

Antagonists or Allies?

How Chaplains Can Collaborate with Nurses Provide Spiritual Care

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What do you think?

» Which of these descriptions is closest to your view of nurses in relation to spiritually supportive care?

- ~ A. Nurses should not consider such care a part of their nursing care.
- ~ B. Nurses should limit their spiritual care to spiritual screening and referrals.
- ~ C. Nurses should work independently and collaboratively with chaplain colleagues.

Overview

- » Why is nurse-chaplain collaboration essential to quality patient care?
 - ~ Social and professional mandates and realities
 - ~ Empirical evidence
- » What are nurses thinking and doing about patient spirituality?
 - ~ How nurses conceptualize spiritual care
 - ~ Nurse education for spiritual care
 - ~ Nurse spiritual care practices: the good and the ugly
- » How might chaplains better collaborate with nurses to support patient spiritual well-being?
 - ~ Communication with nurses
 - ~ Training nurses

Why is
nurse-chaplain collaboration
essential?

Joint Commission (2010). *Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals.*

“Identify patient cultural, religious, or spiritual or religious beliefs and practices that influence care”

- » Ask about practices, beliefs that may influence care
- » Ask if care environment is welcoming
- » Determine CAM use
- » Consult professional chaplain and family

“Accommodate patient cultural, religious, or spiritual beliefs and practices.”

- » Document in MR and communicate to staff
- » Provide prayer space; accommodate religious rituals
- » Respect needs for modesty

National Consensus Project for Quality Palliative Care. (2013). *Clinical practice guidelines for quality palliative care* (3rd ed.).

Guideline 5.1: The interdisciplinary team assesses and addresses spiritual, religious, and existential dimensions of care.

“It is the responsibility of all IDT members to recognize spiritual distress and attend to the patient’s and family’s spiritual needs, within their scope of practice.”

Taylor, E. J. & Amenta, M. O. (1994). Cancer Nurses' Perspectives on Spiritual Care: Implications for Pastoral Care. *Journal of Pastoral Care, 48*(3), 259-265.

» Method: Stratified, random sample of ONS nurses (N=181); survey

» Findings:

- ~ 17% rarely or never made referrals to chaplain, 38% occasionally
- ~ 84% made referrals to clergy
- ~ When? More expertise needed (52%), more time needed (45%)
- ~ Reasons for not making referrals to chaplains:
 - Don't like chaplain (unfriendly, insensitive)
 - Don't know chaplain
 - Never available
 - Too busy (eg, “once one refused to come!”)
 - Inadequately trained (“pseudo-psychiatrist”)
 - Chaplains interfere with nursing care

Why collaborate with nurses?

- » Low chaplain referral rates (Hall, Shirey, & Waggoner, 2013; Epstein-Peterson, 2014)
 - ~ 20% of all chaplain-patient contacts resulted from referral (Flannelly, Weaver, & Handzo, 2003)
 - ~ Only 1 of 29 in audit of palliative care referrals (Koczywas et al., 2013)
- » Nurses make the most referrals (7%[Epstein-Peterson] - 82% [Fogg et al., 2004])
- » Team approach to spiritual care may be best (Balboni et al., 2010; 2011)
- » Reality: too many PTs, too few chaplains

Healthcare Chaplaincy study (Vanderwerker, et al., 2008)

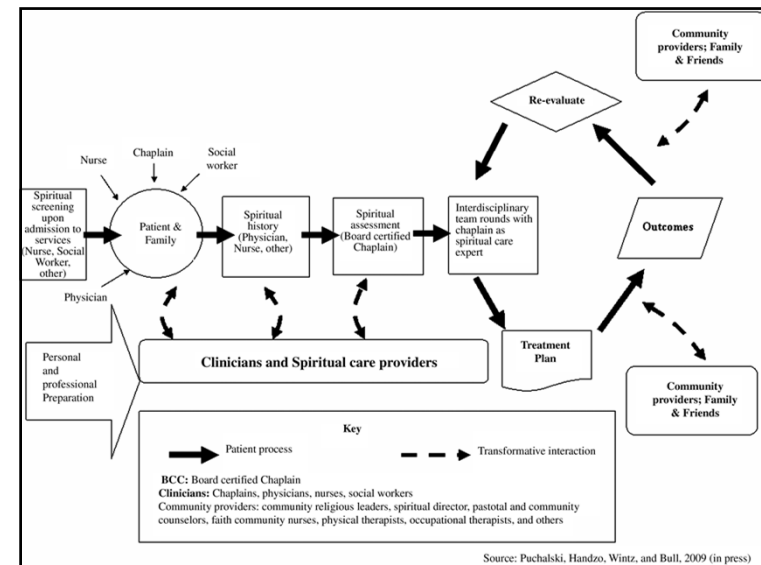
» Sample:

