

Nursing, spiritual care and spiritual needs in Aotearoa New Zealand: initial results of a national survey

2016 Gerontology Nursing Conference
Spirituality and the Foundations of Human Caring
Wednesday, 7 December 2016
Tasman Room, Alexandra Park, Greenlane Rd West, Epsom
8:30am – 5:00pm

Richard Egan PhD
Senior Lecturer in Health Promotion
www.otago.ac.nz/sbru richard.egan@otago.ac.nz



Cancer Society Social & Behavioural Research Unit (SBRU)
Te Hunga Rangahau Ārai Mate Pukupuku



Outline

1. Background / study design
2. What is spirituality – results and discussion
3. Spiritual care – results and discussion
4. Spiritual care training, chaplaincy and institutional support – results and discussion
5. Limitations, implications... .

Background

- “It is essential that all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.” [*Guidance for Improving Supportive Care for Adults with Cancer 2010*] (p.46)

Study design

Research question: How do New Zealand nurses view spirituality and spiritual care in their nursing practice?

1. What do NZ nurses understand by the terms spirituality and spiritual care?
2. Do NZ nurses consider spirituality to be a legitimate area of nursing practice?
3. Do NZ nurses believe that they receive sufficient support, guidance and training in spiritual matters?
4. How do NZ nurses perceive and utilise chaplaincy services?
5. How do NZ nurses recognise and support Māori values and spiritual beliefs?

Study design

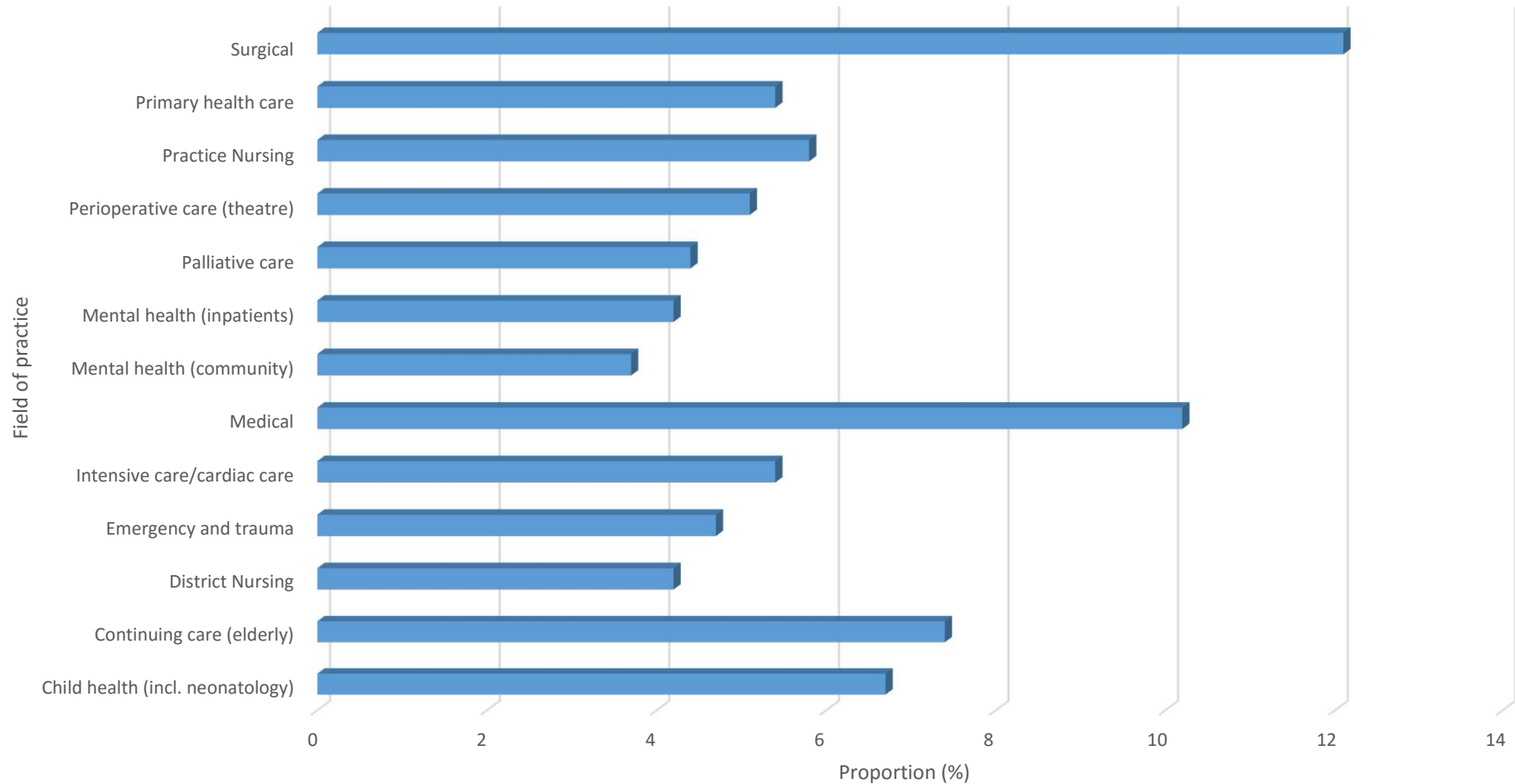
Cross-sectional internet-based survey: based on the UK Royal College of Nursing (RCN) survey (plus extra questions)

