

Spirituality: One Nurse's Journey Through Practice and Research



Harleah G. Buck, PhD, RN, CHPN

Research Fellow

Hartford Center of Geriatric Nursing Excellence

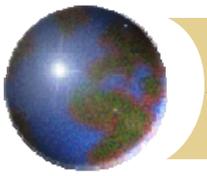
NewCourtland Center for Transitions and Health

University of Pennsylvania School of Nursing



Acknowledgements

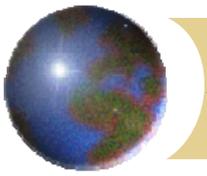
- University of South Florida College of Nursing
- University of Pennsylvania School of Nursing
- Susan C. McMillan, PhD, RN, FAAN
- Barbara Riegel, DNSc, RN, FAAN, FAHA
- Salimah Meghani, PhD, MBE, CRNP



JOURNEY (*jur-nee*) *noun*

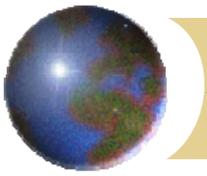
1. A traveling from one place to another, usually taking a rather long time
2. Passage or progress from one stage to another
3. A rock band from the 70's

journey. (n.d.). *Dictionary.com Unabridged*. Retrieved May 13, 2010, from Dictionary.com website: <http://dictionary.reference.com/browse/journey>



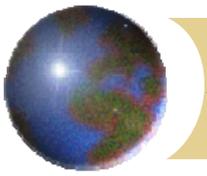
Map for Today's Journey

- Past work in spirituality
- Current exploration in spirituality
- Future direction

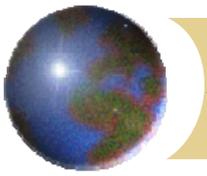


The Legend for the Map

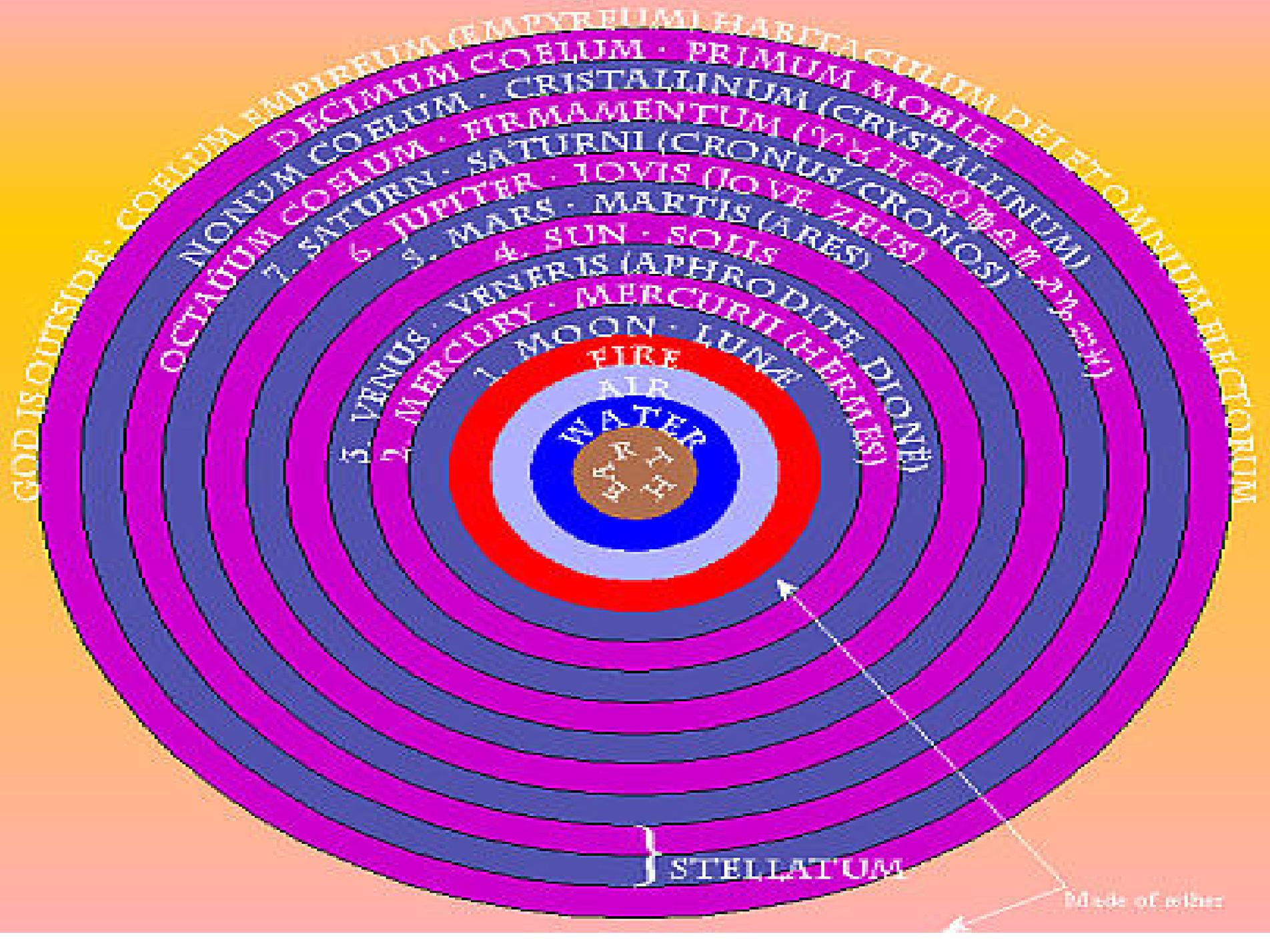


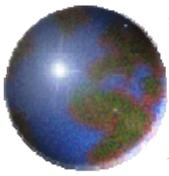


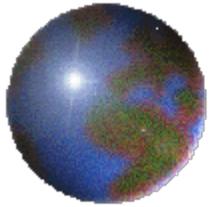
Is what you see.....