- ~ 13 health care institutions in NYC in mid-1990s
- ~ Of nearly 43,000 chaplain visits, 7,094 (18.4%) resulted from referral

» Methods: chaplain visit records during 2-week period

» Findings:

- ~ Source of referrals: nurses (28% [cf: 45% in Galek et al., 2009]), patients (22%), family (13%), other chaplain (11%), ... MD (3%) ...
- ~ Reasons for nurse referrals: emotional issues (40.5%), spiritual issues (17%), relationship/support (12%), new dx/prognosis (9%), medical issues (5%), other (16%) [cf: Galek et al. "feeling bad and pain, medical issues"]
- ~ (emotional issues ranked 1st across staff)



Rush Protocol

(Fitchett & Risk, 2009; King, Fitchett & Berry, 2013)

» Purpose: To r/o spiritual crisis, refer to expert

» Algorithm:

- ~ Is S/R important to you as you cope with illness? Y/N
 - Yes: How much strength/comfort do you get now?
 - ~ Yes: make referral
 - No: Has there ever been a time when S/R was important?
 - ~ Yes: Would you like a chaplain visit?
- » 7% (rehab/ortho) and 18% (BMT) found to have spiritual distress (92% predictive)
- » Varying success with implementation (HCAs, RNs, MDs, psych counselors)

Patients' perspectives

» Most PTs want and value doctors/RNs' spiritual inquiry, especially if

- (Hart, et al. 2003; MedLean, et al. 2003; McCord, et al. 2004; Taylor & Marnier, 2005)
- ~ Serious, life-threatening dx, or dying
- ~ Respectful relationship with doctor/nurse
- ~ Religious

» MDs/RNs not seen as primary spiritual CGs

- ~ Eg, Do you want spiritual support from... RNs (39%) chaplains (86%) (Martinez, et al., 2013)

» Vary re desire for nurse-provided spiritual care

- ~ Prefer less intimate and more traditional therapeutics (Taylor & Marnier, 2005)
- ~ Equate spirituality with religion (Davis, 2005; Taylor, 2003)
- ~ View RNs do not have time or responsibility

Taylor, E. J. (2007). Client perspectives about nurse requisites for spiritual caregiving. *Applied Nursing Research*.

Items (N=201; range 1-4)	Mean (SD)
First show me genuine kindness and respect	3.22 (.8)
Get to know me first	2.8 (.8)
Have had training about providing spiritual care	2.6 (.8)
Have had religious training	2.4 (.8)
Have spiritual beliefs similar to mine	2.2 (.9)
Have had personal experiences like I'm having	2.0 (.7)
Be from the same religious background as me	2.0 (.8)

What are nurses thinking and doing about patient spirituality?

CINAHL search for 'spiritual*' in titles in nursing journals

- » 1900-69: 21
 - » 1970-79: 26
 - » 1980-89: 87
 - » 1990-99: 409
 - » 2000-2009: 1,161
 - » 2010-present: 568
- TOTAL: 2,272

Definitions of spirituality in nursing: A synthesis [Martsolf & Mickley, 1998]

- » **Meaning** (the ontological significance of life; purpose)
- » **Values** (often "ultimate values"; beliefs & standards)
- » **Transcendence** (expanding self-boundaries; experience & appreciation for dimension beyond the self)
- » **Connecting** (relationships with self, others, the divine, environment)
- » **Becoming** (an unfolding of life that demands reflection & experience; includes a sense of who one is and how one knows)