Participants: registered NZ nurses

Data collection: three phase

Analysis: descriptive stats

Participants' main field of practice.



Participant demographics

| CHARACTERISTICS | PROPORTION (%) |
|-------------------------------------|-----------------------|
| <i>Sex, female</i> | 95.4 |
| Age | |
| <i>30-39</i> | 16.5 |
| <i>40-49</i> | 28.1 |
| <i>50-59</i> | 40.9 |
| <i>60+</i> | 14.4 |
| District Health Board Region | |
| <i>Auckland</i> | 16.7 |
| <i>Waikato</i> | 7.7 |
| <i>Canterbury</i> | 17.7 |
| <i>Southern</i> | 10.7 |
| Institution | |
| <i>Public hospital</i> | 48.8 |
| <i>Private hospital</i> | 8.8 |
| <i>Public Health Organisation</i> | 7.2 |
| <i>Aged care facility</i> | 9.1 |
| <i>Other</i> | 26.1 |

Participant demographics

| | |
|---------------------------------|------|
| <i>Scope of Practice</i> | |
| <i>Registered Nurse</i> | 92.5 |
| <i>Enrolled Nurse</i> | 4.0 |
| <i>Nurse Practitioner</i> | 1.2 |
| <i>Other</i> | 2.3 |
| <i>Years worked</i> | |
| <i>< 1 year</i> | 4.9 |
| <i>1-2 years</i> | 7.9 |
| <i>3+ years</i> | 87.2 |
| <i>Ethnicity</i> | |
| <i>New Zealand European</i> | 82.1 |
| <i>Maori</i> | 7.2 |
| <i>Indian</i> | 2.3 |
| <i>African</i> | 1.4 |
| <i>Other European</i> | 2.6 |
| <i>Other Asian</i> | 1.2 |

Participant demographics

| <i>Religion</i> | |
|---------------------------------------|------|
| <i>None</i> | 35.3 |
| <i>Christian</i> | 57.9 |
| <i>Hindu</i> | 1.4 |
| <i>Other</i> | 2.1 |
| <i>Practicing their religion, yes</i> | 61.5 |

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Respondents spirituality

- Regarding general perspective on spirituality, 89.5% (n=385) of respondents agreed or strongly agreed that spirituality was an important part of their own life. Four percent (n=17) stated that it was not, with 6.5% (n=28) being unsure.

