Critical Care Nurses' Experiences with Spiritual Care: The SPIRIT Study

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Background Little is known about the effect of chaplains on critical care nurses who are caring for critically ill patients and their families.
Objective To understand nurses' experiences when they make a referral to the Spiritual Care Department for a patient or the family of a patient who is dying or deceased. Specific aims were to explore spiritual care's effect on nurses and how nurses understand the role of spiritual care in practice.
Methods A qualitative descriptive study using in-person, semistructured interviews in a 21-bed medical-surgical intensive care unit in a teaching hospital. Purposeful sampling identified nurses who had at least 5 years of experience and had cared for at least 5 patients who died on their shift and at least 5 patients for whom they initiated a spiritual care referral. Interviews were digitally recorded and anonymized; conventional content analysis was used to analyze transcripts. Three investigators independently coded 5 transcripts and developed the preliminary coding list. As analysis proceeded, investigators organized codes into categories and themes.
Results A total of 25 nurses were interviewed. The central theme that emerged was presence, described through 3 main categories: the value of having chaplains present in the intensive care unit and their role, nurses' experiences working with chaplains, and nurses' experiences providing spiritual care.
Conclusion Nurses considered spiritual care essential to holistic care and valued the support chaplains provide to patients, families, and staff in today's spiritually diverse society. (*American Journal of Critical Care.* 2018;27:212-219)

CE 1.0 Hour

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Although providing spiritual care has important meaning for nurses and enhances professional satisfaction,[1] a "crisis of spirituality" has been identified within the nursing profession related to nurses' preparedness to identify, assess, and provide spiritual care.[1-4] This crisis may have evolved as modern nursing practice has been distanced from its original spiritual tradition through a more task-focused, problem-solving approach to care.[4] Another contributing factor may be technologic advances, which may have "led to a disconnect between caring for the body and caring for the soul."[5]

Nurses report that attending to the spiritual care of their patients is part of their scope of practice and is rooted in holistic care.[2-10] In 1988, the North American Nursing Diagnostic Association's inclusion of spiritual distress as a nursing diagnostic category officially recognized the role of spiritual care in nursing practice.[11] However, according to several studies,[2,5,7-9,12] nurses do not receive education about how to provide spiritual care.Some curricula "virtually ignore spiritual distress"[9] despite recognition that "spirituality is a way of being and experiencing that shapes and impacts nursing presence."[13]

According to results of a nursing survey, perceptions about the need for spiritual care differ depending on the care area; for example, in the operating room, patients are usually unconscious and families are not present, possibly attenuating the need for spiritual care.[12] In the intensive care unit (ICU), spiritual distress frequently is experienced by critically ill patients requiring life support, their family members, and staff.[14] Referrals to professionals with specialized knowledge and skills in spiritual care are often made in this setting,[15] because nurses may lack the training to provide spiritual care and may be uncomfortable with this aspect of practice.[6-9,11,16-18]

The role of spirituality in health care may be assigned higher importance today than in the past,[19] perhaps reflecting the growing societal interest in spirituality.[20] In a review of spirituality across disciplines, Swinton[21] concluded that "it is clear that people are trying to name and draw attention to something that is missing from current ways of practicing." The objective of our study was to understand the experiences of ICU nurses when they make a referral to spiritual care services for a patient or the family of a patient who is dying or is deceased. Specific aims were to explore the effect of spiritual care on nurses and how nurses understand the role of spiritual care in the ICU.

> "Most nursing programs virtually ignore spiritual distress."[9]

Methods

We used purposive sampling to identify ICU nurses who had at least 5 years of experience, cared for at least 5 patients who died on their shift, and cared for at least 5 patients for whom they initiated a referral to a chaplain (in this article, spiritual care clinicians are referred to as chaplains). Nurses were recruited through an email invitation.

Data were collected through semistructured qualitative interviews. To frame a context for the interview, we provided the following definition of spirituality to participants:

> Spirituality can mean different things to different people and can be thought of in terms of the ways that individuals seek and express meaning and purpose, and how they experience connections with the moment, with themselves, with others, with nature and with other things that to them are significant or sacred. Religion is one way of expressing spirituality.[15]

Interviews were digitally recorded, transcribed verbatim, and anonymized.