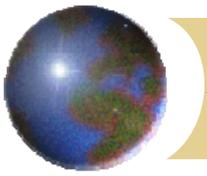
*.....shaped by that for
which you search?*



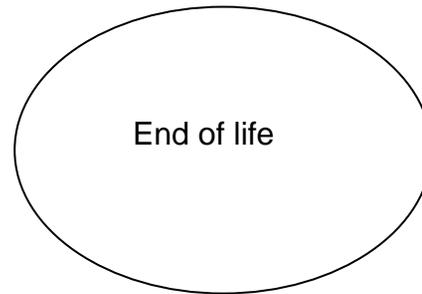
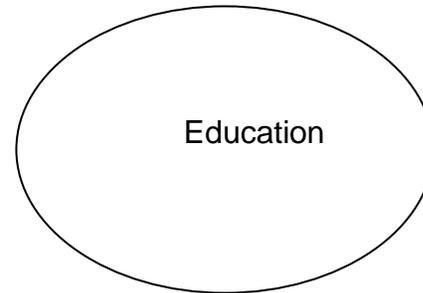
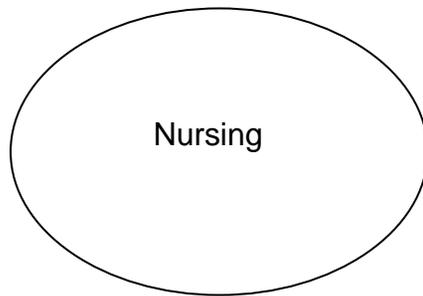


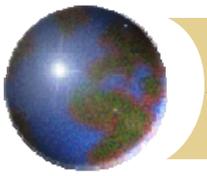


Past work in spirituality

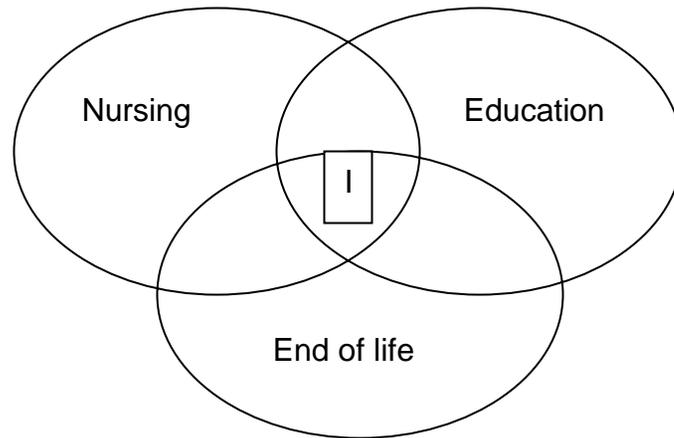


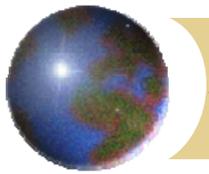
Where did it start?





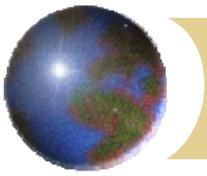
What is the “I” (integration) point?





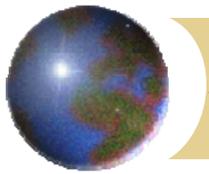
Professional Goals

- To add to the body of knowledge that will enhance the profession of nursing
- To extend previous research into the area of spirituality in end of life care
- To empirically **test nurses' own perception of their preparation to give spiritual care** to their patients
- To empirically **test patients perception of whether they feel that their nurses meet their needs in the area of spiritual care** in the end of life
- To develop curricula to empower nurses to understand how their patient's spirituality shapes their end of life experience
- To develop curricula to empower nurses to acknowledge and enter into their patient's spirituality in a collaborative way
- To develop curricula in collaboration with Pastoral care professionals that builds on how nurses already learn and uses the language and structure of the nursing profession
- To empirically test nurses after the application to measure whether they do feel empowered to meet their patients spiritual needs
- To empirically test patients after the application to measure whether they feel that their spiritual needs have been met
- To make the curricula available and to train others in the use of it



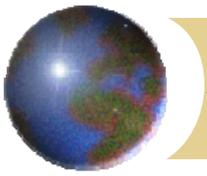
What I proposed to do to achieve those goals.....

- Thesis: Hospice nurses feel inadequately prepared to address patient's spirituality.
- Hypothesis: Continuing education on spirituality from a nursing perspective will prepare Hospice nurses to address patient's spirituality



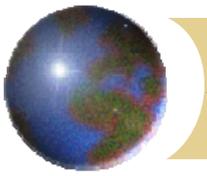
NURSES' SPIRITUAL CARE PRACTICES: AN INTEGRATIVE REVIEW OF THE LITERATURE

- **Purpose:** To review empirical research on spiritual care practices of nurses and its implications for practice and research.
- **Method:** A review of research literature from multiple sources was used to identify potentially eligible articles. All areas of nursing and types of patients were included.
- **Results:** 23 studies conducted in the United States, the United Kingdom, and Finland



