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Caring for the Spirit to Decrease Health Care Costs: Are Nurse Practitioners Able to Recognize the Cues and Behaviors of Spiritual Care Concerns and Provide Spiritual Care to Patients

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Background

- Spirituality is an inner resource for health
- Spiritual care enables another to use inner resources to meet life's challenges
- Spirituality and spiritual care are relationship-based
- Relationships are important to health and healing

Questions

- What is the frequency of NPs incorporating spiritual care into their practice?
- Do NPs' own spirituality influence the ability to provide spiritual care?
- What can be done to help improve the incorporation of spiritual care into NP practice?

Conceptual Framework

- Newman's Theory of Health as Expanding Consciousness
 - Disease becomes a meaningful aspect of health
 - Person interacts as an open system with the environment
 - As health evolves consciousness expands; patterns of relating occur
 - Person discovers and recognizes the meaning patterns of relating have on life and health
 - Consciousness expands
 - Transformation, transcendence and expansion of consciousness and health occur

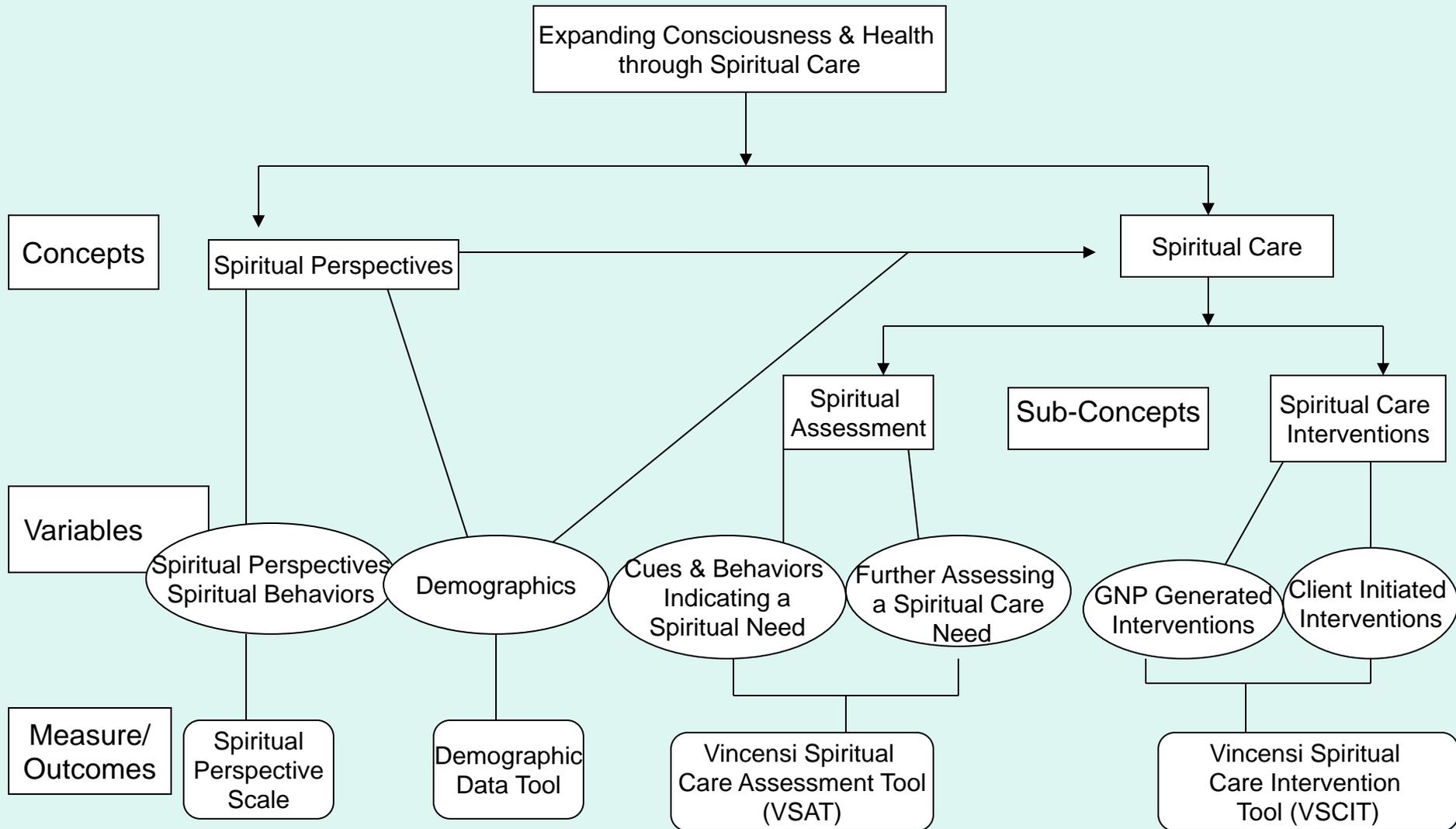
Conceptual Framework

- Spirituality- an inner resource in times of crises
 - Relationships (Intrapersonal, Interpersonal, Transcendent)
 - Human experiences, individually defined, individual journey
 - Promotes transcending, meaning, purpose, and fulfillment in life
 - Results in how one views the interconnectedness of the world and self (a spiritual perspective)
- Spiritual Care - Supports another to discern meaning, purpose, & fulfillment in life and illness, to use inner resources
 - Practice based, inter-personal relationship
 - Gathering verbal and non-verbal data on spiritual care needs
 - Providing appropriate spiritual care interventions based on adequate assessment

Methodology & Operationalization of Concepts

- Cross-sectional survey design
- Randomized sample (AANP)
- Operationalization of concepts
 - Spirituality
 - Reed's Spiritual Perspective Scale ($\alpha = 0.95$)
 - Spiritual perspectives ($\alpha = 0.87$)
 - Spiritual behaviors ($\alpha = 0.95$)
 - Spiritual Care