The meaning of spirituality

Most (70% or more) participants felt a definition of spirituality included:

- Meaning
- Purpose
- Beliefs
- Values
- Identity
- Sense of awareness
- Faith

Meaning of spirituality

The majority (>70%) of participants felt spirituality:

- Is about how one conducts their life here and now;
- Is a unifying force which enables one to be at peace with oneself and the world;
- Includes art, creativity and self-expression;
- Is about finding meaning in the good and bad events of life;
- Involves personal friendships and relationships; and,
- Includes people's morals.

The meaning of spirituality

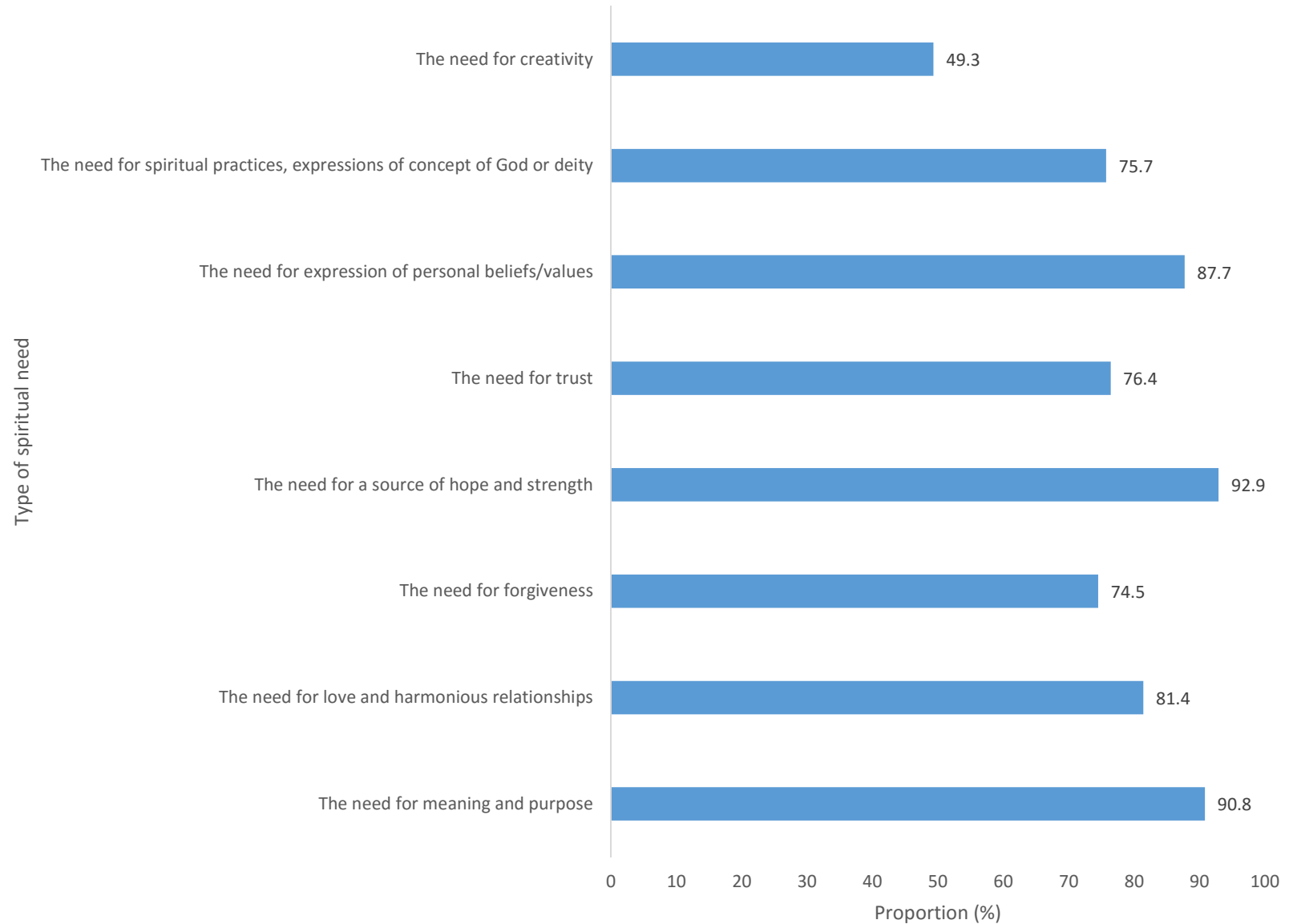
What do you think?