Spirituality in Practice: Nurse scholars' critiques

- » Spirituality: Is it universal? ^[Paley]
- » Spiritual need/distress: diagnosis pathologizes
- » SWB/health indicated by happiness etc (eg, Taiwanese concept analysis of Yang et al, 2010)
- » Terrain for RNs to fix and evaluate ^{[Pesut & Sawatzky];}
 - ~ SC "interventions" ought to lead to measurable, positive outcomes
 - ~ Mix transcendent authority with nsg and you get room for risk ^[Henry]
- » Spirituality requires/involves cognitive capacity ^[Swinton]
- » Spirituality in nsg alienates religion; generic spirituality is limiting, hegemonic, removes source of wisdom for religious pts ^[Pesut; Pattison]
- » Meaning of term often differs between patients and RNs; nurses have professionalized the term, creating a chasm ^[Clarke]

Nursing Codes of Ethics

- » ICN: "In providing care, the nurse promotes an environment in which the human rights, values, customs and **spiritual beliefs** of the individual, family and community are respected."
- » ANA: "Nurses take into account the needs and values of all persons...."; "An individual's lifestyle, value system, and **religious beliefs** should be considered in planning health care with and for each patient."

Nursing curricular mandates: The US example

Essentials of Baccalaureate Education (American Association of Schools of Nursing, 2008) states that BSN students are expected to learn to:

"Conduct comprehensive and focused . . . spiritual . . . assessment of health and illness parameters"; "Provide appropriate patient teaching that reflects . . . spirituality . . ."; "Develop an awareness of patients as well as health care professionals' spiritual beliefs and values and how those beliefs and values impact health care" (p. 31-32).

Spiritual care training: What are nurses taught? ^(Lemmer, 2002)

- » Stratified, random sample (N=132); 39% were faith-based SoNs
- » Curricular content:
 - ~ Spirituality as part of holism
 - ~ Spiritual assessment
 - ~ Spiritual aspects of dying
 - ~ Cultural variations
 - ~ Respect for patients
- » Pedagogical methods:
 - ~ Lecture, discussion, case studies, clinical conferences, guest lectures from experts, faculty role modeling, student journaling, care plan on spiritual distress, term paper, shadowing parish nurse
- » Average of 7 hrs (range 0-32; more in religious SoNs)

NANDA-I diagnoses

- » Spiritual distress
 - ~ *“impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, or a power greater than oneself”*
- » Risk for spiritual distress
- » Readiness for enhanced spiritual well-being

- » Impaired religiosity
 - ~ *“Impaired ability to exercise reliance on religious beliefs and/or participate in rituals of a particular faith tradition”*
- » Risk for impaired religiosity
- » Readiness for enhanced religiosity

Nursing Interventions Classification

- » presence [5340],
- » journaling [4740],
- » hope inspiration [5310],
- » meditation facilitation [5960],
- » forgiveness facilitation [5280],
- » guided imagery [6000],
- » family support [7140],
- » cultural brokerage (if, for example, religious beliefs appeared to conflict with the health care system's) [7330],
- » bibliotherapy [4680],
- » art therapy [4330],
- » active listening [4920],
- » emotional support [5270],
- » consultation [7910]

Please respond...

- » In your experience, how well prepared are nurses to provide spiritual care?
 - ~ A. Abysmally unprepared
 - ~ B. A wee bit or somewhat prepared
 - ~ C. Rather well prepared
 - ~ D. The quality is “hit or miss”; I can't make a generalization
 - ~ E. I can't gauge this, as I'm not in a position to know

Barriers to spiritual assessment

(eg. Vermandere et al, 2011; Smyth & Allen, 2011; Swift, et al, 2007)

- » Setting
- » Lack of training; insecurity
- » Time
- » Fear of misinterpretation
- » Concern re invading privacy, intrusiveness, proselytization
- » Concern re difference in beliefs between HCP & Pt
- » Low priority, it's unnecessary
- » Lack of awareness (among physicians)
- » Pt being “wrong sort of person”
- » No easy to use tools
- » Lack of understanding about what is S/R and its role in health

Swift, Calacutawalla, & Elliot (2007). Nursing attitudes towards recording of religious and spiritual data. *British Journal of Nursing*, 16, 1279-82.