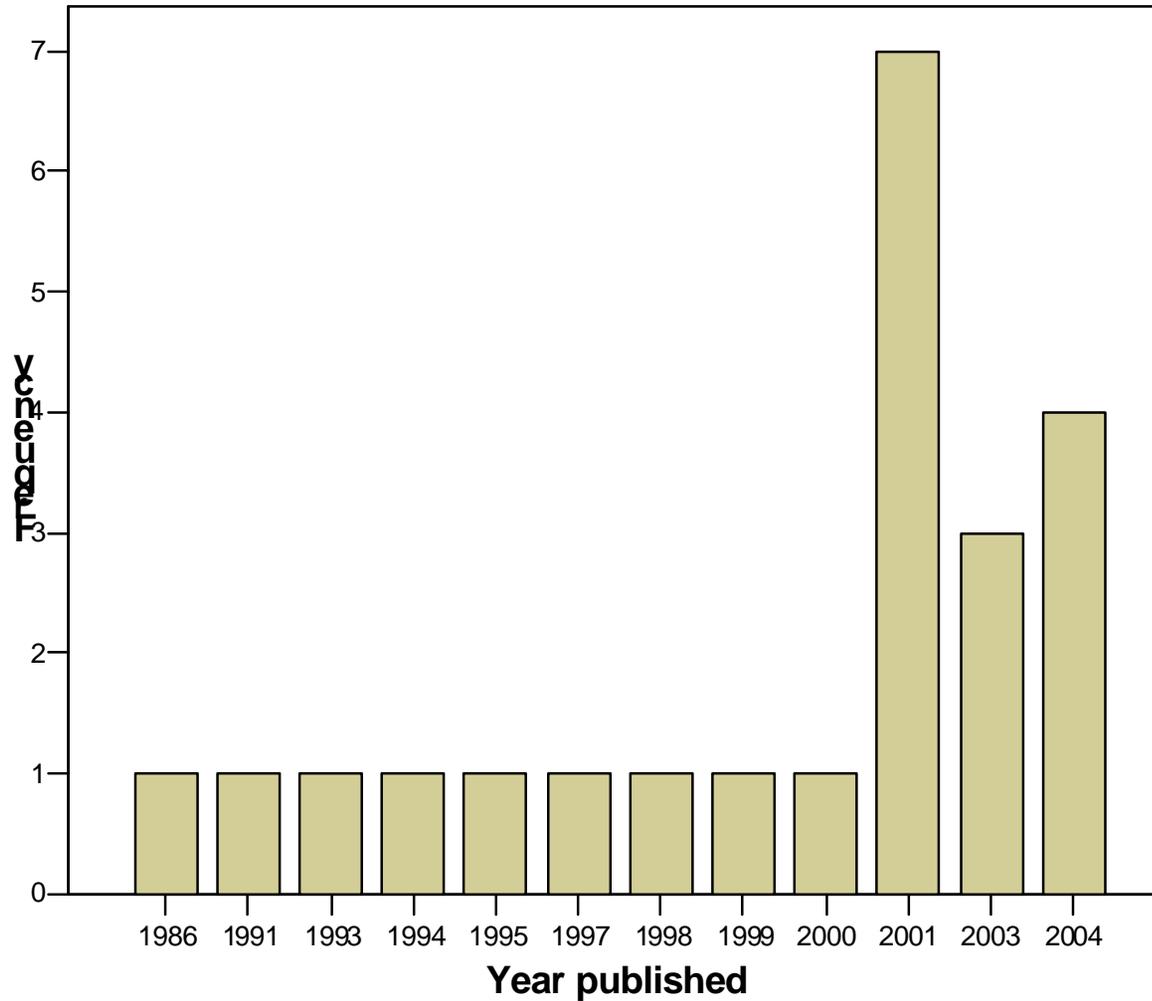
Findings across studies

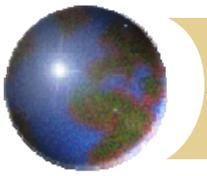
- Nurses' own spirituality was the strongest predictor of participation in spiritual care
- Patients report that it is important for their spiritual needs to be addressed by nursing
- A specific barrier was a lack of knowledge and education on how to deliver spiritual care



Number of Studies per Year

Year published

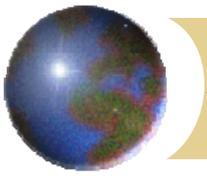




Spirituality: Concept Analysis and Model Development¹

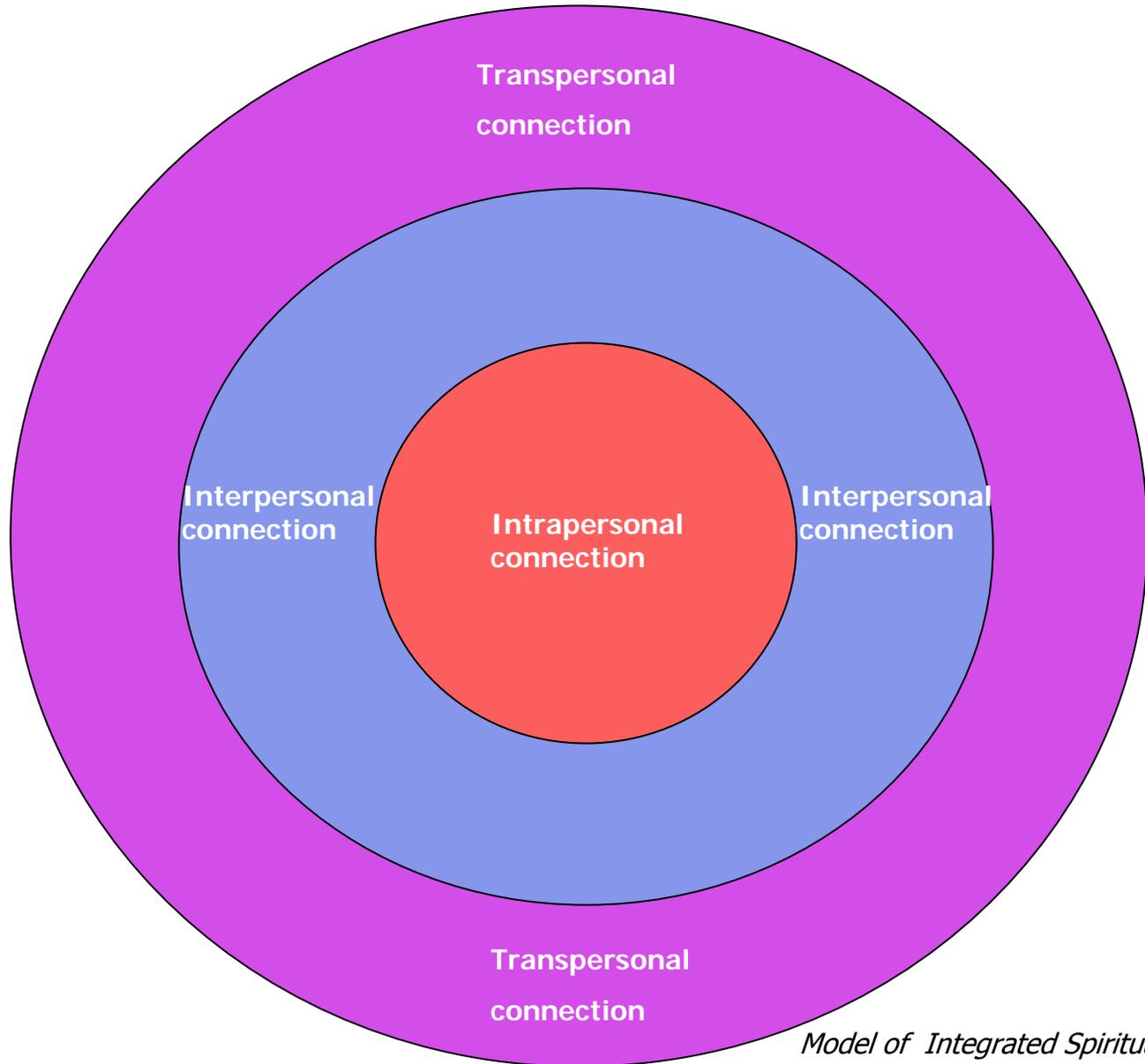
- **Background:** Many recommend that continued theory development is essential to understand spirituality and guide practice.
- **Aim:** To review the nursing research on spirituality and conduct a concept analysis using Chinn and Kramer's method of creating conceptual meaning.
- **Findings:** *Spirituality* is defined as: that most human of experiences that seeks to transcend self and find meaning and purpose through connection with others, nature, and/or a Supreme Being, which may or may not involve religious structures or traditions.

