New Instruments to Evaluate Geriatric Nurse Practitioners Incorporation of Spiritual Care into Practice

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Two New Instruments to Evaluate Geriatric Nurse Practitioners’ Incorporation of Spiritual Care into Practice

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Reliability Analysis for Internal Consistency Using Cronbach’s Alpha Correlation Coefficient

<table>
<thead>
<tr>
<th>VSAT correlation coefficients</th>
<th>with all items</th>
<th>without items 8 &amp; 9</th>
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</thead>
<tbody>
<tr>
<td>Entire Tool</td>
<td>0.93</td>
<td>0.94</td>
</tr>
<tr>
<td>Subscale cues and behaviors</td>
<td>0.89</td>
<td>0.89</td>
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<tr>
<td>Subscale further assessing</td>
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</table>

<table>
<thead>
<tr>
<th>VSCIT correlation coefficients:</th>
<th>with all items</th>
<th>with any item removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire tool</td>
<td>0.92</td>
<td>0.91</td>
</tr>
<tr>
<td>Subscale GNP initiated interventions</td>
<td>0.89</td>
<td>0.88</td>
</tr>
<tr>
<td>Subscale client initiated interventions</td>
<td>0.92</td>
<td>0.78</td>
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</table>

Individual Item Analysis

GNPs had difficulty in recognizing and following up on certain cues or behaviors that indicated a need in clients for spiritual care:
1. Appears to have lost meaning or purpose in life, or expresses such loss
2. Displays a sense of hopelessness
3. Has difficulty in accepting forgiveness
4. Is grieving over losses including loss of health
5. Is no longer involved in religious or spiritual practices that brought peace, comfort or connection to them in the past
6. Directly mentions they are interested in talking about their spiritual needs with someone

GNPs had difficulty initiating the following interventions:
1. Encouraging clients to talk about their spiritual concerns, recent spiritual insights related to health and chronic disease, what gives life meaning and purpose, how to heal dissonant relationships, and about the grief they are experiencing
2. Documenting the spiritual care provided by the GNP
3. Discussing client’s spiritual care needs with other health care providers as it is related to the client’s health

Interventions that were client initiated or requested which GNPS did not frequently provide included:
1. Directly mentions they are interested in talking about their spiritual needs with someone
2. Encouraging clients to talk about their spiritual concerns, recent spiritual insights related to health and chronic disease, what gives life meaning and purpose, how to heal dissonant relationships, and about the grief they are experiencing
3.Documenting the spiritual care provided by the GNP
4. Discussing client’s spiritual care needs with other health care providers as it is related to the client’s health

Recommendations and Conclusions

Both the VSAT and the VSCIT have:
1. Indicated acceptable initial internal consistency
2. Further research regarding items 8 & 9 should be undertaken on the VSAT regarding construct validity
3. Individual item analysis presented possible gaps in spiritual care giving knowledge and skills for GNPs, where various pedagogies and models for education could be developed