- » Sample: 71 UK nurses who did intake assessments
- » Methods: Questionnaire that reflected qualitative process to develop items that would span all possible reasons to fail to record S/R data
- » Findings:
 - ~ 30 were non-compliant (did not always record S/R data); 36% of these were non-religious
 - ~ Most frequent reasons:
 - Assessment question was intrusive (48%)
 - Didn't think it was a necessary question (42%)
 - Not enough time (23%)
 - Too embarrassed, awkward to Pt and RN, irrelevant

Swift, et al. (2007)

- » What would improve compliance with MR charting of S/R assessment?
- » "Non-compliers" reported:
 - ~ Make clear what the data will be used for
 - ~ Give more training about how to manage S/R discourse
 - ~ Involve community-based clergy more

Religious nursing organizations

- » Christian
 - ~ Nurses Christian Fellowship (IVP)
 - Journal of Christian Nursing
 - Sponsor conferences
 - Mentors and Bible study groups at SoNs
 - ~ NCF-International
 - ~ National Association of Catholic Nurses USA
 - Re-established under Joliet Diocese in mid-90s
 - Newsletter
 - Ethics certificate
 - Faith integration, nurture, and growth
 - Networking; several regional councils

Nursing religious organizations

- » Jewish
 - ~ Orthodox Jewish Nurses Association
 - 1st annual conference in 2013 purpose was to "gain insight and knowledge related to work behaviors and relationships with each other, to understand Orthodox Jewish end of life care, and to become familiar with Orthodox Jewish customs, practices, and how they relate to employment and employment law"
 - Website with 191 members
 - ~ Haddassah's Nursing Councils
 - "The mission: to enhance and support the nursing profession in the United States and Israel by meeting the special educational, social and professional concerns of Jewish/Zionist nurses in both countries."
 - 3,400 members in 35 US Councils
 - CEU opportunities, fellowship, support work in Israel (eg, fundraising)

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *Journal of Advanced Nursing*. [Epub ahead of print] doi: 10.1111/jan.1244

»Methods: semi-structured interviews with 14 Christian RNs

»Religious motives for nursing: being a “connector,” a “witness,” and “instrument” for God, so as to manifest God’s love, joy, and peace; “sow seeds”; “ministry”

- ~ “We’re here on this earth to show God’s love, to be compassionate and to exemplify God’s love.”
- ~ “I believe He [God] is the healer of all healers. And if I can connect people to Him, I will have provided spiritual care because He can provide that healing I can’t. So I just want to be a connector. . . . Be a channel for God to my patients.”

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

»Divine promptings and guidance:

- ~ “Spiritual care is being Holy Spirit driven. . . being in tune. . . letting the Word impress upon me opportunities. . . so when Holy Spirit impresses on me I need to pray with that individual, I pray with them.”
- ~ “When the Holy Spirit tells me to pray with that individual, even if I’m not supposed to, the Lord will protect me.”
- ~ “It was the Lord, not me” [when family queried how RN was able to know re internal bleeding]

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

»Preparation for work

- ~ “Lord, there is something here that you have for me to do. I don’t know what it is. And I don’t want it to be just my observation. It has to be something much deeper. So whatever you give me, I’ll go with.”

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

»Religious interventions

- ~ Prayer (99% say “yes”)
 - brief, specific, inclusive of patient and family, and focused on the present
 - “I pray with them, either about their faith, their relationship with God, and for their family...that [they] will understand the situation that anything that happens has a reason, and no matter what, God is always in control.”
- ~ offering religious counsel, literature and information, and on rare occasion inviting a patient to attend church

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

» When to broach S/R discourse:

- ~ "tread softly. . . listen and pick up cues."
- ~ "Spiritual care isn't right away. Until you've got a feel for that patient, established trust, then you feel like you can. It would be disingenuous to just have met a patient, you're hooking them up to monitors. . .and you say, 'Would you like me to pray with you?' . . . I see it as part of everything else we do. I think it just isn't probably right in the beginning. . . . [Regarding spiritual care potentially being "disingenuous": It would be] as if you're throwing them a bone. . . just talk, it's not so good."
- ~ "You have to go with the patient, because otherwise it's like pushing to a child a plate of food when they don't want to eat. . . . They have to feel thirsty to drink."