Analysis

We used qualitative description to produce a descriptive summary of the findings.[22] Conventional

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Table 1
Demographic characteristics of the 25 nurse participants

Characteristic[a]	Mean (SD)
Age, y	43.7 (11.5)
Years worked as a nurse anywhere	21.0 (11.2)
Years worked as a nurse in an ICU	17.5 (10.1)
Years worked as a nurse in this hospital's ICU	17.1 (9.8)
No. of patients in past year that nurses cared for who died during their shift in this hospital's ICU	14.6 (13.4)
No. of referrals nurses made to spiritual care services for patients who died in the past year in this hospital's ICU	8.6 (4.7)

Abbreviation: ICU, intensive care unit.

content analysis was used to analyze transcripts. This is a coding approach whereby codes are derived directly from the data without imposing preconceived categories or theoretical perspectives.[23] Three investigators independently completed line-by-line coding of 5 interview transcripts and, through a consensus, developed the preliminary coding list. The remaining transcripts were coded by 1 investigator, who recorded the evolution of the coding list in an audit trail.[24] The research team reviewed coding reports and organized the codes into categories. We held a member checking event with 6 nurses to assess the extent to which our findings resonated with their experiences. N'Vivo (version 11.0; QSR International) was used for data management. Quantitative data were summarized using descriptive statistics.

Results

A total of 25 ICU nurses (22 women, 3 men) were interviewed (Table 1). The following 3 main categories emerged from the data, all related to the central theme of presence: (1) the value of having chaplains present in the ICU and their role, (2) nurses' experiences working with chaplains in the ICU, and (3) ICU nurses' experiences of providing spiritual care through their own practice (Table 2).

Table 2
Examples of 3 main themes found

The value and role of having chaplains present in the ICU	Nurses' experiences working with chaplains on the unit	How ICU nurses provide spiritual care through their practice
"I can provide physical care but [spiritual care] . . . it's almost like rounding out the care that we provide and it's . . . that's a good feeling for me. It's almost a feeling of completeness of care, like, holistic. We've kind of come full circle and, you know, we've . . . we've addressed everything."	"A lot of times what we do is we brief the spiritual care personnel overall, [about] what's going on with the individual, with the patient and with the families, because sometimes families are really stressed and they have difficulty dealing with diagnosis and prognosis."	"We had one instance, actually, if I can share that. It happened last fall . . . [a] very sick patient going to the OR. The surgeon said, 'We're not sure if he's going to make it back.' And spiritual care couldn't make it here in time and I could feel from the family that they wanted prayers said before he went to the OR, so I prayed with them."
"Spiritual care isn't just for the patient . . . spiritual care, I think, provides support to clinicians who are going through the process of, you know, losing a patient."	"When spiritual care is there with me in the room . . . it makes me feel less guilty that I have these tasks to do when someone is dying in front of me and their family is there watching them pass away."	"If the patient has died, I make sure their hands are out so that the family can hold their hands . . . I just allow them the opportunity to do whatever they feel is right in the moment. If they just want to cry for an hour, I'll just get boxes of [tissues] and make sure [there are] chairs around and [a] glass of water—just to make them more comfortable."
"I'm there for the patient and the family, but often in situations, my responsibility goes to the patient first and foremost, so it's nice to have somebody that's there to take care of the family—the family is their primary focus, so that we work together, but I know that the family is looked after."	"The more recent referrals I've made are not about dying. They've been more about comfort for patients or family . . . somebody just needs someone who has 30 minutes of their undivided attention to do nothing but listen to them."	"I remember him [patient's family member] coming and me just sitting with him and chatting about how he was feeling and what was going on and, you know, kind of reassuring him, too, like, we're looking after her and, you know, now you can do a little bit for yourself, too, which I think he [found] kind of like, eye opening. Kind of like, you know, 'I can actually do something for myself right now.'"
"I find spiritual care clinicians not only deal with the spiritual aspect of things, like they have been kind of good at sorting out, like, even family dynamics and kind of calming the waters between family members that [are] at odds."	"It's a shared experience and kind of unspoken support. It's a bit intangible at times, but there's comfort in seeing spiritual care staff . . . in some unspoken way, I'm feeling supported. . . . I'm not going through this alone. . . . There's a sense of comfort because that person is there to experience it with me."	"Hear the stories . . . because often they'll speak of the patient, and the stories and, 'Remember Dad did this,' and 'Remember Mum did that.' And it's nice, we'll often, you know, go in and look at the photos that they have up."

