

Spiritual Care and the Role of Advanced Practice Nurses

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Abstract

Spiritual care is central to holistic nursing. It is essential for the well-being of patients and enable them to access their inner strengths and resources that will enhance the overall health. The purpose of this paper is to discuss the concept of spirituality and spiritual care in nursing and to suggest the role of advanced practice nurses in spiritual care. The discussion includes the attributes and importance of spiritual care and integrates the perspectives of patients and nurses, professional nursing organizations, and the nursing theorists to suggest the role of advanced practice nurses.

Keywords: Spirituality, Spiritual Care, Advanced Practice Nursing

1. Background

Spiritual care (SC) has not been a constituent part of nursing therapeutics. However, with the emergence of holistic nursing, as a concept, spiritual assessment and practice have been recognized as realistic activities within the realm of nursing (1). Several authors and nursing theorists (2, 3) have acknowledged the need of SC for patients and its positive impact on their individual and family health. Therefore, it is important to discuss spirituality and SC for the benefit of patients, families, and health care providers.

At present, SC is considered a part of holistic care, but many physicians and healthcare providers believe that it should be delivered by the professional spiritual care providers such as chaplains. On the other hand, patients want their health care providers to focus on their spiritual needs as well (4, 5). Among healthcare providers, nurses spend more time with patients and the quality of nursing care influence patients' health (6). Therefore, in addition to all other aspects of care, nurses play a critical role in the SC of patients (7-10). Among nurses, the role of Advanced Practice Nurses (APNs) is indispensable in assessing the spiritual needs of patients and delivering SC. This is because of their potential in building long-term therapeutic relationships with patients and promoting their spiritual well-being. They can use their capabilities in patient-centered decision-making and advanced care planning, particularly in determining patients' preferences in health and illness (4, 11, 12). Therefore, the purpose of this paper is to explain the concept of spirituality and SC in nursing and discuss the role of APNs in SC.

2. Literature Search

A comprehensive literature search of PubMed, CINAHL, EMBASE, Cochrane, and Google Scholar databases using various combinations of keywords such as "SC and role of APNs", "spirituality and nursing", "advanced practice nursing and SC," "spiritual assessment and interventions" and "spiritual care perceptions" was performed. The literature search was focused on SC in advanced practice nursing. The search retrieved a blend of quantitative and qualitative studies, commentaries, and literature reviews. This literature was focused on the definitions of spirituality, SC and its attributes, importance of SC from the perspectives of the patients, nurses, professional nursing organizations, and the nursing theorists, and interventions for delivering SC. These findings will be discussed in various subsections. The first section will present the definition, attributes, and importance of spiritual care and the second section will discuss the role of APNs in SC.

3. Religion and Spirituality

For centuries, spirituality has been seen as part of religion and spiritual people were considered devout to religious practices. Spirituality and religion may overlap and can interlink, but they are not synonymous (13). Merriam-Webster Dictionary defines religion as "an organized system of beliefs, ceremonies, and rules used to worship a god or a group of gods" (14). It seems easier to define religion compared to spirituality. Since we are considering SC, the next question is: what is the meaning of spirituality in the nursing context?

At present, there is no gold standard definition of spirituality. However, it can be best defined in terms of three

components; (a) “the need to find meaning, purpose and fulfillment in life, suffering, and death; (b) the need for hope to live; and (c) the need for belief and faith in self, others and God” ((15), p. 439). This definition seems to summarize all the available definitions, and it also presents spirituality as a distinct concept from religion.

There is much debate about whether religion should be part of spirituality for providing SC. Some researchers claim spirituality that focuses on religious involvement provides a consistent measure for the evaluation of mental health outcomes in nursing research (16). Whereas the same author suggested that spirituality is something sacred when used in research and should be kept distinct from religion (17). Since SC also applies to atheists, doubters, believers, and non-believers, it goes beyond religious affiliation (13, 18-20). This implies that spirituality should be kept distinct from religion for the provision of SC, and everyone should receive SC regardless of their religious beliefs.

4. Spiritual Nursing Care and its Attributes

Many definitions of SC exist in literature because of variations in the perspectives of authors. Therefore, it was challenging to select a definition that was relevant to advanced practice nursing. Finally, Sawatzky and Pesut's definition was selected. They defined spiritual nursing care as “an intuitive, interpersonal, altruistic, and integrative expression that is contingent on the nurse's awareness of the transcendent dimension of life, but that reflects the patient's reality” ((21), p.23). This definition was relevant to advanced practice nursing because it provides profound insight into the nature of SC and also includes attributes required for its provision. Besides these attributes, some other attributes such as healing presence, therapeutic use of self, exploration of the spiritual perspective, patient-centeredness, meaning-centered therapeutic intervention, and the creation of a spiritually nurturing environment are considered integral for guiding spiritual nursing care (22, 23). In short, SC is based on a view of being in a therapeutic relationship with the patient but may emerge into therapeutic interventions which take direction from the patients' spiritual reality (21, 24).