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014)

» When PT refused spiritual care:

- ~ "You just move on; don't make a big deal. I'm giving them the option."
- ~ "Just be sensitive, because a lot of people have been hurt in that area. So you don't want to go in" and do more damage"

VS

- ~ trying to help these patients come to understand spirituality when they did not
 - teaching a patient that his mountaintop moment of awe was a reflection of his spirituality
 - telling PT each day that she was being prayed for anyways

Pfeiffer, J. B., Gober, C., & Taylor, E. J. (2014). How Christian nurses converse with patients about spirituality. *Journal of Clinical Nursing*, 23(19-20), 2886-95. doi: 10.1111/jocn.12596

» "Praise the Lord!"

» "I believe with God's help, you can make a difference.' I tell them God has a plan for them. If not, they wouldn't be alive."

» "It must be terrible feeling not to be in control. . . [patient broke down] But you know what? There is Someone who is in control of the whole universe."

» "Would you like me to pray with you?"

Taylor, E. J., Gober, C., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *Journal of Advanced Nursing*. [Epub ahead of print] doi: 10.1111/jan.12446

» "Spiritual care is being Holy Spirit driven. . . being in tune. . . letting the Word impress upon me opportunities. . . so when Holy Spirit impresses on me I need to pray with that individual, I pray with them."

» "When the Holy Spirit tells me to pray with that individual, even if I'm not supposed to, the Lord will protect me."

--VS--

» "[I'm] not going in there to push God. . . .because their value system might be completely different."

» "Just be sensitive, because a lot of people have been hurt in that area. So you don't want to go in and do more damage. . . by going somewhere where the patient doesn't want to go, pushing them. . . ."

American Nurses' Association Code of Ethics

"In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse's professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion" (Provision 5.3)

Ethical Guidelines for Spiritual Care

- »To give respectful care, seek to know client spiritual needs, resources, and preferences
- »Follow client expressed wishes
- »Do not prescribe your own spiritual beliefs or practices, or pressure client to relinquish theirs
- »Strive to know your own spirituality
- »Provide care that is consonant with your own integrity

• Winslow, G.R. & Wehtje-Winslow, B.J. (2007). Ethical boundaries of spiritual care. *Medical Journal of Australia*, 186(10 Suppl), S63-65.

Pesut B & Thorne S (2007) From private to public: Negotiating professional and personal identities in spiritual care. *Journal of Advanced Nursing*, 58, 396-403.

- »Question: RNs "experts" or "participants in a reciprocal encounter of shared humanity?"
 - ~ Either stance has limitations
- »Recommend Buber's "I-You" relationship: RNs
 - ~ recognize they are not authorities,
 - ~ avoid objectifying patients, and
 - ~ defer to the patient's spiritual experience rather than their own

Should a nurse assess further?

- »Hodge's (2006) criteria—consider:
 - ~ Import/relevance to PT
 - ~ PT autonomy (does the PT want to go deeper? give consent?)
 - ~ Clinician competence (culturally safe? counter transference?)
 - ~ Relevance to health (eg, dying at peace) and health care

- »Note: Spiritual care expert (trained chaplain) is the specialist!

Questions to guide...

- » Is the discourse...
 - ~ Necessary for the promotion of health?
 - ~ Motivated by need to convert, or other need of the RN? Done for personal gain?
 - ~ Coercive? Controlling? Vs. Respectful? Freeing?
 - ~ Is it honest (vs. bait 'n switch)?
 - ~ With patient's consent?

Taylor, E. J., 2012, *Religion: A clinical guide for nurses*. New York: Springer.

Strive to know your own spirituality: Questions for reflection...

