

Nurses' Faith and Its Impact on the Provision of the Spiritual Component of Holistic Care to Patients in Oncology

Sarah Miller, EdD, MSN, RN
AACN's 2019 Master's Education Conference
February 22, 2019
Tampa, Florida



1

Purpose & Objective

Purpose of Presentation

- To illuminate the need for holistic care for patients, students, and those we lead.

Learning Objective

- The learner will identify how his/her faith can impact care provide to patients, students, and/or peers.

2

Background

- Nurses desire to care for the whole person (MacFayden, 2013)
- A lack of time often shifts focus towards task-based care (Bowers & Rieg, 2014)
- Nurses are unsure of how to provide holistic care (Van Leeuwen, Schep-Akkerman, & Van Laarhoven, 2013)
- Patient outcomes can be impacted when holistic care is not provided (Dossey & Dossey, 1998; Gant, O'Neil, & Stephens, 2004)
- An awareness of personal faith can impact how nurses provide spiritual care (Bush & Bruni, 2008; Musgrave & McFarlane, 2004)

3

Seeking Understanding

- How does nurses' personal faith play a role in nursing care that is provided to patients in oncology?
- How does nurses' awareness of their personal faith play a role in their ability to provide the spiritual component of holistic care to patients in oncology?

4

What Do We Know?

- Lack of research regarding the phenomenon of faith in nursing; religiosity is the focus (Bjarnason, 2010; Dyess, 2011; Taylor, Park, & Pfeiffer, 2014)
- Nurses identify faith as an integral part of each human being, but do not incorporate it into nursing practice (Battey, 2012; Dyess, 2011)
- Nurses are aware spiritual care is necessary, yet lack the knowledge to provide it to patients (Murphy & Walker, 2013)
- Collaboration among healthcare providers is vital to ensure patients receive holistic care (Taylor, Cummings, & McGilly, 2012)
- The meaning of spirituality can vary from patient to patient - individualizing spiritual care is necessary (Frick, Riedner, Fegg, Hauf, & Borasio, 2005; Noble & Jones, 2010; Taylor, 2003; Woll, Hinshaw, & Pawlick, 2008)

5

Why is Spiritual Care Important for Patients in Oncology?

- A life threatening diagnosis prompts patients to think about their spirituality
- Spiritual care benefits patients in oncology
- Quality of life can be linked to spirituality
- There is a vulnerability of both patients and nurses in regards to spiritual care

6

Methods

- Criteria for Inclusion:
 - Registered Nurse
 - Current student or alumni in the RN-BSN or MSN programs at a small, private, faith-based university in the Midwest
 - Had to have worked in oncology at some point in their career
- Each participant answered a set of 10 questions
 - 9 face-to-face interviews, 1 via telephone

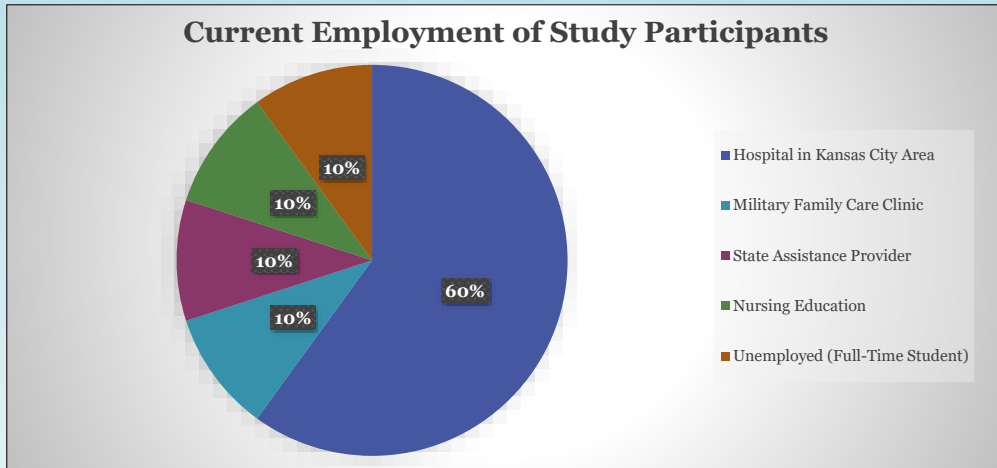
7

Sample

- Participant Demographics:
 - 9 Caucasian and 1 Hispanic
 - All female
 - Range in age from 35-60 years old
 - 9 worked with adults, 1 with pediatrics
 - Time spent in oncology ranged from 8 months to 25 years
 - Self-identification of faith from all 10 study participants, though this was not a requirement for participation in this study