Abbreviation: ICU, intensive care unit; OR, operating room.

Value of Having Chaplains Present in the ICU and Their Role

Based on interview findings, we determined the nurses viewed chaplains as an essential part of the multidisciplinary team who were valued for their supportive presence in 3 contexts: with patients and families, with ICU staff, and in the ICU in general.

Chaplain's Presence Supports Patients and Families. We found that chaplains are considered by nurses to have the optimal language and approach to support patients and their families, regardless of the patient's or family's faith or belief system:

> Talking about the patient and who they are, and acknowledging them as a person—just reflecting on their life [is] something I'm pretty comfortable doing with families. But there's something about the spiritual care person [who] has the right language and has the ability to . . . elicit that kind of reflection.

Nurses affirmed that chaplains can ease the pain associated with the dying experience for patients and families. They attributed this to the presence and individualized approach of the chaplain:

> When pastoral care is involved . . .it makes the death more like it should be. It's an important event and it should be personal.

Chaplains' Presence Supports Staff. In addition to the support for patients and their families, nurses shared how they often feel a sense of relief after calling chaplains, knowing they will jointly help support the patient and the patient's family:

> Relieved would be a good word. Just that there is 1 more member of the team that can help support the family. I feel relieved that perhaps they already have a relationship with the spiritual care worker, so it's another familiar face, someone who knows their journey, someone who knows the patient and the family and so there's something familiar . . . It's comforting for the family and I feel comforted that they're feeling . . . better about the situation.

Nurses described how the presence of a chaplain personally supported nurses caring for dying patients. They valued the opportunity to debrief, which usually was done informally:

> Sometimes they come around after an event . . .and say "How are you doing? That was a difficult situation." . . . Then we might debrief a bit . . . Even though we go through a really difficult or tragic experience, sometimes it's over and then we move on to the next patient. So I always appreciate it when someone comes along and says, "So, how are things going? How did you find that?"

Chaplains Educate Through Their Presence in the ICU. The important role for chaplains educating nurses was underscored during the interviews, as indicated by the following:

> There's great knowledge and experience that could be transferred to some of our more inexperienced nurses from spiritual care. It would be great if that relationship was nurtured from the very beginning and just became . . . part of our culture here.

> I think we learned from them . . . the compassion part . . . You watch how they work and we learn ourselves.

Nurses' Experiences Working With Chaplains in the Unit

Nurses make referrals to chaplains through all phases of a patient's critical illness, sometimes immediately after ICU admission. Through early engagement of chaplains, patients and their families can develop relationships that facilitate access to spiritual support during the patient's stay. Nurses described a shared-care model when working with chaplains, which was articulated in the following 3 ways: (1) why nurses call spiritual chaplains, (2) how nurses introduce the idea of spiritual care to patients and families, and (3) the shared experience of nurses working with chaplains.

Why Nurses Call Chaplains. Nurses reflected on how the presence of chaplains help provide an essential aspect of holistic care at the end of life:

> It's the more holistic, humanistic approach to dying than what we deal with, which is more of the medical . . . messy kind of things.

> I always want to try and make sure the family feels supported and that, if they are religious or spiritual, they feel like we took care of them from that perspective as well.

Nurses believed that the support delivered by chaplains was a reflection of their own caring. Even though they wanted to care for patients and their families in every domain, nurses were sometimes unable to do so because they were busy attending to technical aspects of practice:

> Sometimes we can't spend as much time at the bedside as we want to. And so our spiritual care team just steps in and they . . . just carry on that caring that we always want the family to know [is there] even though we can't be there all the time.

