NURSE-PROVIDED SPIRITUAL CARE IN NEW ZEALAND HOSPICES: EXPLORING ISSUES, EVIDENCE, AND ETHICS

Elizabeth Johnston Taylor, PhD, RN

Mary Potter Hospice,
Wellington, Aotearoa New Zealand
and
Loma Linda University School of Nursing,
Loma Linda, CA, USA

Consider. . .

- An dying man with AIDS; his RN angers him and his family with her bait, “May I ask you something personal?” followed by her encouragement to “repent” so that he can “be saved.”
- A “conservative” Christian is annoyed and loses respect for her RN who offers to perform Therapeutic touch or Reiki.

Consider. . .

- “My patient was in end stage of his cancer. His VS were awful, he was mottled, his LOC was fluctuating. He was very restless and anxious as soon as he appeared to be restful; he would pop his eyes open and again begin to struggle. His wife and I assured him of our love and support. I asked him if he was afraid to die. He answered affirmatively. I asked him what his religion was. His wife responded for him stating he was Protestant. I then reviewed Christian belief in after-life with him and provided the video “Life after Life” by Dr. Moody. The patient became calm and died shortly afterwards.”

Consider. . .

- A middle-aged Jewish woman recently referred to hospice: “I’m really discouraged. If it is okay, can you pray with me?” RN responds: “I don’t do that.”
- A hospice patient c/o while being bathed: “I hate being a burden. I wish the stroke had taken me.” The LVN responds: “OK, let’s get you under the shower now. That’ll feel good.”

The Questions

- To what degree ought hospice RNs meddle with PT spirituality?
  - What are appropriate boundaries for these generalists in spiritual care? If not major spiritual distress, then how about minor concerns? At what point does the RN bow out?
  - What training/competencies must they have? Does the level of spiritual care need to reflect degree of competence?
  - What are the potential ethical pits hospice RNs may fall into?

Berlinger, N. (2004). Spirituality and medicine: Idiot-proofing the discourse. *Journal of Medical Philosophy, 29*, 681-695.

- Should RNs condemn spiritual beliefs and practices they believe are unhealthful?
- Ought RNs to promote spiritual practices and beliefs that they believe are healthful, or is this coersion?
- How can RNs recognize personal assumptions about spirituality so that they do not constrain care?
- Does conceptualizing medicine as a spiritual practice run the risk of sacralizing the clinician's role, increasing RN-PT power imbalance?

Stats New Zealand

- 2+ million are Christians
  - Roman Catholic (17%)
  - Anglican (14%)
  - Presbyterian (11%)
- 61% identify at least 1 religion
  - Non-Christian religions growing
    - Islam, Buddhism, Hinduism, Spiritualism

Mandates applicable in NZ

- NZ Palliative Care Strategy
- ICN Code of Ethics: "…nurse promotes an environment in which the …spiritual beliefs…are respected."
- Maori framework for health includes *tah wairua* (spiritual relation to God, natural environment)
- Research (non-Kiwi) evidence
  - Identifying spiritual distress, need, pain at EOL
  - Linking SWB (eg, peace) with "good death"
  - Elders, dying use spiritual coping strategies
  - PTs @EOL want spiritual support

Do NZ RNs support spiritual well-being? Pertinent NZ nursing facts

- Small qualitative projects describe positive PT and RN attitude re spiritual care (Wink; Brown; Carey-Smith)
- 1/3 of MPH charts fail to identify PT religious affiliation (Taylor; see also Egan)
  - Note: UK focus group study (N=71) found:
    - 42% spiritual assessment question unnecessary
    - 48% thought it intrusive (Swift et al, 2007)
    - associated with non-religiousness of RN

Back to the questions…

The debate

Pro's

- S/R link to good death etc
- S/R as coping (CG+PT)
- Institutional mandates
- Consumer interest
- Clinician need for meaningful work
- Privileged position of RNs

Con's

- Weak evidence
- Not RN's role (crossing boundaries)
- No training; leave it for competent spiritual caregivers
- High risk for coercion, proselytization, or psycho-spiritual abuse
- No time

Pesut, B. (2006). To describe or prescribe: Assumptions underlying a prescriptive nursing process approach to spiritual care. *Nursing Inquiry, 13*, 127-134.

- Assumptions & questions about spiritual care:
  - RN has spiritual expertise, can make a judgment re PT's spiritual condition (based on a normative frame of reference)
    - Is there a norm? or is it subjective—up to PT?
    - If there is a norm, is it universal or might RN and PT disagree?
  - RNs can influence PT spirit toward some desirable outcome
    - Can RNs effect spiritual outcomes of PTs?
    - When might it become coercion?
    - How can a RN know that they have judged correctly?

Towards an Answer

Curlin, F. A., & Hall, D. A. (2005). Strangers or friends? A proposal for a new spirituality-in-medicine ethic. *Journal of General Internal Medicine, 20*, 370-374.

Stranger-technique

1. Are HCPs *competent*?
2. Does dialogue threaten *autonomy*?
3. How can HCPs maintain *neutrality* while talking with PTs about S/R?

Ethic of moral friendship

1. How can HCPs *wise*ly navigate discourse?
2. How might HCP clarify (*candor*), promote PT's flourishing while showing deep respect?
3. How should differences re S/R be *respect*fully negotiated?