5. Significance of Spiritual Care

SC plays an important role in increasing persons' spiritual well-being and has positive effects on their stress responses, sense of integrity and excellence, and interpersonal relationships. Consequently, spiritual well-being is imperative for persons' health potential. SC also enables

a person to find purpose and fulfillment in life and promotes access to inner strengths and resources that will enhance the overall health (25, 26).

APNs play a decisive role in providing holistic care. Holistic nursing care focuses on health prevention and promotion, assistance in healing, and alleviation of suffering. It emphasizes healing the whole person and consider every facet of life and its influence on a person's well-being (27). The provision of holistic care requires interdependence of physical, spiritual, psychosocial, social, and cultural care (25, 28). It indicates that SC is an important component of holistic care and APNs play an important part in its provision.

5.1. Patients' Perspective

Many studies underlined patients' perspectives about the need and importance of SC. For example, Phelps et al. (5) concluded that patients desire that the physicians should be aware of their spirituality and should ask about their coping and support mechanisms. Although this finding is not directly related to the nursing profession, it shows patients' desire for receiving SC. Taylor conducted a descriptive study of 28 oncology patients to identify patients' and family expectations from nurses regarding SC. He found that patients and family recognize that oncology nurses can influence their spiritual health. They want nurses to offer SC in either a covert or overt manner (29). A similar finding was found in a hospital-wide survey of 228 patients and visitors at Prince of Wales Hospital. Over 70% of patients and visitors want their care providers to understand their spiritual and religious beliefs and provide appropriate care (30). In another cross-sectional study of 156 patients, Taylor and Mamie found that patients and caregivers want the nurses to dedicate themselves in providing SC (31). These two studies described the perspective of cancer patients whereas Nixon et al. (32) explored the need of SC from neuro-oncology patients' perspective through a qualitative study. The patients stated that the nurses should identify the spiritual needs and help us in meeting them. This shows that all patients should receive SC in one way or the other. Moreover, provision of SC improves the satisfaction level of patients from overall nursing care (33). These findings are consistent with findings from a systematic literature review and a satisfaction survey of 1,732,562 patients. It was found that patients place a high value on their emotional and spiritual needs during their hospital stay (34).

5.2. Nurses' Perspective

Some studies elucidated the significance of SC from nurses' perspective. They found that nurses regarded

the spiritual dimension as important in the care of patients, particularly at end-of-life (35, 36). In a qualitative study, Nixon et al. (37) explored spiritual needs of neuro-oncology patients from nurses' perspective. They found that nurses recognized that patients have spiritual needs, and spiritual support helps them in the alleviation of spiritual distress. It also helps them in regaining a meaning and purpose in life. Similarly, Savel and Munro also highlighted that critically ill patient should be provided SC aligned with holistic nursing (38). In context of advanced practice nursing, Stranahan conducted a non-experimental study of 102 APNs to explore their perceptions and attitudes about SC. The nurse practitioners recognized the importance of SC for patients and its role at the advanced practice level. However, they acknowledged that they often lack the preparation and competency to provide SC (39).

These studies highlighted the perspective of nurses regarding the importance of SC. It could be inferred that SC is required in all nursing specialties such as palliative care, oncology, neurology, and hospice.

5.3. Role of Professional Organizations in Guiding Spiritual Care

The majority of professional nursing organizations have also emphasized the provision of SC. The position statement of the Canadian nursing association (CNA) highlights that spirituality is an "integral dimension of an individual's health and being attentive to an individual's spirituality is a component of a holistic nursing assessment and nursing practice ((40), p.1). The position statement of the American nurses association (ANA) highlights the importance of SC by describing the role of nurses as "the nurse's fidelity to the patient requires the provision of comfort and includes expertise in the relief of suffering, whether physical, emotional, spiritual, or existential" ((41), p.1). The Joint commission on the accreditation of healthcare organizations (JCAHO) also acknowledges that the responsibility of nurses is to safeguard the spiritual values of their patients (42). North American nursing diagnosis association (NANDA) also recognizes the importance of SC for patients by developing nursing diagnoses about spirituality and spiritual distress (43).