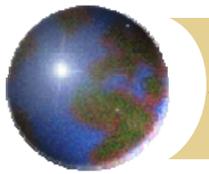
¹Buck, H.G. (2006). *Holistic Nursing Practice* 20(6), 288-292.



**Criteria for the
Concept of
Spirituality:**

- 1) Intrinsically human – but not cognitively limited
- 2) Ontological and teleological
- 3) Self - transcendent
- 4) Connection with the corporeal and incorporeal (others, nature, and/or a Supreme Being)
- 5) May or may not involve religious structures and traditions.





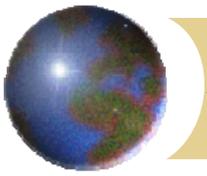
Unmet Spiritual Care Needs of Caregivers of Advanced Cancer Patients²

Purpose/Objectives: Identify the unmet spiritual needs of caregivers and explore the relationship between the caregivers' unmet needs and the patient's symptom distress, the caregiver's depressive symptomatology, as well as stated spiritual needs.

Sample: 110 hospice caregivers.

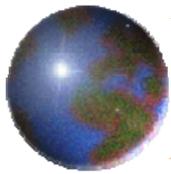
Method: The Spiritual Needs Inventory and CES-D was administered to newly-admitted hospice caregivers and the Memorial Symptom Assessment Scale to patients. Descriptive statistics, regression analysis and correlations were obtained.

²Buck, H.G. & McMillan, S.C., (2008). *Journal of Hospice and Palliative Nursing*, 10(2), 91-99.



Findings

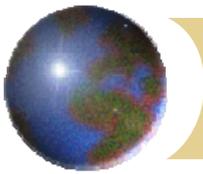
- Average score of 56.4 (on a possible range of 17-85) on the Spiritual Needs Inventory with a μ of 1.3 (range of 0-13) unmet needs reported
- 17% of the variance in the unmet needs score is explained by caregiver outlook, religious practices, depressive symptoms and patient's distress score
- Frequently cited as needed and/or unmet were those that related to outlook in life



Items Marked as Frequently or Always a Need

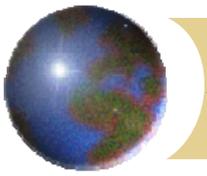
Item- I need to:	Percent
See smiles	83.3
Laugh	82.6
Talk about day to day things	81.3
Think happy thoughts	78.7
Have information about family and friends	74.3
Pray	70.6
Be with family	69.7
Be with friends	53.2
Being around children	41.3
Sing/listen to inspirational music	35.7
Use phrases from religious texts	33.0
Use inspirational materials	31.2
Be with people who share my beliefs	29.4
Read inspirational materials	29.4
Go to services	28.4*
Talk with someone about spiritual issues	18.3
Read a religious text (Bible, Koran, etc)	16.5

***bimodal distribution**



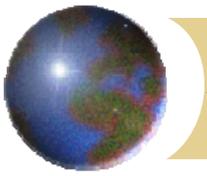
Items Marked as Unmet Needs

Item – I need to:	Frequency	Percent
Be with family	21	19.6
Laugh	17	15.6
Be with friends	13	12.6
See smiles of others	13	12.1
Think happy thoughts	12	11.5
Be around children	10	10.5
Go to religious services	10	15.9
Talk about day to day things	8	7.8
Read inspirational materials	7	9.5
Talk with someone about spiritual issues	6	7.7
Sing/listen to inspirational music	6	7.0
Read a religious text (Bible, Koran, etc)	4	5.5
Be with people who share my spiritual beliefs	4	5.0
Use inspirational materials	2	2.7
Use phrases from religious texts	2	2.7
Have information about family and friends	2	1.9
Pray	1	1.0



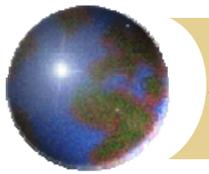
Then there was a jog in the road...

- A compelling question led to a new trajectory



The compelling question

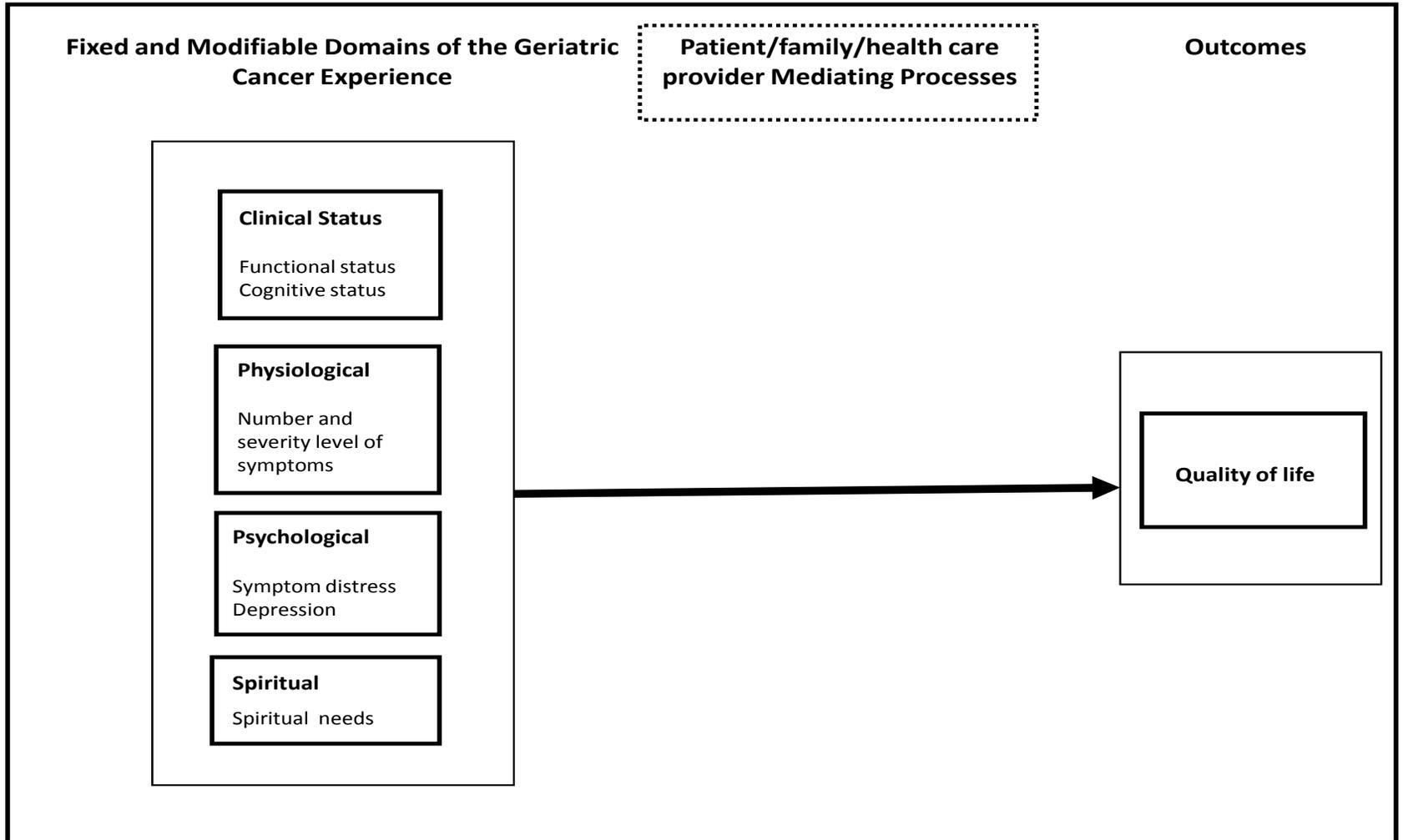
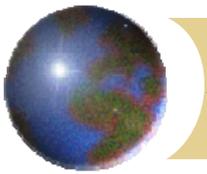
- What *is* quality of life in the end stage disease experience of older adults and how do we provide care that supports it in the individual