- » Why do I *need* to share my beliefs?
- » What is the source of what I share? (my gut? Holy Spirit?)
- » Has God (vs. inner need) prompted me to share with this particular pt?
- » What might I be gaining from sharing?
- » Who saves?
- » Have I spoken the gospel by my actions so that I have earned the right to speak in words?
- » Am I willing to put the patient in the right condition for God to work on him/her?

Taylor, E. J., 2012, *Religion: A clinical guide for nurses*. New York: Springer.

American oncology RN, circa 1992

- » *“The patient seemed to have unspoken needs. I asked questions to assess the needs. Then I made suggestions, like praying, mentioning my past painful experiences and how God met my needs, discussed different possibilities, and made other suggestions if one was not a helpful one.”*

Please respond...

- » How often have you learned of or witnessed a nurse providing spiritual care that is harmful or unethical?
 - ~ A. Less than once a year
 - ~ B. About 1-5 times a year
 - ~ C. Roughly 6-12 times a year
 - ~ D. At least a dozen times a year
 - ~ E. At least weekly

Should nurses give spiritual care? The debate

Pros

- » Research evidence linking S/R with health
- » Institutional or professional mandates
- » Omnipresent nurse
- » Consumer interest
- » Clinician need for meaningful work
- » Privileged position of RNs

Cons

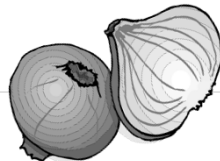
- » Weak evidence
- » Not RN's role (crossing boundaries)
- » No training; leave it for competent spiritual caregivers
- » High risk for coercion, proselytization, or psycho-spiritual abuse
- » No time

Spiritual care competence

- » "It is not enough to claim that we have an ethical responsibility to provide spiritual care and then to consider competence post hoc." (Pesut, 2006, p. 132)
- » Marie Curie Cancer Care's "*Spiritual & Religious Care Competencies* (Gordon & Mitchell, 2004) for *Specialist Palliative Care*"
 - ~ Four levels – those w/ casual client contact to those w/ 1^o responsibility for spiritual care
 - ~ Assess knowledge (e.g., of personal spirituality, communication), skills (e.g., personal limits, rapport, respond to issues and emotions)

Pesut, B., Fowler, M., Riemer-Kirkham, S., Taylor, E. J., & Sawatzky, R. (2009). Particularizing spirituality in points of tension: Enriching the discourse. *Nursing Inquiry*, 16(4), 337-346.

- » Requisite: Spiritual vis-à-vis health
- » Levels of spiritual care competency
 - ~ Public spirituality (non-sensitive facts)
 - ~ Semi-public spirituality (facts selectively disclosed)
 - ~ Spiritual struggles within awareness
 - ~ Deep inner struggle, difficult to give voice
- » RNs prepared to care for level 1-2



Why does nursing need "spirituality"?

- » Provides a bridge for religious RNs as they interact with non-religious pts., and vice versa [Walter]
- » To enhance professionalism? [Walter; Gilliat-Ray; Clarke]
- » To allow nurses to articulate their inner life that work devalues? [Woodhead]
- » To give the work of nursing meaning; an "antidote to occupational frustration" [Gilliat-Ray]
- » To provide an aspect of care that otherwise is missed? To redress the reductionistic, unhealing model for disease-related services? [Piepgras; Swinton & Pattison]

How might chaplains better collaborate with nurses to support patient spiritual well-being?

Cavendish, R., Edelman, M., Naradovy, L., et al. (2007). Do pastoral care providers recognize nurses as spiritual care providers? *Holistic Nursing Practice*, 21, 89-98.

» Sample: Eight chaplains in NYC area; sectarian and non-sectarian hospitals

» Methods: 30-60 minute interviews; qualitative analysis; pertinent probe: "Are you comfortable asking nurses to assist patients with their spiritual care?"