8

Sample



9

Data Analysis

- Bracketing
- Saturation
- Researcher transcribed all interviews
- Peer debriefing
- Member checking

10

Theme I: Treading Lightly

- Avoid Making Patients Uncomfortable
- Avoid Passing Judgment
- Respecting Patients by Meeting Them Where They Are
- Listening is Vital

11

Respecting Patients by Meeting Them Where They Are

“Unless I understand exactly where the patient is or try to understand where the patient is coming from, then I’m not gonna be able to reach them and be able to reach the whole person.”

Olivia

12

Listening is Vital

“Ya know you have to figure out what’s going on up here [points to head] and what’s going on in here [points to chest] too, umm before you can really help them process about what’s going on with the body.”

Laura

13

Theme II: Growing in Faith

- Nurses’ Faith Challenged
- Learning from Seasoned Nurses
- Attachment to Patients
- The Role of Faith in Providing Care to Patients

14

Nurses' Faith Challenged

“Well I think that the whole time I worked in oncology it helped me to develop my own personal feelings about faith because every day I was dealing with life and death, and to see young people, elderly people dealing with their new diagnosis, or treatments and the outcomes, and their progression of the disease. Umm ... every day [tearful] I left with a new awareness [voice wavering] about something that I felt like impacted my faith.”

Mary

15

Attachment to Patients

“You always say as a nurse, you're like ‘I'm not going to let them into my [does not finish thought], but every now and again somebody sneaks in. And he was the one. He was the one that snuck in there. And so yeah does your ... they become a part of you ... and umm [tearful] ... it's hard to teach that ya know, as a now that I'm an educator it's really kinda hard to teach these experiences, ya just kinda have to go through ‘em.’”

Laura

16

Theme III: Lack of Education

- Basic Nursing Education versus Reliance on Experience
- Spiritual Care is Vital for Patients in Oncology
- Task Based Care Overshadows Spiritual Care

17

Task Based Care Overshadows Spiritual Care

“They’re busy doing the task and they forget that umm ... there might be a greater need, not so much about hanging that antibiotic and getting those pills passed before nine o’clock or whatever, but maybe they just need you to sit in that room and uh listen to ‘em ... umm and sometimes that makes ‘em feel better than any kind of pain pill you could ever give to ‘em.”

Laura

18

Limitations and Strengths

Limitations & Strengths

Limitations:

- Sample size
- Assumptions of the researcher
- Recollection of memories

Strengths:

- Participants were able to recall memories vividly
- Allowed for vulnerability with researcher

Recommendations for Further Research

- Diverse, larger sample size
 - Incorporate other specialties
- Define spirituality
- Comparison of nurses' perception of how they provide spiritual care with that of the patients who are receiving the care
- Interview nurse educators to elicit their perspective about providing spiritual care education

Call to Action for Leaders in Nursing

- Nursing curricula should include spiritual care
- Shifting the paradigm from task based care to holistic care
- Continuing education opportunities for nurses
- Interdisciplinary approach
- Nurses must have a seat at the table in discussions about spiritual care

Reflection

- Role transitions: faculty → program director → department chair
- Faculty have diverse needs, so we must have diverse leading strategies
- We must meet our students and faculty where they are and help them to get to where they desire to be
- The environment plays a role in our ability to practice/provide/take part in spiritual care
- Spiritual care does not align with one faith or religion
 - Spiritual care encompasses many concepts
 - We need care, education, and leadership that emphasizes consideration for the whole person

21



Questions?

Thank you for your time!