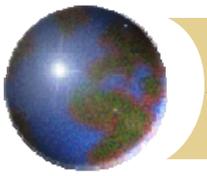


The Geriatric Cancer Experience in End of Life: Testing an Adapted Model³

Purpose: Test an adapted end of life conceptual model of the geriatric cancer experience and provide evidence for the validity and reliability of the model for use in practice and research.

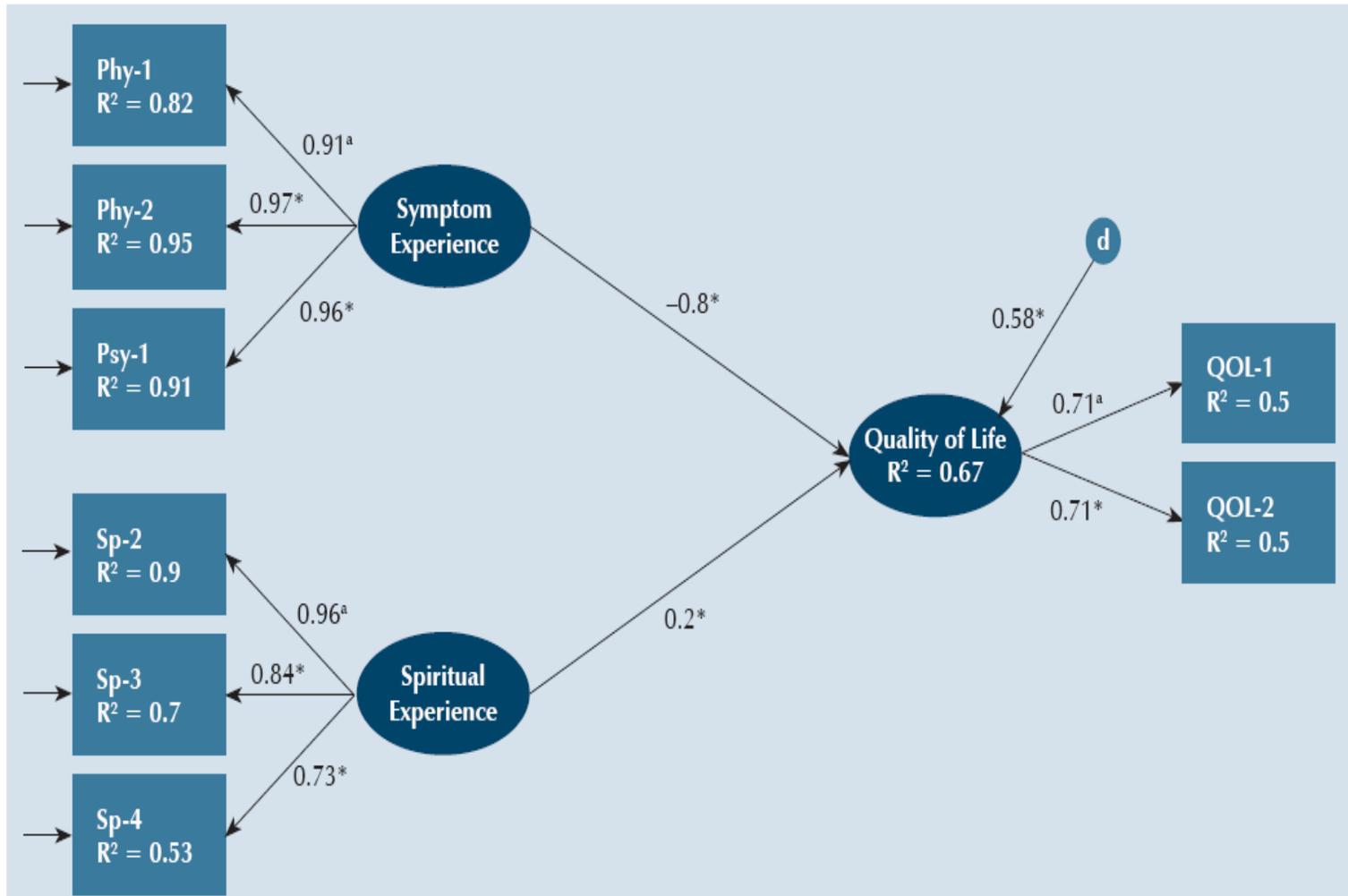
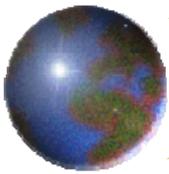
Hypothesis: The geriatric cancer experience in end of life has a five factor structure composed of clinical status, physical, psychological, spiritual and quality of life latent variables and that quality of life is dependent on the other factors.