1. Agree with your colleagues?
2. Definition issues?

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Patients spiritual needs



Spiritual needs

What do you think?

1. How do you assess spiritual needs?
2. Do you use an assessment tool?
3. Is it build into history and notes?

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Spiritual Care

Overall, 84.1% (n=361) participants agreed or strongly agreed that spirituality and spiritual care are fundamental aspects of nursing.

Near-all participants agreed or strongly agreed that nurses can provide spiritual care by:

- Having respect for privacy, dignity and religious and cultural beliefs of a patient (97.7%, n=420);
- Listening to and allowing patients' time to discuss and explore their fears, anxieties and troubles (95.6%, n=411);
- Spending time with a patient, giving support and reassurance, especially in time of need (93.8%, n=408) and,
- Showing kindness, concern and cheerfulness when giving care (90.4%, n=389).

Spiritual Care

Respondents appeared to support a collaborative or combined approach to the provision of spiritual care: 85.6% (n=368) thought that spiritual care was the responsibility of all options provided: nurses, chaplains, patients themselves, family and friends and all health care professionals.

Regarding how participants themselves provided spiritual care, two main tools were identified: listening (99.8%, n=425) and appropriate touching (e.g. holding a patient's hand) (77.5%, n=330).

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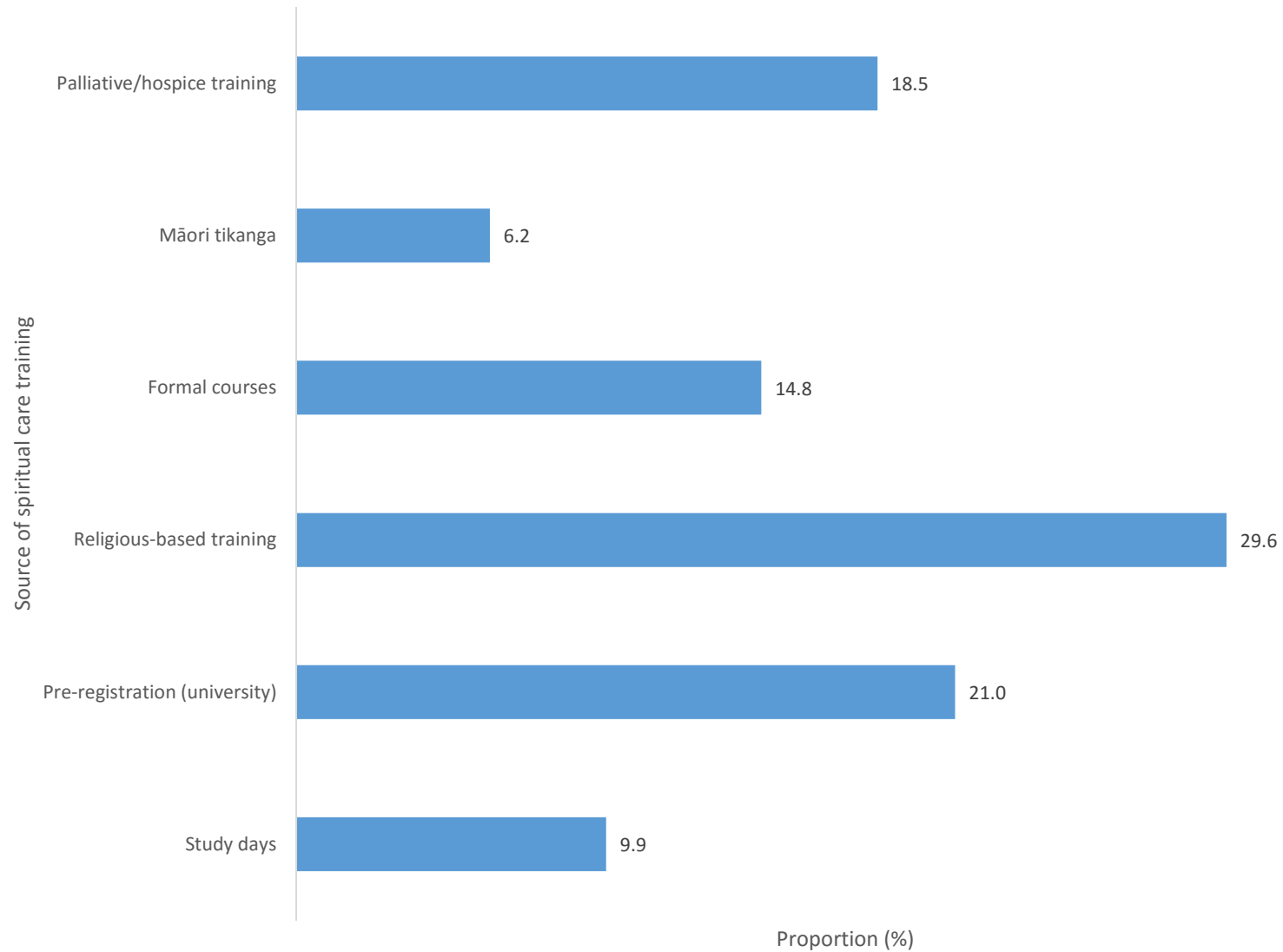