22

References

- Baldacchino, D. R. (2006). Nursing competencies for spiritual care. *Journal of Clinical Nursing, 15*, 885-896. doi: 10.1111/j.1365-2702.2006.01643.x
- Battey, B. W. (2012). Perspectives of spiritual care for nurse managers. *Journal of Nursing Management, 20*, 1012-1020. doi: 10.1111/j.1365-2834.2012.01360.x
- Bjarnason, D. (2010). Nurse religiosity and end-of-life care. *Journal of Research in Nursing, 17*, 78-91. doi: 10.1177/1744987110372046
- Bowers, H., & Rieg, L. S. (2014). Reflections on spiritual care: Methods, barriers, recommendations. *Journal of Christian Nursing, 31*, 47-51. doi: 10.1097/CNJ.000000000000017
- Burkhart, L., & Schmidt, W. (2012). Measuring effectiveness of a spiritual care pedagogy in nursing education. *Journal of Professional Nursing, 28*, 315-321. doi: 10.1016/j.profnurs.2012.03.003
- Bush, T., & Bruni, N. (2008). Spiritual care as a dimension of holistic care: A relational interpretation. *International Journal of Palliative Nursing, 14*, 539-545.

References

- Carr, T. J. (2008). Mapping the processes and qualities of spiritual nursing care. *Qualitative Health Research, 18*, 686-700. doi: 10.1177/1049732307308979
- Dossey, B. M., & Dossey, L. (1998). Body-mind-spirit: Attending to holistic care. *The American Journal of Nursing, 98*, 35-35.
- Dyess, S. M. (2011). Faith: A concept analysis. *Journal of Advanced Nursing, 67*, 2723-2731. doi: 10.1111/j.1365-2648.2011.05734.x
- Gant, D., O'Neil, K., & Stephens, L. (2004). Spirituality in the workplace: New empirical directions in the study of the sacred. *Sociology of Religion, 65*, 265-283.
- Frick, E., Riedner, C., Fegg, M., Hauf, S., & Borasio, G.D. (2006). A clinical interview assessing cancer patients' spiritual needs and preferences. *European Journal of Cancer Care, 15*, 238-243. doi: 10.1111/j.1365-2354.2005.00646.x
- MacFayden, J. (2013). Holistic nursing: Innovatively addressing health care needs? *Holistic Nursing, 27*, 4-5. doi: 10.1097/HNP.0b013e31827938c7
- McAloney, K. (2013). Inter-faith relationships in Great Britain: Prevalence and implications for psychological well-being. *Mental Health, Religion, & Culture, 16*, 686-694. doi: 10.1080/13674676.2012.714359

References

- McClung, E., Grossoehme, D. H., & Jacobson, A. F. (2006). Collaborating with chaplains to meet spiritual needs. *MEDSURG Nursing, 15*, 147-156.
- Murphy, L. S., & Walker, M. S. (2013). Spirit-guided care: Christian nursing for the whole person. *Journal of Christian Nursing, 30*, 144-152. doi: 10.1097/CNJ.0b013e318294c289
- Musgrave, C. F., & McFarlane, E. A. (2004). Intrinsic and extrinsic religiosity, spiritual well-being, and attitudes towards spiritual care: A comparison of Israeli Jewish oncology nurses' scores. *Oncology Nursing Forum, 31*, 1179-1183.
- Noble, A., & Jones, C. (2010). Getting it right: Oncology nurses' understanding of spirituality. *International Journal of Palliative Nursing, 16*, 565-569.
- Taylor, C., Cummings, R., & McGilly, C. (2012). Holistic needs assessment following colorectal cancer treatment. *Gastrointestinal Nursing, 10*, 42-49.
- Taylor, E. J. (2003). Spiritual needs of patients with cancer and family caregivers. *Cancer Nursing, 26*, 260-266.

References

- Taylor, E. J., Park, C. G., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *Journal of Advanced Nursing, 70*, 2612-2621. doi: 10.1111/jan.12446
- Van Leeuwen, R., Schep-Akkerman, A., & Van Laarhoven, H. W. M. (2013). Screening patient spirituality and spiritual needs in oncology nursing. *Holistic Nursing Practice, 27*, 207-216. doi: 10.1097/HNP.0b013e318294e690
- Walker, A.G. (2013). The relationship between the integration of faith and work with life and job outcomes. *Journal of Business Ethics, 112*, 453-461. doi: 10.1007/s10551-012-1271-0
- Woll, M. L., Hinshaw, D. B., & Pawlik, T. M. (2008). Spirituality and religion in the care of surgical oncology patients with life-threatening or advanced illnesses. *Annals of Surgical Oncology, 15*, 3048-3057. doi: 10.1245/s10434-008-0130-9