» Pertinent findings:

- ~ "Never"
- ~ "Yes, until I get there [and giving RN specific instructions re what to do]"
- ~ "Yes, but ..." (caution re proselytization; if nurse is capable, known to chaplain as S/R; if appropriate type of S/R care to role of nurse)

Wittenberg-Lyles et al., (2013)

» Sample: 40 IDT meetings from 2 Midwestern hospices

» Methods: To test efficacy of intervention involving FCGs in IDTs; videoconferencing; all utterances coded as task and socio-emotional talk

» Findings:

- ~ Chaplain utterances = 6 (1%) in standard meetings, 34 (3%) in intervention meetings (52% r/t building relationships)

Wittenberg-Lyles, et al. (2008)

» Sample: 100 hospice chaplains from 10 states

» Method: telephone survey

» Findings:

- ~ 35% reported role conflict—19% with SWs, 14% with RNs
- ~ 89% attended team meetings *always*; 50% led team meetings weekly

Winter-Pfandler, U., Flannelly, K. J., & Morgenthaler, C. M. (2011). Referrals to health care chaplaincy by head nurses. *Holistic Nursing Practice, 25*, 26-32.

- » Sample: 192 head nurses in German part of Switzerland (where chaplaincy is offered by official churches; local clergy serve small hospitals, SNFs)
- » Methods: 10 minute questionnaire with items about referrals for 1) emotional problems, and 2) death-related, ethical, and S/R issues
- » Findings:
 - ~ Referrals r/t death or S/R tasks > referrals for emotional problems
 - ~ Positive evals for chaplaincy predicted frequency of referrals
 - ~ Nurses' own religiosity predicted referral for emotional problems

Ideas for engaging nurses

- » QI survey of RNs
 - ~ Possible questions:
 - How can a chaplain serve you/your colleagues/your patients better?
 - What prevents chaplain referrals? What facilitates?
 - ~ Tips:
 - Allow anonymity (e.g., sealed envelopes, deliver to onsite sealed box)
 - Make the questions and response options concise and unbiased
 - Make completion easy (e.g., short, tick boxes, multiple choices)
 - Invite further disclosures with at least 1 open question
 - Approach survey process as opportunity to give & receive info.

Making connections with nurses

- » Communicate!
 - ~ Before/after patient visits
 - ~ Documentation
 - ~ Participate in team conferences
- » Offer spiritual care to nurses
 - ~ Sacred moment rituals, blessings
 - ~ "Tea for the Soul" cart
 - ~ "too busy" RN usually is not too busy for empathy
- » Gain support from nurse leaders
 - ~ Nursing education dept.
 - ~ Nurse managers
 - ~ Unit-based SC nurse champions

Educating nurses at your health care organization

- » Venues:
 - ~ New staff orientations
 - ~ Newsletters
 - ~ Bulletin boards
 - ~ Email blasts
 - ~ In-services (eg, spiritual/cultural module of ELNEC)
- » Strategies:
 - ~ Be concise; no need for TMI
 - ~ Be concrete; explain rationale as appropriate
 - ~ Use illustrations of what is good and/or bad
 - ~ Invite shadowing
 - ~ Seek new staff out for personal connection
 - ~ Use "usual care" as opportunities to educate
 - ~ Sharing articles from the literature

Language to use with nurses

- » Scientific paradigm (cite empirical research)
- » Distinguish between spirituality and religion
- » Nursing taxonomies:
 - ~ NANDA-I:
 - spiritual distress, risk for spiritual distress, readiness for enhanced SWB
 - Impaired religiosity, risk for impaired religiosity, readiness for enhanced religiosity
 - S/R issues may coexist or contribute to: fear, ineffective coping, insomnia, moral distress, chronic sorrow, powerlessness, resilience, etc.
 - ~ NIC (interventions) and NOC (outcomes [e.g., spiritual health])

What do you think?

- »What do you most wish nurses were taught about collaborating with chaplains to provide spiritual care?
 - ~ A. The training and role of chaplains
 - ~ B. When and how to make a referral
 - ~ C. What information to discuss with the chaplain before or after a chaplain visit
 - ~ D. Other: [please write in]

Let's learn from each other!

- »What strategies have you found helpful for educating nurses about chaplaincy?
- »What challenges have you encountered when collaborating with nurses to provide spiritual care? How have you surmounted these?
- »Where ought the boundary be between generalist and specialist in spiritual care? What are appropriate roles for each?