Some nurses were uncomfortable identifying or addressing spiritual needs, preferring to have chaplains involved:

> I don't always have the ability to find comforting words. . . . I'm too intimidated that I might say the wrong thing . . . so I just find [the chaplain], when they're there, they deal with that aspect, which is relieving [for] me.

How Nurses Introduce the Idea of Spiritual Care Support to Patients and Families. Nurses talked about different ways of introducing the service of spiritual care to patients and families, depending on the context:

> Someone to be there if you need someone to talk to because this is a hard time. That's pretty much how I say it.

Nurses sometimes guide hesitant families to consider the potential role for chaplains by affirming their frequent involvement:

> I also tell them that we use them often. I do make sure that they know that because I don't want them to think that someone will come into the room who really doesn't have much experience with that situation or with someone becoming palliative or someone dying.

Nurses' Shared Experience of Working With Chaplains. Nurses appreciated sharing the caring experience with chaplains. They talked about wanting to have chaplains present more often, not only at the end of life:

> I think we work really cooperatively. I really appreciate and trust their ability and their gifts. . . . Personally, I like to have the presence of the spiritual care team in the unit even when we don't have a dying patient at that very moment.

Dialogue between nurses and chaplains was identified as helping to share information about the patient, the patient's family, and their circumstances, particularly when people are experiencing difficulty accepting a patient's prognosis. Nurses described that chaplains often forge an intimate relationship with the patient and family, which facilitates sharing important aspects of personhood with the interprofessional team:

> Spiritual care will come to us to ask us about the family and we'll ask them what things they found out, because sometimes the family will talk differently . . . to someone like [the chaplain, saying some different than] what they would tell the nurse or the doctor.

How ICU Nurses Provide Spiritual Care Through Their Practice

All of the nurses that we interviewed shared examples of providing spiritual care to patients and families through their presence, but not all of them cited this presence as being part of providing spiritual care. We learned about the intentional provision of spiritual care from some nurses, and the unarticulated, if not unrecognized, provision of spiritual care by others. From these data, 3 ways that nurses provide spiritual care through presence in their practice were identified: (1) intention, (2) being with the patient and/or family, and (3) compassion.

Intention. One of the most common motivators for nurses to provide the best end-of-life experience possible was intention:

> I don't want to miss an opportunity when somebody's going to pass away that they would have liked some spiritual advice, prayers, or calling your own pastor.

> Yeah, it's just 1 of those things. It's . . . someone's last moment and . . you have to make it the best for them.

Being With the Patient and/or Family. Given the large amount of time that nurses spend at the bedside with their patients, their presence was considered to be a manifestation of their provision of spiritual care:

> We're not necessarily invited, but I automatically go in and shut the door, and I like to be part of it because I think it's nice for the families to see that and it makes them feel like their loved one . . they're not just a patient.

Nurses often disclosed being unaware of when they were providing spiritual care. One nurse said, "I think we all do it; we just don't realize that we're doing it." Nurses gave examples, such as the following, of unknowingly providing spiritual care through their presence:

> We had a young lady in our unit . . . the parents were in the room and I wasn't even aware I was doing it, and the mom said to the daughter, who was in the bed, "This must be so reassuring for you because this is what your Grandma would do. She would hum for you." . . . So I do things like that without even being aware, and it brings them some peace and comfort.

Compassion. Nurses claimed compassion as something that comes naturally to them, citing it as a core component of nursing practice that positively affects nurses themselves:

> I think I'd only been with the patient maybe a few hours that day. And the family member pulled me aside and said, "I can see that you really, really love your work by your actions."

> It's not always what you say . . . but your actions . . . you know . . . whether it be a touch of their forehead as you are talking to them or holding their hand or . . . getting a glass of water.

> One of the things that is most powerful for me is when you have a patient [who] doesn't have any family and they don't really have anyone there when they're passing away. It's kind of a peaceful thing to go be with a patient and even just hold their hand while they're dying. I think that's kind of a spiritual thing.