Findings:

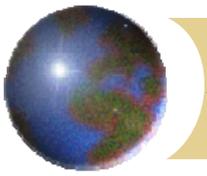
- The initial five-factor model was rejected when fit indices showed misspecification
- A three-factor model with quality of life as an outcome variable showed that 67% of the variability in quality of life is explained by the person's symptom experience and spiritual experience



* $p = 0.05$

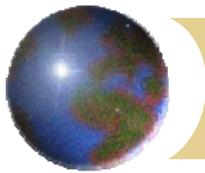
^a Pathway fixed to one in unstandardized model

CS—clinical status; d—disturbance term; Phy—physiologic; Psy—psychological; QOL—quality of life; R^2 —squared multiple correlation; Sp—spiritual

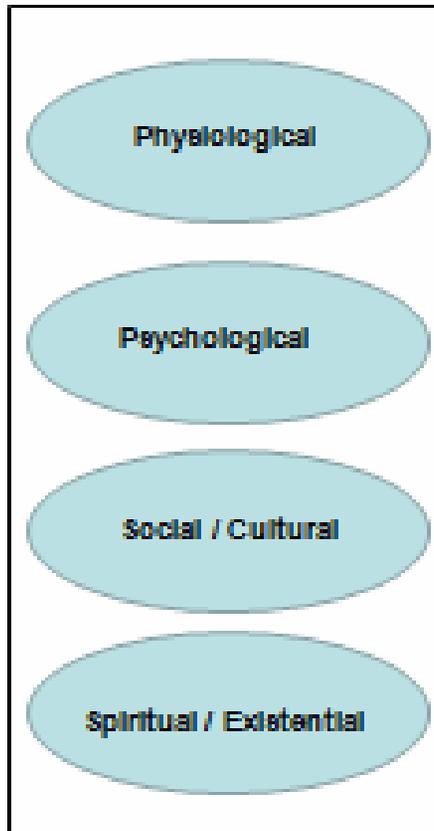


Conclusions

- As the number of symptoms and the associated severity and distress increase, the person's quality of life decreases (β -0.8)
- As the spiritual experience increases (the expressed need for inspiration, spiritual activities, and religion) quality of life also increases (β 0.2)

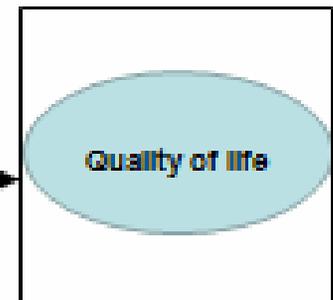


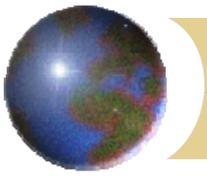
**Fixed and Modifiable Domains of the
End Stage Disease Experience of
Older Adults**



**Patient/family/health care provider
Mediating /Moderating Processes**

Outcomes





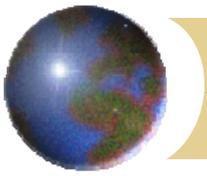
Measuring the Spiritual Need of Caregivers of Hospice Patients: Psychometric Analysis of the Spiritual Needs Inventory⁴

Purpose: To present evidence for the validity and reliability of the Spiritual Needs Inventory (SNI) in measuring the spiritual needs of caregivers of oncology patients near the end of life.

Hypotheses: That the SNI scores would

- 1) Negatively correlated with depression
- 2) Positive correlated with social support
- 3) Factor analysis would confirm the five subscales found in the original psychometric study with patients
- 4) That the SNI total and subscales would demonstrate reliability using Cronbach's alpha.

⁴Buck, H.G. & McMillan, S.C., (in press). *Journal of Palliative and Supportive Care*.

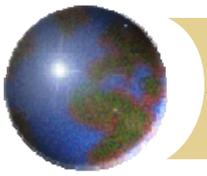


Findings

In a sample of 410 hospice caregivers, the SNI showed a significant positive correlation with the RSSS ($r= 0.14$, $p= 0.003$).

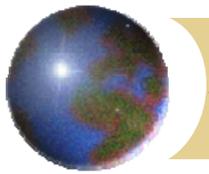
A three factor solution accounted for 54.8% of the variability in the initial solution. The first factor captured a traditional religious measure- the reported subscales of inspiration, spiritual activities, and religion collapsed into this one factor. The second factor was closest to the outlook subscale and the third factor captured the community subscale.

Cronbach's alpha for the total scale was 0.88. The factor alpha's ranged from 0.68 to 0.89.



Conclusions

Use of the SNI with hospice caregivers could aid in the identification of spiritual needs in caregivers, enabling the interdisciplinary team to develop and provide spiritual care that is individualized and supportive of quality end of life care.



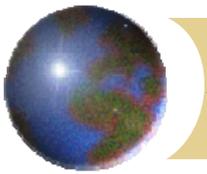
Differences in the Use of Spirituality for Cancer Pain between African Americans and Whites⁵

Purpose: To investigate the similarities and differences in the use of spirituality for cancer pain between the two groups.

Method: Qualitative descriptive study involving six focus groups, three each with African Americans and Whites were conducted as part of a larger study to understand racial/ethnic differences in cancer pain treatment decision-making

The Model of Integrated Spirituality (Buck, 2006) provided the theoretical framework for analyzing the narratives.

⁵Buck, H.G. & Meghani, S.H. (2010). Manuscript under review.

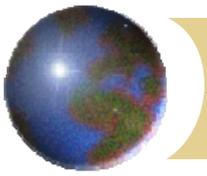


Findings

Forty two individuals completed the focus groups (AA=21, WH=21). Mean age was 55.5 years, 48% were males

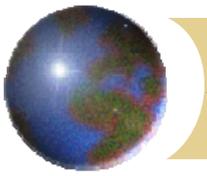
Three main themes pertaining to spirituality were:

- 1) Antecedents to the Use of Spirituality: Pain/Distress
- 2) Attributes of the Use of Spirituality: Active/Existential,
- 3) Outcomes of the Use of Spirituality: Mobilization of Resources.



