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Integrating Spiritual Care into Nurse Practitioners' Practice: Improving Patient Health Indicators While Limiting Cost

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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 requests ($\alpha = 0.85$)

Sample Characteristics

Response rate		67% (201)
Met inclusion criteria		44% (131)
Female		94% (124)
Age ≥ 50 ; $m = 52$ years		60.9%
Working Full-time		71.4%
Years in practice as a NP		$m = 10.42$
NP 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

Likert Scale: 1 = never; 5 = always

- VSAT (assessing): $m = 3.94$; $sd = 0.64$
 - 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): $m = 3.27$; $sd = 0.69$
 - NP- 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 Patient
<u>Graduate Ed</u> Yes No	<u>$p < 0.05$</u> $m = 4.12$ $m = 3.84$	<u>$p < 0.009$</u> $m = 4.13$ $m = 3.81$	<u>$p < 0.05$</u> $m = 3.48$ $m = 3.16$	Not significant
<u>Other Ed.</u> Yes No	<u>$p < 0.002$</u> $m = 4.17$ $m = 3.78$	<u>$p < 0.02$</u> $m = 4.12$ $m = 3.84$	<u>$p < 0.001$</u> $m = 3.67$ $m = 3.13$	<u>$p < 0.05$</u> $m = 3.48$ $m = 3.15$
<u>Gender</u> Female Male	<u>$p = 0.007$</u> $m = 3.96$ $m = 3.33$	<u>$p = 0.008$</u> $m = 3.97$ $m = 3.29$	Not significant	Not significant

Spiritual Perspectives' Relationship to Provision of Spiritual Care

Likert Scale 1 = not at all/ strongly disagree;
6 = about once a day/strongly agree

- Spiritual Perspectives: $m = 4.73$; $sd = 1.01$
 - Influenced by religious affiliation ($p = .000$) & race ($p = .003$)
- No correlations between:
 - VSAT subscales or the VSCIT subscale of NP initiated interventions and NPs spiritual perspectives
- Significant but weak correlation between:
 - the VSCIT subscale of patient-initiated interventions and NPs spiritual perspectives ($r = .203$; $p < .05$)

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> sd=0.91	<i>*m=3.93</i> sd=1.02
2. Displays a sense of helplessness.	<i>*m=3.76</i> sd=0.97	<i>*m= 3.84</i> sd= 0.99
3. Is having difficulties accepting forgiveness.	<i>*m=3.57</i> sd=0.99	<i>*m=3.53</i> sd=0.99
4. Displays a sense of hopelessness.	<i>*m=3.81</i> sd=0.87	<i>*m=3.54</i> sd=1.02
5. Appears to have become disconnected from relationships.	<i>*m=3.59</i> sd=0.93	<i>*m=3.87</i> sd=0.95
6. Is grieving over various losses, including health losses.	<i>m=4.07</i> sd=0.87	<i>*m=3.56</i> sd=0.98
7. Expresses that life has no meaning or purpose now.	<i>m=4.05</i> sd=0.96	<i>*m=3.98</i> sd=0.99
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> sd=0.91	<i>m=4.01</i> sd=0.89
9. Mentions directly they are interested in talking about their spiritual needs with someone.	<i>m=4.59</i> sd=0.74	<i>m=4.63</i> sd=0.73

NP-Initiated Spiritual Care Interventions (VSCIT)

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

Patient-Initiated Interventions (VSCIT)

<p>In the primary care setting with the patient'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>$m= 3.46$ $sd=1.18$</p>
<p>12. I have provided support for patients' spiritual practices.</p>	<p>$m=3.45$ $sd=1.03$</p>
<p>13. I have arranged for a visit or made a referral to patients' clergy or spiritual mentors.</p>	<p>$m=3.53$ $sd=1.11$</p>
<p>14. I have offered to pray with patients.</p>	<p>$m=2.51$ $sd=1.18$</p>
<p>15. I have encouraged patients to cope using spiritual practices or spirituality.</p>	<p>$m=3.31$ $sd=1.02$</p>

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