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Annotated Bibliography

Beckman, S., Boxley-Harges, S. Bruick-Sorge, C., & Salmon, B. (2007). Five strategies that heighten nurses' awareness of spirituality to impact client care. *Holistic Nursing Practice, 21*, 135-39.

Provides directions for engaging exercises that likely increase spiritual awareness — or awareness of values. These exercises include: writing a short epitaph and discussing it with others, responding to provided questions to elicit a loss history, listing various values (e.g., roles, body parts, people, activities) and then deleting them one by one as imaginary losses are imposed, and responding to spiritual assessment questions that one might be asking patients.

Blanchard, J. H., Dunlap, D. A., & Fitchett, G. (2012). Screening for spiritual distress in the oncology inpatient: A quality improvement pilot project between nurses and chaplains. *Journal of Nursing Management, 20*, 1076-84.

Although this QI project involved only 10 nurses, 6 of whom became referrers for chaplaincy, this paper offers a description of a project that is doable for many chaplains. It provides insights about increase and improve the referral process.

Iacono, M. V. (2011). Colleagues in caring: Pastoral care at the bedside. *Journal of PeriAnesthesia Nursing, 26*, 416-19.

This nurse offers an exemplar story of nurse-chaplain collaboration and encourages nurses to involve chaplains in care. The nurse presents typically nurse thought that when spiritual care involves more than the nurse can offer, then it is good to make a referral.

McClung, E., Grosseohme, D. H., & Jacobson, A. F. (2006). Collaborating with chaplains to meet spiritual needs. *MEDSURG Nursing, 15*(3), 147-156.

A clinician-oriented article that provides a basic introduction to what nurses can do, what chaplains can do, and how they can work together to provide spiritual care.

Pesut, B., Reimer-Kirkham, S., Sawatzky, R., Woodland, G., & Peverall, P. (2012). Hospitable hospitals in a diverse society: From chaplains to spiritual care providers. *Journal of Religion and Health, 51*, 825036.

Findings from a qualitative study of Canadian chaplains are reported. A rich description and thoughtful analysis of how they “brokered” their role and their religious diversity in a religiously pluralistic society is provided.

Taylor, E. J. (2007). *What do I say? Talking with patients about spirituality*. West Conshohocken, PA: Templeton.

Written for nurses and other clinicians, this offers concise guidance on how to assess spiritual needs, interpret patients' verbal expressions of spiritual need, and respond empathically using strategies from helping psychology. Each chapter has exercises to allow the reader to apply the knowledge to clinical practice. When evaluated, this curriculum was found to require about 10 hours to complete, and significantly improved empathic response levels, personal spiritual awareness, positive regard for spiritual care, and knowledge about communicating with patients about spiritual matters.

Taylor, E. J. (2011). Spiritual care: Evangelism at the bedside? *Journal of Christian Nursing*, 28(4), 194-202.

An important read for any evangelical Christian nurse—or that nurse you fear may be proselytizing religion.

Taylor, E. J. (2012). *Religion: A clinical guide for nurses*. New York: Springer.

After discussing what is religion, why it is important to recognize in patient care, ethical and legal issues related to addressing it at the bedside, and other such introductory topics, the book presents 21 brief chapters about the most prevalent faiths First World nurses are likely encounter. These 21 chapters are authored by religious experts in their respective traditions, and address multiple questions a nurse might have while caring for a patient of that faith tradition.

Weaver, A. J., Koenig, H. G., & Flannelly, L. T. (2008). Nurses and healthcare chaplains: Natural allies. *Journal of Healthcare Chaplaincy*, 14, 91-98.

Three reasons may exist for why nurses value spiritual care and provider the most chaplain referrals compared to other hospital staff. These include: nursing education that includes spiritual care, high religiosity among nurses, and nursing history that was often shaped by religious values.

A couple of pertinent websites:

- Royal College of Nursing's *Spirituality in nursing care: A pocket guide*:
http://www.rcn.org.uk/_data/assets/pdf_file/0008/372995/003887.pdf
- Hospice and Palliative Nurses Association Position Statement on Spiritual Care:
<http://www.hpna.org/DisplayPage.aspx?Title=Position%20Statements>