Sawatzky, R., & Pesut, B. (2005). Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing*, *23*(1), 19-33.

- "...spiritual nursing care is 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. At its foundational level, spiritual nursing care is an expression of self. As Bradshaw (1996) suggested, it is 'the very way of love, lived out in the relationship of care.' . . . . Spiritual nursing care begins from a perspective of being with the patient in love and dialogue but may emerge into therapeutically oriented interventions that take direction from the patient's religious or spiritual reality." (p. 23)

Respect patients' perspectives

- Most PTs want and value doctors/RNs' spiritual inquiry, especially if have (Hart, et al, 2003; MacLean, et al, 2003; McCord, et al, 2004)
  - Serious, life-threatening dx, or dying
  - Relationship with doctor
  - Religion
- Doctors/RNs not seen as primary spiritual CGs
- Vary re desire for nurse-provided spiritual care
  - Prefer less intimate and more traditional therapeutics (Taylor & Mamier, 2005)
  - Equate spirituality with religion (Davis, 2005; Taylor, 2003)
  - View RNs do not have time or responsibility

Taylor, E. J. (2007). Client perspectives about nurse requisites for spiritual caregiving. *Applied Nursing Research*.

Items (N=201; range 1-4)	Mean (SD)
First show me genuine kindness and respect	3.22 (.8)
Get to know me first	2.8 (.8)
Have had training about providing spiritual care	2.6 (.8)
Have had religious training	2.4 (.8)
Have spiritual beliefs similar to mine	2.2 (.9)
Have had personal experiences like I'm having	2.0 (.7)
Be from the same religious background as me	2.0 (.8)

Lo, B., Ruston, D., Kates, L. W., et al., (2002). Discussing religious and spiritual issues at the end of life. *JAMA*, *287*, 749-754.

- Pitfalls in talking with PTs about S/R issues:
  - Trying to solve PT's problems
  - Trying to resolve unanswerable questions
  - Going beyond HCP's expertise, role
  - Imposing personal beliefs on PT
  - Providing premature reassurance

Self-Disclosure

- Tips:
  - Ask yourself whose needs are being met?
  - Assess for why they ask you? Why now?
    - E.g., Before I answer, could we explore what this means to you?
  - Always follow with open question or reflection; return the ball to the pt's court
    - E.g., I wonder what is going on inside you now?
  - Keep short and infrequent

- Taylor, E. J. (2007). *What do I say? Talking with patients about spirituality*. Philadelphia: Templeton Press.

Ethical Guidelines for Spiritual Care

- To give respectful care, seek to know client spiritual needs, resources, and preferences
- Follow client expressed wishes
- Do not prescribe your own spiritual beliefs or practices, or pressure client to relinquish theirs
- Strive to know your own spirituality
- Provide care that is consonant with your own integrity
    - Winslow GR & Winslow BW (2007). Ethical boundaries of spiritual care. *Medical Journal of Australia, 186*(10), S63-S66.

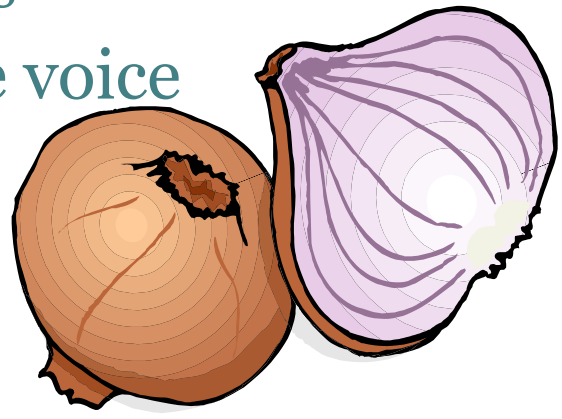
Spiritual care competence

- "It is not enough to claim that we have an ethical responsibility to provide spiritual care and then to consider competence post hoc." (Pesut, 2006, p. 132)
- Marie Curie Cancer Care's "*Spiritual & Religious Care Competencies for Specialist Palliative Care*" (Gordon & Mitchell, 2004)
  - 4 levels –those w/ casual client contact to those w/ 1º responsibility for spiritual care
  - Assess knowledge (eg, of personal spirituality, communication), skills (eg, personal limits, rapport, respond to issues and emotions)

Marsha Fowler's Onion

Pesut, B, Fowler, M., Reimer-Kirkham, S., Taylor, E. J., & Sawatzky, R. (in press). Particularizing spirituality in points of tension: Enriching the discourse. *Nursing Inquiry*.

- Requisite: Spiritual vis-à-vis health
- Levels of spiritual care competency
  - Public spirituality (non-sensitive facts)
  - Semi-public spirituality (facts selectively disclosed)
  - Spiritual struggles within awareness
  - Deep inner struggle, difficult to give voice
- RNs prepared to care for level 1-2



When to refer to a spiritual care expert?

- When the clinician has
  - No time
  - No knowledge
  - No ability

Should hospice RNs provide spiritually nurturing care?

- Yes…*IF* they
  - Have built rapport, respect, relationship first
  - Possess some degree of competence, wisdom in spiritual care—and be even better at providing safe, competent physical care
  - Know when to make a referral to a specialist (appreciate the limits of their skill)
  - Recognize they, too, are on a spiritual journey
  - Observe ethical guidelines
  - Stick to spirituality as it relates to health
  - Respect the Great Healer is always at work

Questions?