5.4. The role of Nursing Theorists in Guiding Spiritual Care

Nursing theorists constantly emphasized the need of meeting spiritual needs of patients (1, 25). Before the 20th century, the spiritual dimension of nursing was centered on religious beliefs. However, during the mid-20th-century nursing theorists shared their views about spirituality and SC (1). For instance, Florence Nightingale proposed that a healthy environment is essential for healing

(44, 45). She underscored that the nurse must use hands, heart, and head for the creation of healing environments to care for the patient's body, mind, and spirit (46). This demonstrates that she emphasized the importance of SC for patients. Yousefi et al. (47) affirmed Nightingale's notion by suggesting that meeting spiritual needs increases hope and spiritual growth of patients and makes them social. Watson also acknowledged the need of SC without compromising the wholeness of the person. According to her, caring is an essence of nursing practice and requires nurses to be personal, morally, and spiritually engaged. Her tenth creative factor "allowance for existential-phenomenological-spiritual forces" clearly demonstrates her emphasis on SC (48). Recently, Burkhart et al. (49) developed an experiential theory of SC in to guide the nursing practice. This theory consists of seven major categories: cue from patient, decision to engage or not engage in the spiritual encounter, spiritual care intervention, immediate emotional response, searching for meaning in the encounter, the formation of spiritual memory, and nurse spiritual well-being. It integrates aspects of knowledge acquisition regarding SC specifically through the use of reflective processes on professional experiences and nurse-client interactions (12).

Finally, with the integration of patients' and nurses' perspective, and the role of professional nursing organizations and theorists regarding SC, it is apparent that SC plays an important role in the well-being of patients. Therefore, APNs should work for the provision of SC to; heal the body, mind, and spirit.

6. Role of Advanced Practices Nurses

APNs focus on clinical practice through a direct relationship with clients or a supportive or consultative role (40). Their role in SC can be categorized as spiritual care providers and spiritual care educators. These categories have been developed by anticipated implications from various research studies.

The role of APNs as spiritual care providers is supported by the works of McEwen, Ledger, and Chrash et al. (4). McEwen identified the need to be explicit about the importance of SC in the domain of holistic care so that nurse practitioners should get directly involved in SC (50). Ledger stated that nurses have the responsibility to deliver holistic care which includes spiritual and religious care (51). Chrash et al. (4) suggested that APNs can bridge the gap between patients' needs and care received through spiritual assessment and provision. To do this, APNs need to work as educators of spirituality and spiritual nursing care. This suggestion is consistent with the findings from a few studies. For example, Çetinkaya et al. (52) after a

descriptive study of 289 nurses found that nurses do not receive adequate knowledge on the subject of SC. Similarly, Adib-Hajbagheri et al. (2015) (53) found the most of the nurses lack competence in SC and should receive adequate knowledge and training. Likewise, Stranahan (39) suggested the designing of SC related courses in nursing education for both undergraduate and graduate students specifically for nurse practitioners. Moeini et al. (54) mentioned that lack of educational programs and workshops is one of the barriers to the provision of SC. Therefore, authorities such as professional nursing organizations, nursing leaders, educators, and APNs should adopt strategies for lowering these barriers to spiritual care delivery. These findings suggest that APNs being highly qualified and competent can play a significant role as spiritual care educators and policy makers.

6.1. APNs as Spiritual Care Providers

The role of APNs as spiritual care providers can be best elaborated with the integration of the nursing process because it serves as an organized and consistent method for the provision of nursing care. The nursing process is also a mechanism to ensure that spiritual needs of patients are met (15). Therefore, this section will provide suggestions to APNs for providing spiritual nursing care by utilizing the nursing process.

6.1.1. Spiritual Assessment

A thorough assessment of spiritual needs is imperative for the provision of SC. It provides a foundation for recognizing patient values, beliefs, and healthcare goals about advanced care planning. It is noteworthy that this spiritual assessment should be patient centered with a goal to promote independence related to life decisions (4). The patient-centered spiritual assessment depends on upon some factors such as timing, the capability of nurses, and assessment strategies. There is an immense debate in the literature regarding the time to conduct the spiritual assessment. For example, Puchalski et al. and Saguil et al. (55, 56) suggested that it should be done at the point of entry into the health care system. In contrast, Ledger and Fitchett suggested that it should be done on a continuous basis to identify the change in patients' spiritual needs over time and across situations (51, 57). In light of this debate, the author maintains that a brief spiritual assessment should be done at the time of patients' admission in a hospital as well as on continuous basis, throughout their hospital stay. However, future research could be conducted to identify the appropriate time to conduct the spiritual assessment.

The capability of a nurses to perform an accurate spiritual assessment may greatly enhance the health outcomes

(58). They should deliberately and decisively integrate their in-depth nursing knowledge, research, and clinical expertise for spiritual assessment. It is also important that before assessing patients, nurses should have an awareness of their own spiritual beliefs and needs (59).