Spiritual care training

The majority of respondents (80.9%, n=343) had received no training in spiritual care.

72% (n=309) agreed or strongly agreed that nurses do not receive sufficient education and training in spiritual and religious beliefs.

Spiritual care training



Chaplaincy

Participants affirmed the value of the spiritual care provided by chaplains: 91.4% (n=393) of participants agreed or strongly agreed chaplaincy is a valuable service.

Over three quarters of respondents always (10.7%, n=45) or sometimes (65.8%, n=277) referred patients to chaplains.

For those who did refer, this was done for four core reasons: supportive listening (71.2%, n=227), religious rites and rituals (79.9%, n=255), patient concerns about death and dying (76.2%, n=243) and because the patient had requested prayer (84.0%, n=268).

Institutional support

There did not appear to be strong formal support for spiritual care in respondents' particular workplaces

Over three quarters did not know (54.2%, n=228) or did not have (23.0%, n=97) a spiritual care policy in their particular institution.

Support for NZNO & NCNZ to provide spiritual care professional development

Training, chaplaincy, support

What do you think?

1. What kind of training?
2. Chaplains underutilized? (part of MDTs?)

Outline

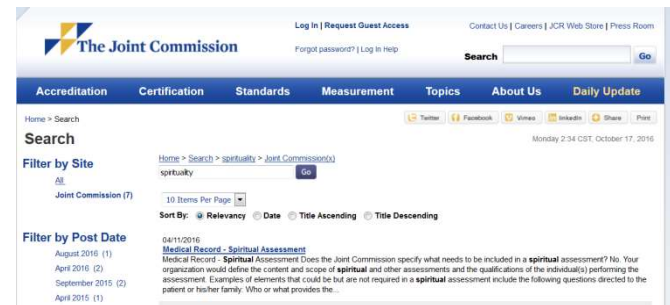
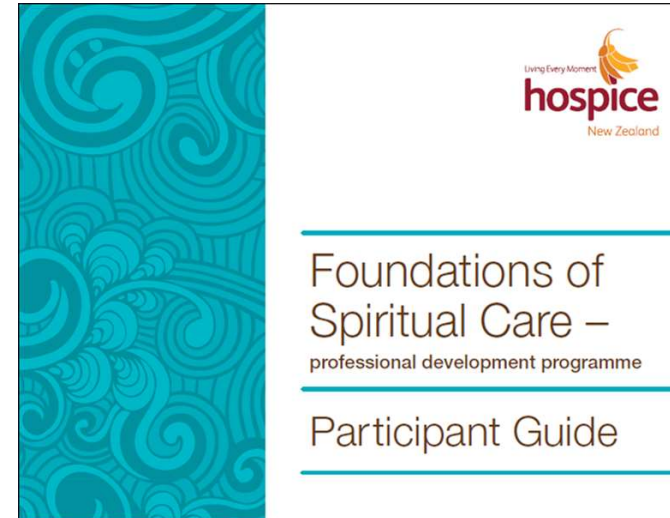
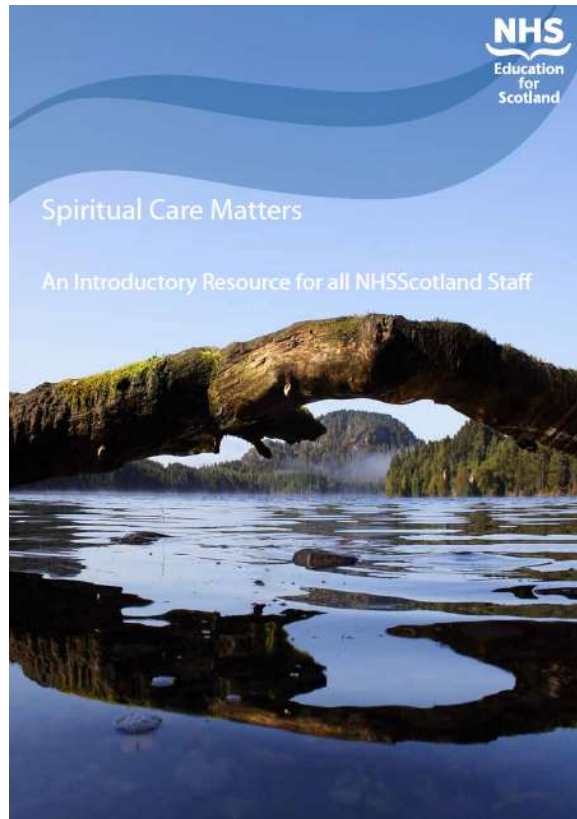
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Limitations

- Māori voice underrepresented.
- More religious sample than standard NZ society
- Lack of male voice.
- Lack of young voice.
- Predominance of surgical and medical nurses
- Response rate

The future of spiritual care?



