Exploring Nurses' Perceptions of Spiritual Care and Harm Reduction in an Acute Inpatient HIV Unit:

A Quality Improvement Perspective

Opening reflection

Now that most people do not have a religious focus, the religious focus will go onto something else. They may think it's food they want, for example, because they experience themselves as starving. Well, the soul is starving, it's true, because it's not being recognized, and it's being continually starved.

Marion Woodman Ph.D. Worshipping Illusions: An Interview with Marion Woodman. (Parabola, Vol XII: 2, May 1987. P.59.).

Objectives

- Introduction
- literature review
- Focus group questions
- Focus group themes
- Factors and barriers to spiritual care
- Conclusions
- Next Steps

Context

- St. Paul's Hospital is a faith based Catholic hospital.
- The philosophy of Care for patients with Substance Use and our mission emphasize the importance of spiritual support.
- Patients are supported to stop drug use in acute care to minimize diagnostic dilemmas.
- Strategies include counseling, education, withdrawal management, development of treatment & discharge plan, methadone therapy.

Questions we asked

- Large percentage of patients on 10c struggle with addiction issues.
- Can spiritual care assist nurses to support patients with these issues?
- How do nurses perceive/describe spiritual care on 10c?
- Can nurses meet spiritual needs on a busy acute care unit?

The process

- 1. Review of nursing literature related to acute care, HIV/AIDS and addictions.
- 2. Focus groups with 10c nursing staff.
- 3. Identification of common themes.
- 4. Recommendations (slowly implementing)

Literature Review Results

- Consensus from nursing research literature.
- Spirituality is poorly defined; lacks conceptual clarity.
- Spirituality rarely identified outside of religious or cultural perspective.
- Most research in cancer settings; limited research in HIV/AIDS or substance use nursing literature.

Elements of Spirituality

- Chiu et.al (2004) reviewed 112 studies – 4 key elements

1. Existential Reality: a personal journey to discover meaning, purpose in life, illness/ death
2. Connectedness/Relationship: relationships with Self, Others, Nature and Higher Being
3. Transcendence: rises above the present and exists beyond time and space and results in new perspectives that go beyond material existence.
4. Power/Energy/Force: creative energy, motivation, guidance & striving for inspiration, allows for healing, wellness and a dynamic, integrative growth process.

Lit Review continued…

- Best nursing practice models incorporate a person’s physical, mental, social and spiritual dimensions (Vance, 2001)
- Spiritual values are part of the experience of well-being, may be called into question by the threat of serious illness or crisis
- The nurse is seen as ideally placed to comfort and support patients in spiritual distress.
- Spiritual nursing support may include prayer, being present, empathy, meditation, listening, therapeutic touch, connecting with family/friends.

HOWEVER….

- Nurses' often underestimated spiritual needs; most likely to identify these needs in critically ill or dying patients.
- Circumstances in the workplace can hinder the client-nurse connection and the development of therapeutic relationships.
- Nurses may feel out of step if their focus is on being there rather than doing.
- Spiritual care needs to be supported by organizational structure and an interdisciplinary approach.

Spirituality, HIV/AIDS and Substance Use

- Review of the formal literature on spirituality and addiction noted spirituality is poorly defined with little emphasis on the pain and suffering theme frequently identified in the 12 Step and Christian literature. (Cook, 2004)
- Relinquishing care to a higher power was a common theme.
- Spiritual transformation framed in the context of behavioural change. Empathy, forgiveness and acceptance are key elements to move from “precontemplative” to “complentative” stages of recovery.

Spirituality, HIV/AIDS and Substance Use cont'd

- Few studies of spiritual care in HIV/AIDS patients.
- Spiritual well-being in patients with Cancer and AIDS linked to high levels of social support and low levels of loneliness.
- Engaging in prayer or "relying on a higher power", meaningful activity and thinking differently about life assisted dual dx persons to avoid relapse. (Davis & O'Neill, 2005)
- Spiritual changes were motivated by a new HIV diagnosis. (Fryback, 1993; Hall, 1998)

Focus Groups

- 17 nurses participated in focus groups.
- Some had considerable nursing experience; majority novice nurses.
- We started each group with a definition of spirituality before leading a discussion about spiritual nursing on 10c.