Spiritual assessment should be done with the help of structured assessment tools because they can help in comprehensive assessment (38, 54). Numerous tools have been developed for spiritual assessment such as FICA and HOPE. The abbreviation FICA stands for Faith and beliefs, Importance and influence of faith and beliefs, community, and address in care. This tool can be used as a guide for conducting a noteworthy assessment within a short period. Conversely, HOPE consists of the following components; H stands for sources of an individual's hope, comfort, meaning, strength, love or connection and finding peace; O-role of organized religion in one's life; P- for personal spirituality and practices; E-effects of spirituality on medical care including end of life issues (59). Both of these tools are considered simple and convenient for conducting spiritual assessment (60). However, in the context of advanced nursing practice HOPE was considered for discussion because it does not focus on the word spirituality or religion, thus, can be used for the assessment of non-religious patients. Chrash et al. (4) tested the use of HOPE in advanced nursing practice. They shared an experience of an APN who used this tool for the spiritual assessment of a patient with a respiratory problem. The APN was able to explore spiritual beliefs and values of the patient and her family regarding the end of life care. By this assessment, she developed a better-advanced care plan for the patient with the inclusion of spiritual care directives. Since this was the only study that could be found on the use of spiritual assessment tools in advanced nursing practice, more research is needed to compare various spiritual assessment tools so that best tool can be suggested to APNs.

6.1.2. Planning

In advanced practice nursing, the goal of SC should be to attain a sense of peace and gratification and to develop a sense of purpose in patients' life. When planning for SC, it is important to note that patients' state of mind and beliefs may change radically as a result of their illness and worsening or improving health status. Therefore, patients should be encouraged and supported in the expression of their spiritual needs and beliefs which should be integrated into SC plan (13, 55). The care plan should be coherent with the spiritual assessment, and it should entail the provision of support, comfort, empathy, and the time to attend to these activities (26). This posits that APNs should develop a holistic SC plan based on a thorough assessment.

6.1.3. Spiritual Care Interventions

Ross noted that nurses deliver SC by identifying needs of patients at different levels (15). It shows that the patients receive SC depending on the understanding of their spiritual needs by the nurses. The ability of nurses to understand the spiritual needs of patients and deliver appropriate care depends on their personal characteristics and self-awareness (7, 26). The higher the level of self-awareness, the better spiritual care can be provided at advanced practice level (60). Therefore, before implementation of spiritual care plan APNs should revisit their spirituality so that effective care can be provided to the patients.

Many nursing interventions have been proposed in the literature for SC. Some of the commonly used interventions are: being with the patients, active listening, use of therapeutic touch, sharing a personal experience with patients, use of prayer, music and inspirational works (9, 22, 39, 61). These interventions can be used by any practicing nurse. However, the specific role of APNs should be to use their knowledge and expertise to judge the usefulness of these interventions in the particular situation. They should conduct researchers to evaluate the effectiveness of these interventions in different settings and propose suggestions to nurses for improving their spiritual care practice.

6.1.4. Evaluation

The evaluation of the SC plan could be a challenge for the nurse because of the speculative nature of the spiritual dimension. Therefore, discussion with the patient could be an appropriate way to appraise the effectiveness of SC (26). Some cues and indicators of enhanced spiritual well-being include expression of love, faith, and hope or meaning and purpose in patients' life (50). APNs can make use of these cues and their critical thinking and analytical abilities to evaluate the SC plan.

6.2. APNs as Educators

The concept of spirituality is so broad that without comprehensive education of spirituality and SC the nurses will not be able to meet the needs of their patients. Therefore, APNs can provide appropriate education to the practicing nurses and nursing students while working as clinical educators, leaders, and managers. Predominantly, this is the role of nurse educators to integrate spirituality in the classroom and clinical setting throughout the curriculum. However, hospital clinical nurse specialists and APNs should work in collaboration with the educators in educating the practicing nurses and nursing students. This collaborative teaching will result in diverse learning of the students (62, 63). This suggestion is in line with Bal-dacchino's point. She noted that critical incident journals,

case studies, problem-solving sessions, and storytelling can capture interest and attention of students by putting them in real and personal scenarios (64). Therefore, APNs can share their personal experiences with the student and practice nurses to help them in learning and improving the spiritual care practices.

7. Conclusion

This discussion showed that SC has been identified as a nursing responsibility. Subsequently, professional nursing organizations and nursing theorists emphasized the provision of SC for achieving holistic nursing care. Effective and efficient SC increases the spiritual well-being of patients' which is important in dealing with illness and achieving one's optimum health potential. Since APNs are knowledgeable and expert holistic care providers. They play a central role in spiritual assessment and care. They can work as clinical educators, nursing leaders, managers, and policy makers. As nursing leaders and clinical educators, the role of APNs is important in educating future nurses for the provision of SC. As managers and policy makers, they can help in the integration of SC in nursing curriculum and nursing practice.

8. Future Recommendations

By this discussion, the following recommendations can be made for the improvement of SC in advanced nursing practice. First, the concepts of spirituality and SC should be integrated into theoretical and clinical nursing curricula. These curricula should also include self-assessment strategies for student nurses to identify their spiritual beliefs and needs. Second, APNs should gain adequate knowledge and competency in providing SC and impart this knowledge to the future nurses.

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