Discussion

We identified the presence of spiritual care to be the central theme when nurses refer to chaplains for dying or deceased patients in their care. Hailed as "the most essential element of spiritual care,"[25] "based on a healing relationship,"[13] elements of presence include a reciprocal relationship to the whole person extending beyond the technical and attending to their needs.[26-29] Like spirituality, presence takes many forms and is challenging to define. Spiritual care presence has been described as being accompanying and comforting[30]—elements that were identified by nurses in this study. Nursing presence has been described as reflecting "uniqueness, connecting with the patient's experience, sensing, going beyond the scientific data, knowing what will work and when to act, and being with the patient."[27] The uniqueness of each nurse's spirituality gives nursing presence its unique style.[31,32]

We identified a need for more guided discussions by chaplains for nurses to learn how to provide spiritual care and make appropriate referrals. This is an actionable item that could be implemented through the integration of spiritual care education into ICU orientation for new learners and could lead to an overall decrease in the amount of spiritual distress experienced by patients, families, and unit staff. Lack of nursing preparation may lead to hesitation inquiring about the spiritual needs of patients and their families.[1] Experienced nurses suggested that better introduction to the hospital's spiritual care department and its roles would help new graduates, who often have limited exposure to spiritual care when starting their career. With guided, repeated exposure to patients in crisis, nursing students can recognize their nursing presence at work.[13] In addition to periodic, scheduled, case-based rounds after a death,[33] nurses valued informal, immediate debriefing with chaplains after challenging clinical situations; this finding aligned with those of other reports.[34]

Strengths of this study include the descriptive summary of the findings developed by a multidisciplinary team, with minimal theoretical interpretation. The interviews provided nurses an opportunity to talk about and reflect on spirituality and their practice. Results were presented in the words of the research participants,[21] and member checking affirmed that the findings resonated with nurses. Limitations of this study include the single-center design and the focus on dying patients. The generalizability of these findings should take the setting into account: This study was conducted in a faith-based hospital with a designated ICU chaplain, 24-hour on-call chaplain coverage, a chaplain to bed ratio of 0.70 to 21, periodic visiting community clergy, and where a collaborative end-of-life program was in place.[35]

> Nurses valued informal, immediate debriefing with chaplains after challenging clinical situations.

Chaplains synergistically add a key dimension to the care of the patient that no other member of the health care team can provide,[8] because spiritual care is what chaplains do, rather than being a part of what they do.[11,36] The role of chaplains is crucial; however, clearly they are not the only ones who provide spiritual care in the hospital.[8,11,16] Ultimately, nursing care focuses on wholeness, including spirituality,[37] and meeting a patient's spiritual needs is

not only consistent with best practice but may positively affect nurses themselves. Chaplains have the skills and knowledge to help nurses identify when they are engaging in spiritual care. Nurses in our study recognized, with relative ease, acts of compassion in their practice, manifested not just in words but in actions. However, some nurses were unaware of when, and how often, they provided spiritual care.[38]

In summary, we found that ICU nurses considered spiritual care to be an essential aspect of caring holistically for critically ill patients. Nurses we interviewed value the support chaplains provide to patients, families, and clinicians, particularly, but not only, when patients are dying. Nurses found making referrals to the chaplains to be a positive experience, contributing importantly to patient- and family-centered care at the end of life in today's spiritually diverse society.

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SEE ALSO

For more about family support, visit the *Critical Care Nurse* website, **www.ccnonline.org**, and read the article by Mureau-Haines et al, "Family Support During Resuscitation: A Quality Improvement Initiative" (December 2017).

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CE 1.0 Hour Category B

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This article has been designated for CE contact hour(s). The evaluation demonstrates your knowledge of the following objectives:

1. Identify the value of having chaplains present in the intensive care unit for patients and family members as well as the interprofessional team.
2. Describe the relationship between nurses and chaplains within the context of critical care.
3. Analyze the provision of spiritual care by critical care nurses and identify reasons they may be unaware of providing it.

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