 - Vincensi Spiritual Assessment Tool (VSAT) ($\alpha = 0.93$)
 - Recognizing a specific cue or behavior ($\alpha = 0.87$)
 - Further evaluating this cue or behavior ($\alpha = 0.89$)
 - Vincensi Spiritual Care Intervention Tool (VSCIT) ($\alpha = 0.92$)
 - GNP initiated spiritual care interventions ($\alpha = 0.76$)
 - Client-initiated spiritual-care intervention $\alpha = 0.85$)

Framework Describing Study Variables & Operational Measures



Sample Characteristics

Response rate		44% (131)
Female		94% (124)
Age ≥ 50 ; $m = 52$ years		60.9%
Working Full-time		71.4%
Years in practice as a GNP		$m = 10.42$
GNP Education:	MSN	71.0%
	Post-MSN Cert.	18.8%
Race	Caucasian	83.5%
Religion:	Catholic	38.8%
	Other Christian	24.1%
	Other	10.5%
	Evangelical	8.3%

Frequency of Incorporating Spiritual Care into Practice

- VSAT (assessing): $m = 3.94$; $sd = 0.64$
 - Scored on a Likert Scale: 1 = never; 5 = always
 - Recognizing a specific cue or behavior: $m = 4.73$; $sd = 0.65$
 - Further assessing this cue or behavior: $m = 3.92$; $sd = 0.70$
- VSCIT (interventions): $m = 3.27$; $sd = 0.69$
 - Scored on a Likert Scale: 1 = never; 5 = always
 - GNP- initiated spiritual care interventions: $m = 3.28$; $sd = 0.76$
 - Patient-initiated/requested interventions: $m = 3.23$; $sd = 0.85$

Other Findings

<i>t</i> -tests	VSAT Cues	VSAT Further	VSCIT GNP	VSCIT Client
<u>Graduate Ed</u> Yes No	$p < 0.05$ $m = 4.12$ $m = 3.84$	$p < 0.009$ $m = 4.13$ $m = 3.81$	$p < 0.05$ $m = 3.48$ $m = 3.16$	Not significant
<u>Other Ed.</u> Yes No	$p < 0.002$ $m = 4.17$ $m = 3.78$	$p < 0.02$ $m = 4.12$ $m = 3.84$	$p < 0.001$ $m = 3.67$ $m = 3.13$	$p < 0.05$ $m = 3.48$ $m = 3.15$
<u>Gender</u> Female Male	$p = 0.007$ $m = 3.96$ $m = 3.33$	$p = 0.008$ $m = 3.97$ $m = 3.29$	Not significant	Not significant

Spiritual Perspectives' Relationship to Provision of Spiritual Care

- Spiritual Perspectives: $m = 4.73$; $sd = 1.01$
 - Scored on a Likert Scale
 - 1 = not at all/ strongly disagree; 6 = about once a day/strongly agree
 - Influenced by:
 - Religious affiliation ($p = .000$)
 - Race ($p = .003$)
- No correlations between either VSAT subscales or the VSCIT subscale of GNP initiated interventions
- Weak significant correlation between the VSCIT subscale of patient-initiated interventions ($r = .203$; $p < .05$)

