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## Spiritual Care Competency of Critical Care Nurses: A Literature Review

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**Spiritual Care Competency of Critical Care Nurses: A Literature Review**

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### **Spiritual Care Competency of Critical Care Nurses: A Literature Review**

While caring for their patients, nurses often encounter spiritual needs. In a study with 241 hospice, palliative care, and holistic nurses, “all respondents (100%) indicated they had encountered a patient with spiritual needs throughout their nursing clinical practice” (Lukovsky et al., 2021, p. 32). Despite the prevalence of spiritual needs, many nurses feel unable to confront spiritual issues among their patients. According to a survey conducted among 4054 nurses from the UK, “almost 93% of the nurses surveyed believed spiritual care should be addressed, yet only 5.3% felt always able to meet the spiritual need of patients on a regular basis” (Lukovsky et al., 2021, p. 35). Spiritual care, as discussed in this literature review, “is the recognition and support of the religion and/or spirituality dimensions of illness” (Lukovsky et al., 2021, p. 28). While it is important for all nurses to be competent in holistic care, it is especially vital for critical care nurses. Research shows “that patients in critical-care units indicate spiritual needs more frequently than do patients in other hospital units” (Ruth-Sahd et al., 2018, p. 18). According to the American Association of Critical Care Nurses, meeting patients’ spiritual needs is an essential part in promoting healing (Ruth-Sahd et al., 2018). Consequently, it is paramount that critical care nurses are equipped with the proper resources to address these concerns.

### **Clinical Problem**

Many nurses do not feel competent to provide spiritual care. In a survey conducted among 391 nurses pursuing post-licensure degrees, 74.3% of the group felt unprepared to provide spiritual care (Green et al., 2019). Providing spiritual support is especially important in intensive care units (ICUs). Due to the nature of ICUs and their higher occurrence of mortality, it is critical that nurses feel prepared to provide spiritual support when needed.

Training nurses to utilize simple spiritual assessment tools could be highly effective in increasing critical care nurses' confidence in performing spiritual care. According to Harrad et al. (2019), nurses "who had received training in spiritual assessment were more likely to be comfortable with such assessments as were those who felt that they had been adequately prepared for this aspect of their role" (p. 51). The PC-7 assessment is a new tool utilized by chaplains in palliative care settings which "can describe and quantify the key spiritual concerns of palliative care patients" (Fitchett et al., 2020, p. 248). By utilizing the PC-7 assessment tool as a guide, will critical care nurses feel more confident in identifying and addressing their patient's spiritual needs? The following research seeks to answer this question.

### **PICO Question**

Following the Population, Intervention, Comparison, Outcome (PICO) formatting, the following question is posed. In critical care nurses, does utilizing the PC-7 assessment tool in spiritual assessments, compared to an admission questionnaire regarding religion/spirituality alone, increase their self-reported spiritual care competency level? Does the literature support or refute this question?

### **Search Terms**

The following databases were used to conduct research on this topic: Ovid, EBSCOhost, NCBI, and Google Scholar. Search terms included spiritual care competency, critical care nurses, PC-7, admission, and spirituality. The filter applied to the database searches was years 2017 through 2021. The Individual Evidence Summary can be referenced in Appendix A. Additionally, the Overall Evidence Summation can be found in Appendix B.

### **Literature Review**

Spiritual health is important to ICU patients. In a study among 144 ICU patients and family members, “a majority (85%) noted that spirituality was “important to them” and that prevalence remained high across respondent age, race, faith tradition, or admitting ICU” (Aslakson et al., 2017, p. 650). Therefore, critical care nurses should attend to their patients’ spiritual needs. However, the spiritual needs of patients are often neglected (Harrad et al., 2019; Ruth-Sahd et al., 2018). Many factors contribute to this, including lack of time, fear of patient reaction, cultural and religious differences, confusion about role in spiritual care and assessment, confusion over spiritual distress, and lack of preparedness and skill (Green et al., 2019; Harrad et al., 2019).

Although many nurses feel unprepared to provide spiritual care, the Joint Commission (2021) states that addressing spiritual needs is important and provides a list of beneficial questions to ask patients. However, there is no nationally mandated set of questions nurses are required to incorporate in spiritual assessments (The Joint Commission, 2021). Current standards for spiritual assessment in the ICU only require documentation of the patient’s religion and asking them if they would like visitation from the chaplain (Aslakson et al., 2017). In addition to this, Fitchett et al. (2020) note that there are three problems apparent in current spiritual assessments: they are designed for general use, narrative style assessments lack quantifiable results, and there is a lack of standardization among spiritual assessment models. To address these issues, several chaplains developed the PC-7, “an evidence-based model for spiritual assessment in palliative care that addresses these recommendations and other limitations of current approaches to spiritual assessment, such as their one-size-fits-all approach and narrative method” (Fitchett et al., 2020, p. 252). The PC-7 addresses seven themes prevalent among

patients facing end-of-life situations, including “need for meaning in the face of suffering; need for integrity, a legacy; concerns about relationships; concern or fear about dying or death; issues related to treatment decision making; R/S struggle; and other concerns” (Fitchett et al., 2020, p. 248). Due to the greater desire for spiritual support among ICU patients (Ruth-Sahd et al., 2018), utilizing this more specialized assessment tool may better identify their spiritual needs.