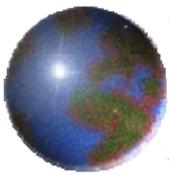
Findings:

- Most of the themes were present in both groups
- African Americans consistently mentioned more use of spirituality than the Whites except on the subtheme of 'not dwelling on the cancer'
- African Americans made reference to the use of prayer twice as many times as Whites
- Only Whites made casual reference to God's name

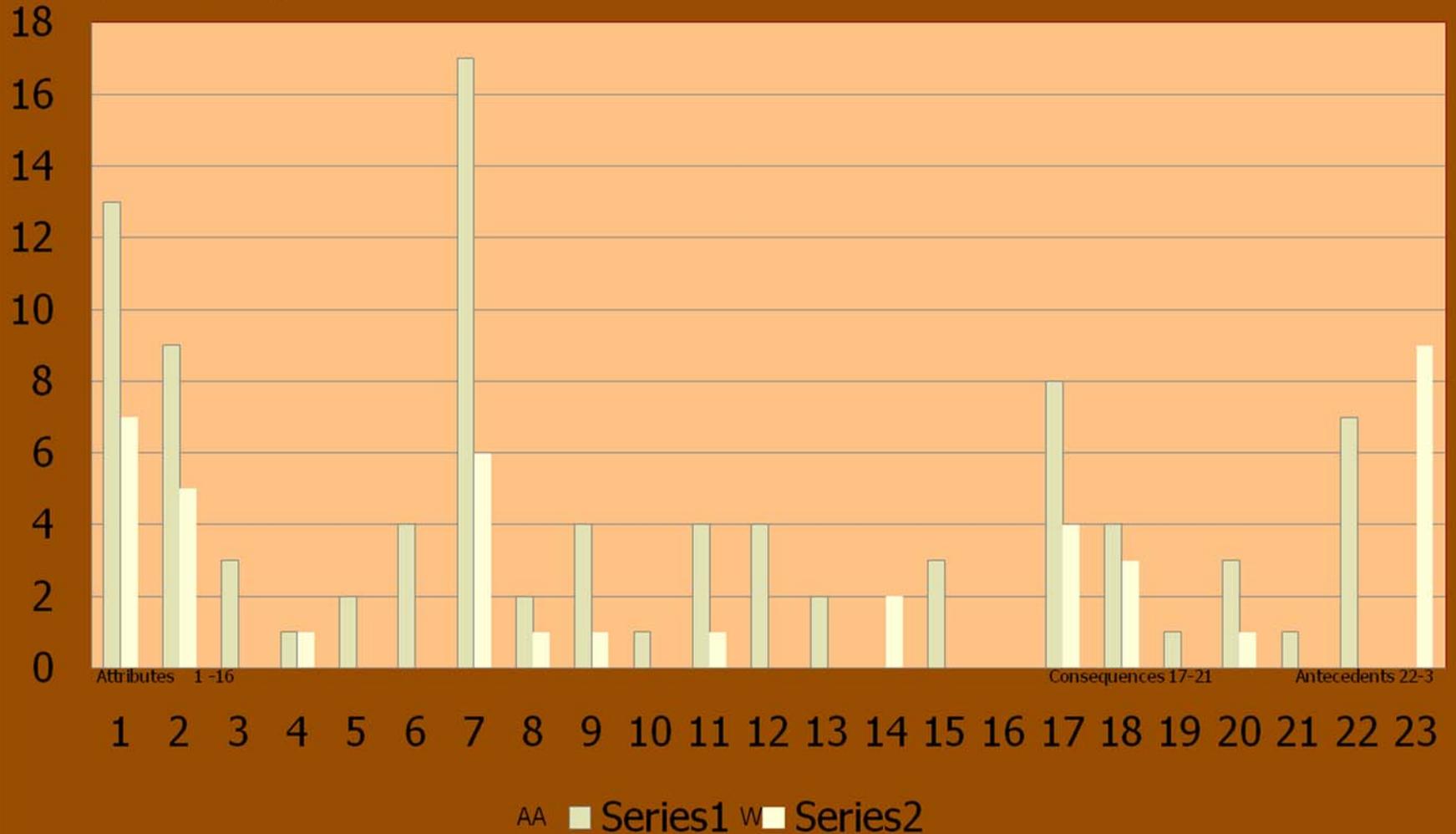


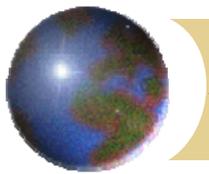
Conclusion

While there are more similarities than differences in this primarily Christian sample, clinicians should recognize different concerns and sensitivities in the uses of spirituality between African Americans and Whites