Focus Group Questions

1. Provide examples of how you provide spiritual nursing care on 10c? How is it different from physical or psychosocial nursing care?
2. What factors help you provide spiritual nursing care?
3. What are the barriers to providing spiritual nursing care on 10c & how might these be overcome?
4. Spirituality is identified as one factor in motivating individuals to refrain from using drugs and/or to go into recovery treatment programs. How important do you think this is to patients on 10c and what kinds of nursing experiences have you had which supported patients to achieve this goal?

The Results – Four Themes

1. Building the Nurse-Patient Relationship

- non-judgmental caring approach; relationship built over time and frequent readmission.

Important to tap into spiritual side or patient will feel like a disease; listen to patients – respect who they are and where they come from.

Four themes cont'd

2. "Micro-connections"

- Interactions which may appear to be small or insignificant were seen as important to providing spiritual care. Attitude that "little things matter".

Put out your hand, sit down, get a little closer, create comfort for the patient, wash the patient's hair.

Four Themes – cont'd

3. Taking cues/directions from the patient

- Important to have a sense of when the patient is open to certain topics of conversation and take advantage of these opportunities.

Go from where the patient is at – let the patient drive the focus…

Four Themes – cont'd

*4. M*ortality

Critical illness and/or HIV diagnosis linked to greater spiritual distress/mortality concerns

Talking to patient about dying and patient asked should she accept it and nurse enjoyed conversation and sitting with the patient; surprised had time to do this given new protocols, documentation etc.

- Nurses cited many challenged to provide end of life care on the acute HIV unit which included: time, focus on aggressive medical treatment and inadequate discussion on code status.

Spirituality and Harm Reduction

- • Spiritual care seen as very important for HIV population, especially drug users demonstrating the greatest need
- • Need for nurses to have education related to spirituality and addiction treatment
- • Focus groups talked less about a "higher power" and more about encouraging "belief in self"
- • Described communication strategies to build trust/hope: a welcoming, non-judgmental approach, positive reinforcement, listening (forgiveness, empathy and acceptance)
- • Motivators for change included: new diagnosis, patient's own desire, addiction support, desire to reconnect with family/friends.

Supports to Spiritual Care

Skills/Nurse	Infrastructure	Patient Readiness
•Good listening skills •Comfortable with own spirituality and provision of spiritual care	•Social Work and Pastoral Care Support •Team approach to care •Support of team members for uninterrupted time with patients •Leadership & opportunities to embrace spiritual care by the team •Physician trust	•Recognizing the right moment •Patient in touch with own spirituality •Get to know the patients with frequent admissions •Patients have an openness to talk about their lives

Barriers to Spiritual Care

Skills/Nurse	Infrastructure	Patient Readiness
•Need increased education on spirituality & addiction •Need increased knowledge of strategies to manage addiction needs •Insufficient time •Demands of other pts. •Discomfort with the topic	•Limited addiction support on weekends •Time/workload •Lack of appropriate space to discuss spirituality (too busy)	•Chaos of addiction •Difficult to provide spiritual care if the patient is using drugs •Some patients do not know what spirituality is.

Conclusions

- Staff described numerous nursing interventions which fit with spiritual care (touch, empathy).
- Need for education about spiritual care and addiction treatment.
- Need for opportunities to reflect on their own spirituality given the nature of HIV/AIDS and addiction care.
- Need for an organizational structure that supports interpersonal connections and encourages spiritual well being.

Recommendations

- Create space and time for nurses to address own spirituality and to debrief spiritually challenging situations.
- Develop interdisciplinary team focus to spiritual care.
- Implement education programs with an emphasis on “tools” for spiritual nursing care, addiction treatment, motivational interviewing, managing triggers/cravings.
- Develop & implement specific strategies to improve approaches to palliative care.
- Maintain and/or improve nurse/patient ratio to improve time for spiritual nursing care.
- Explore possibility of research into patient’s perceptions of spiritual needs on 10C (especially First Nations).

Next Steps- Where we are Today

- Monthly ritual of remembrance
- Memorial space created on unit
- Regular mtgs with the VP for Mission and Ethics for ethical discussion and reflection
- Redesign of reporting structure to enhance the nurse-physician relationship so treatment plans, options for care and DNAR orders are more widely discussed, known and understood.
- Discussions re: possible research projects related to patients spiritual needs
- Will be adding addiction counseling support linked between outpatients and 10c.