research*. American Psychological Association.
- Martsof, D. S. & Mickley, J. R. (1998). The concept of spirituality in nursing theories: differing world-views and extent of focus. *Journal of Advanced Nursing*, 27(2), 294-303.
- Puchalski C, F. ,. (2009). Improving the Quality of Spiritual Care as a Dimension of Palliative Care: the Report of the Consensus Conference. *Journal of Palliative Medicine*, 12 (10), 885-904.
- Puchalski, C. (2001). The role of spirituality in health care. *BUMC Proceedings*, 14:352-357, pp. 14: 352-357.
- Puchalski, C.M., Vitillo, R., Hull, S.K., & Reller, N. (2014). Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus. *Journal of Palliative Medicine*, 17(6), 542-656.
- Saguil, A. P. (2012 , September 15). The Spiritual Assessment. *American Family Physician*, 86(6) 546-550.
- Verghese, A. (2008). Spirituality and mental health. *Indian J Psychiatry*, 50(4), 233-237.