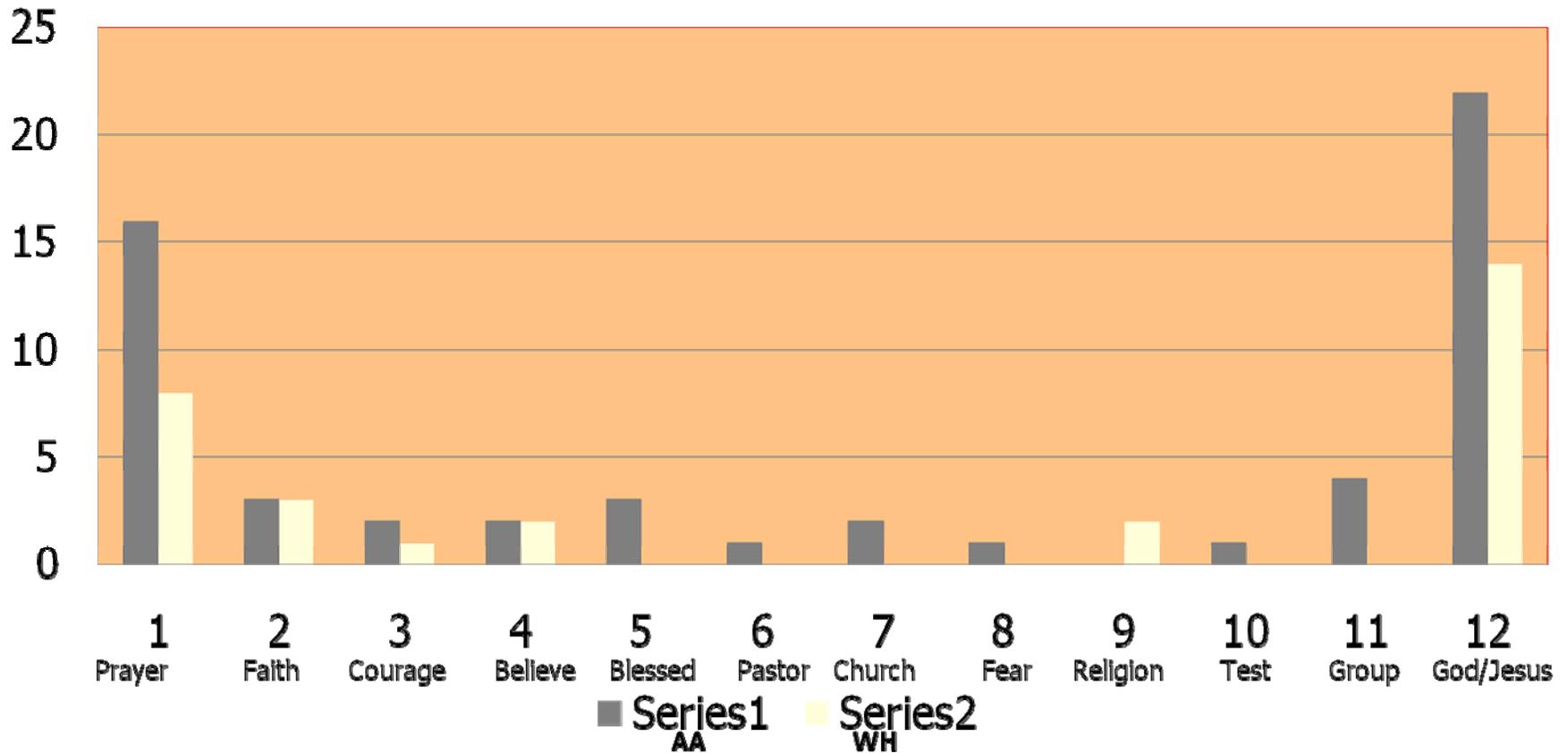
Frequency of Theme Codes

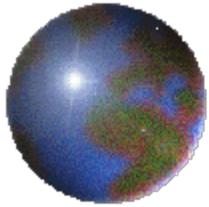




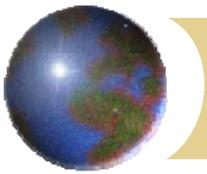
Keyword Analysis

Frequency of Word Use

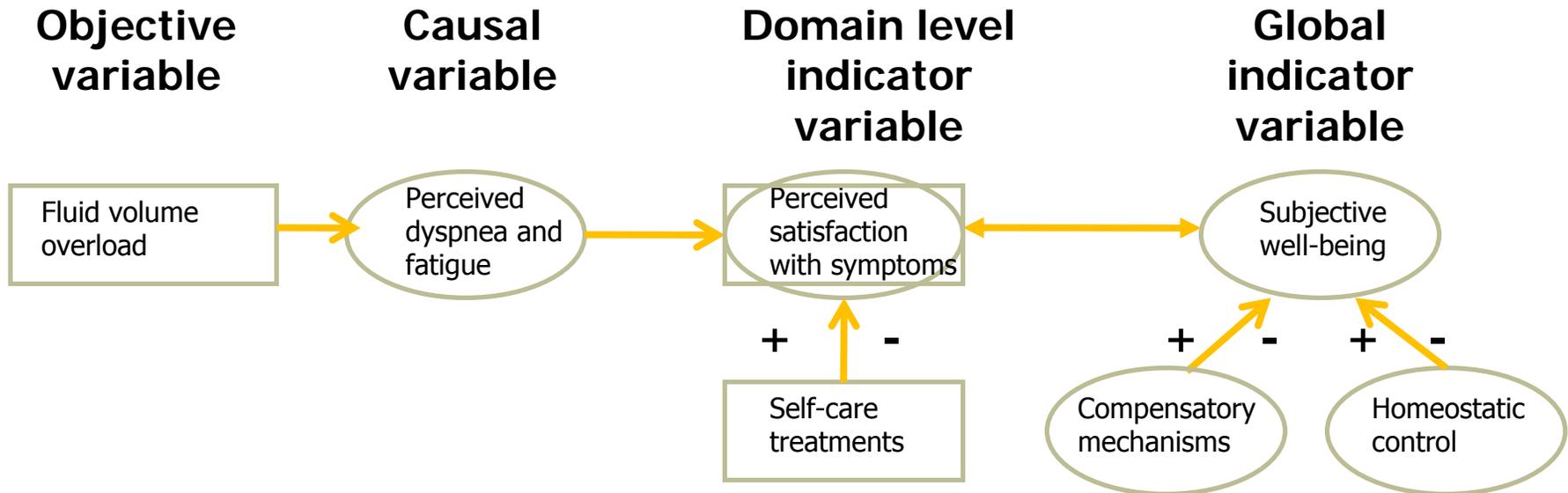




Current work in spirituality



Moving from the Quality of Life Concept to a Theory⁶



An objective variable is directly measurable

The person becomes aware of it (and assigns meaning) and this perception can be measured by self report

This perception has the potential to decrease satisfaction and SWB.

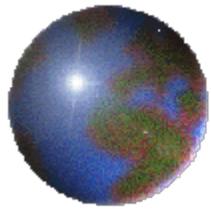
The level of satisfaction can be rated by self report

The person can respond with self-care management, which may or may not relieve the symptom, improving or not satisfaction

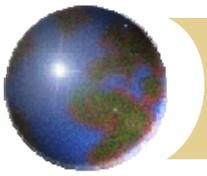
SWB and symptom satisfaction are reciprocal

SWB is stabilized by the homeostatic system and compensatory mechanisms (coping, resilience, **spirituality**) from other domains

To override this compensation the stimulus must be sudden or intense



Future work in spirituality?



*Take a picture, what's inside?
Ghost image in my mind
Neural pattern like a spider
Capillary to the centre*

*Hold still and press the button
Looking through a glass onion
Following the x-ray eye
From the cortex to medulla*

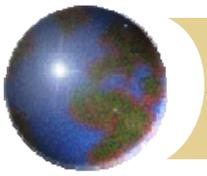
*Analyze EEG
Can you see a memory?
Register all my fear
On a flowchart disappear*

*Leave my head demagnetized
Tell me where the trauma lies
In the scan of pathogen
Or the shadow of my sin.*

Charlotte Gainsbourg, "IRM" 2010

from Pallimed "A Hospice &
Palliative Medicine Blog"

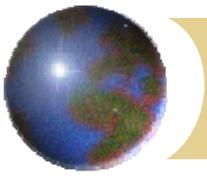
<http://www.pallimed.org/>



***JOURNEY** (jur-nee) noun*

1. A traveling from one place to another, usually taking a rather long time
2. Passage or progress from one stage to another

journey. (n.d.). *Dictionary.com Unabridged*. Retrieved May 13, 2010, from Dictionary.com website: <http://dictionary.reference.com/browse/journey>



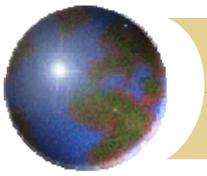
Institute for the Biocultural Study of Religion



exploring the nexus of culture, mind and religion

Research Review:
A digest of new scientific research
concerning religion, brain & behavior

<http://www.ibcsr.org/>



“I have been so young till this moment
that all my life now seems to have been
a kind of sleep.”

The Lady

Lewis, CS (1944). *Perelandra*. pg.59