“It is essential that **all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer**, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.”

Ministry of Health (2010). Guidance for Improving Supportive Care for Adults with Cancer in New Zealand. Wellington: Ministry of Health. P.46

“The spiritual life is the cheapest, most accessible and most effective medicine we have after warm houses, good food and clean hands. When we truly connect to another individual, the intimacy is rewarding of itself, but if we are lucky there can also be for a moment a glimpse of the interconnectedness of all things beyond this, a sense that we are a part of a larger whole. This is a healing intuition and a powerful succour for individual loss.”

Colquhoun, G., *Late love: Sometimes doctors need saving as much as their patients*. 2016, Wellington, New Zealand: Bridget Williams Books Ltd. Page 42.

Final comments

- Spirituality is important, and extends beyond religion
- Need for education and support
- Chaplaincy and other supportive services
- Promote the broad inclusive understanding and practice of spirituality and spiritual care
- More leadership from NZNO, NCNZ, MOH on spiritual and religious issues
- Greater support from individual workplaces themselves to encourage and enable best practice spiritual care

Acknowledgements

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Final Comments or questions

‘Ko te Amorangi ki mua, ki te hapai o ki muri’

‘Place the things of the spirit to the fore,
and all else shall follow behind’

Takitimu whakatauaki (proverb)

(Payne, Tankersley, & McNaughton A (Ed), 2003, p. 85)

THANK YOU



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