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Improving Spiritual Care Competency Among Intensive Care Unit Nurses: Promoting Holistic Patient Care Towards End-of-Life

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Improving Spiritual Care Competency Among Intensive Care Unit Nurses: Promoting Holistic Patient Care Towards End-of-life

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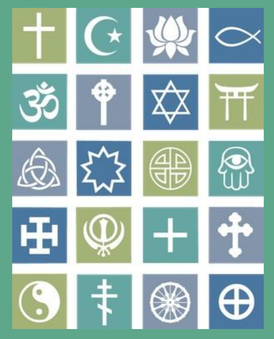
Introduction & Background

Spiritual care is a fundamental aspect of nursing practice, involving the provision of respect, compassion, full presence, and support in the pursuit of personal meaning (Abu-El-Noor, 2016). It is a crucial element within holistic care, a hallmark of nursing that encompasses the comprehensive needs of individuals, including physical, psychological, mental, emotional, cultural, and spiritual dimensions.

Within busy and fast-paced critical care environments, spiritual care is largely neglected as critical care nurses are more equipped with the knowledge and skills to provide physiological stabilizing care. Research suggests that unmet patient spiritual needs lead to poorer health outcomes, decreased coping, diminished quality of life, and increased depression (O'Brien et al., 2018). Spiritual care contributes to spiritual, emotional, and psychosocial well-being. This thesis aims to identify and analyze ways to improve spiritual care competency in the ICU for nurses who are caring for end-of-life patients.

The literature review examined spiritual care from three diverse perspectives: those of nurses, patients, and chaplains. The literature detailed the barriers to the provision of spiritual care, perceptions of spiritual care competence, and the effects of spiritual care interventions on patients' well-being.



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Hypothesis

Enhanced education and training in spiritual care for ICU nurses will lead to a clinically and statistically significant improvement in the delivery of holistic care to end-of-life patients.

Methodology

Research Design: quasi-experimental

Participants:

- 100 ICU nurses working within the Providence or Kaiser healthcare systems will be recruited through voluntary sign-up
- Randomly divided into control and intervention groups of 50 each

Research Instruments:

Demographic Questionnaire, Pre- and Post-test questionnaire, Spiritual Care Competency Scale (SCCS)

- The SCCS has demonstrated satisfactory reliability and validity.

Procedure:

- The quasi-experimental study will take place over 6 months. Pre-training questionnaire and Spiritual Care Competency Scale (SCCS) will be given to all participants before training to gather demographic data and to assess baseline competency
- The control group receives training once a month (2 hours/session) as part of their routine nursing education provided by the hospital. The control group training consists of PowerPoint lectures and no interactive activities.
- The intervention group participates in a monthly 3-day workshop lasting 4 hours each day. This in-depth training consists of lectures by experts, group interventions, case sharing, and clinical simulation practice regarding spiritual care.
- The SCCS and post-training questionnaire will be administered after training sessions to assess the effects of training on competency

Results

Plan for Data Analysis:

ANOVA, Analysis of Variance, will be used to analyze changes in results between variables and differences among the two groups in a data set. A T-test will be utilized to compare the pre-intervention and post-intervention scores of the two groups. Content analysis will be performed of pre-training and post-training questionnaire data to identify common themes and ideas of nurses' perceptions of spiritual care.

Conclusion

This study seeks to address the lack of education around spiritual care and the need for more spiritual training. Improved spiritual care in nursing practice fosters stronger interpersonal relationships between patient and nurse, enhancing quality of care, and addressing the communication gap regarding spiritual care at end-of-life while maximizing patient involvement in the health decision-making process. Lastly, a greater emphasis on spiritual care encourages nurses to provide more holistic and comprehensive care by concentrating on the spiritual dimension for end-of-life patients.

References

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