Spiritual Assessment (VSAT)

(1 = never; 5 = always)

	<u>Cues</u>	<u>Further</u>
1. Appears to have lost meaning or purpose in life.	<i>m=3.97*</i> <i>sd=0.91</i>	<i>m=3.93*</i> <i>sd=1.02</i>
2. Displays a sense of helplessness.	<i>m=3.76*</i> <i>sd=0.97</i>	<i>m= 3.84*</i> <i>sd= 0.99</i>
3. Is having difficulties accepting forgiveness.	<i>m=3.57*</i> <i>sd=0.99</i>	<i>m=3.53*</i> <i>sd=0.99</i>
4. Displays a sense of hopelessness.	<i>m=3.81*</i> <i>sd=0.87</i>	<i>m=3.54*</i> <i>sd=1.02</i>
5. Appears to have become disconnected from relationships.	<i>m=3.59*</i> <i>sd=0.93</i>	<i>m=3.87*</i> <i>sd=0.95</i>
6. Is grieving over various losses, including health losses.	<i>m=4.07</i> <i>sd=0.87</i>	<i>m=3.56*</i> <i>sd=0.98</i>
7. Expresses that life has no meaning or purpose now.	<i>m=4.05</i> <i>sd=0.96</i>	<i>m=3.98*</i> <i>sd=0.99</i>
8. Tells you they no longer are involved with spiritually or religiously related activities or rituals which have brought them peace, comfort, or a sense of connection in past.	<i>m=4.00</i> <i>sd=0.91</i>	<i>m=4.01</i> <i>sd=0.89</i>
9. Mentions directly they are interested in talking about their spiritual needs with someone.	<i>m=4.59</i> <i>sd=0.74</i>	<i>m=4.63</i> <i>sd=0.73</i>

NP-Initiated Spiritual Care Interventions (VSCIT)

	(1 = never; 5 = always)	
1. I have encouraged patients to talk about their spiritual concerns.		m=3.97 sd=0.78
2. I have encouraged patients to talk about their recent spiritual insights as related to health and chronic disease.		m=3.16 sd=0.86
3. I have encouraged patients to talk about their spiritual difficulties of living with chronic disease.		m=3.18 sd=0.91
4. I have encouraged patients to talk about what gives their life meaning and purpose in the midst of chronic disease		m=3.55 sd=0.83
5. I have encouraged patients to think about ways to heal relationships in which they are experiencing dissonance		m=3.42 sd=0.85
6. I have encouraged patients to talk about how chronic disease affects their relationship with God or a Higher Power		m=2.91 sd=1.03
7. I have documented the spiritual care I provided in patients' charts.		m=2.64 sd=1.18
8. I have discussed a patient's spiritual care needs with other health care providers as it impacts the client's health		m=3.03 sd=1.12
9. I use touch appropriately as spiritual needs arise with patients		m=3.64 sd=1.08
10. I have encouraged patients to talk about their grieving as it relates to their health, chronic disease, and spiritual well-being		m=3.87 sd=0.78

Patient-Initiated Interventions (VSCIT)

<p>In the primary care setting with the client's permission: (1 = never; 5 = always)</p> <p>11. I have discussed with patients potential spiritual resources in the community to help meet their spiritual care needs.</p>	<p><i>m</i>= 3.46 <i>sd</i>=1.18</p>
<p>12. I have provided support for patients' spiritual practices.</p>	<p><i>m</i>=3.45 <i>sd</i>=1.03</p>
<p>13. I have arranged for a visit or made a referral to patients' clergy or spiritual mentors.</p>	<p><i>m</i>=3.53 <i>sd</i>=1.11</p>
<p>14. I have offered to pray with patients.</p>	<p><i>m</i>=2.51 <i>sd</i>=1.18</p>
<p>15. I have encouraged patients to cope using spiritual practices or spirituality.</p>	<p><i>m</i>=3.31 <i>sd</i>=1.02</p>

Conclusions

- Unclear relationship between NPs own spirituality and the provision of spiritual care
- Increased frequencies of assessing and interventions occur with graduate education and continuing education on spirituality & spiritual care
- Females assess spiritual care needs more than males

Implications

- Education
 - Development of new programs to test the effects of education on spiritual care
- Research
 - Continue to test and refine the VSAT and VSCIT tools
- Practice
 - Fully integrate spiritual care within relationship-based care with our patients