In addition to the use of the PC-7 in ICU settings, critical care nurses may benefit from further education in spiritual care. Research shows that hospice, palliative care, and holistic nurses are better equipped to assist patients in spiritual distress (Lukovsky et al., 2021). In a study with hospice, palliative care, and holistic nurses, about 65% felt they were able to meet their patients’ spiritual needs in their daily practice and about 62% received additional education in spiritual care as registered nurses (Lukovsky et al., 2021). Conversely, in a large study among ward-based nurses, “only 5.3% felt always able to meet the spiritual need of patients on a regular basis” (Lukovsky et al., 2021, p. 35). Research conducted by Harrad et al. (2019) consistently shows that nurses who receive training in spiritual care feel more confident and are more willing to provide spiritual care. For example, Harrad et al. (2019) found that age, gender, and personal religiosity did not affect their willingness to provide spiritual care but that training in spiritual care increased nurses’ willingness to provide spiritual support. Based off of this research, spiritual care training for critical care nurses may increase their overall competency in providing spiritual care.

Another resource critical care nurses can turn to for assistance in spiritual care is the hospital chaplain. However, there is currently a lack of communication between nurses and hospital chaplains regarding patient spiritual care in ICUs (Aslakson et al., 2017). In study with 144 ICU patients and family members, only about half had an electronic medical record (EMR)

note from the chaplain and the description of spiritual support provided was vague (Aslakson et al., 2017). This produced confusion on whether or not the patient received the spiritual help they needed (Aslakson et al., 2017). When chaplains or nurses provide spiritual care, “important elements to communicate would be to list any rituals done as well as to summarize the patient’s and/or family’s spiritual and emotional well-being” (Aslakson et al., 2017, p. 653). In palliative care units, spiritual care providers participate in rounds which results in better communication of spiritual care (Aslakson et al., 2017). In a study among hospice, palliative care, and holistic nurses, almost 96% recognized that they could refer patients to the chaplain if spiritual concerns were apparent (Lukovsky et al., 2021). Therefore, having chaplains in critical care units participate in rounds may result in more accurate communication of spiritual care. In addition to this, critical care nurses can communicate their patients’ spiritual needs to the chaplain by performing a spiritual assessment upon admission (Ruth-Sahd et al., 2018). By increasing collaboration with hospital chaplains, critical care nurses can ensure spiritual needs are not neglected.

### **Three Practice Recommendations**

Upon the completion of this literature review, the following three practice recommendations have been identified. The first practice recommendation is for critical care nurses to utilize the PC-7 assessment tool when performing spiritual assessments on their patients. Currently, many spiritual assessments are generalized so they can be used on any unit, something Fitchett et al. (2020) coin the ““one-size-fits-all” approach” (p. 249). The PC-7 assessment tool was designed by chaplains who work in palliative care settings in order to specifically “describe and quantify the key spiritual concerns of palliative care patients” (Fitchett et al., 2020, p. 248).

The second practice recommendation is for critical care nurses to receive training on how to implement spiritual assessments. According to Harrad et al. (2019), research supports that nurses who receive training in spiritual care are more confident in performing spiritual assessments and care. Not only does training improve nurses' confidence in providing spiritual support, but it ultimately benefits patients' overall health. While patients with unmet spiritual needs may experience a decreased quality of life, depression, and lack of peace, those whose spiritual needs are addressed report satisfaction with their care (Harrad et al., 2019).

The last practice recommendation is for critical care nurses to collaborate with chaplains by performing spiritual assessments and communicating the results to provide better spiritual support to patients. Nurses are the first line of healthcare professionals to assess patients and can provide chaplains with important information regarding patients' spiritual needs when they use a screening tool (Ruth-Sahd et al., 2018). By performing a spiritual assessment upon admission and collaborating with the chaplains, nurses can provide optimal spiritual care to patients.

### **Conclusion**

Tools are available to increase critical care nurses' competence in providing spiritual care to their patients. The PC-7 addresses the concerns of patients facing end-of-life situations and can help nurses identify specific areas of spiritual distress (Fitchett et al., 2020). According to many sources, providing professional education on spiritual care and assessment increases nurses' confidence in providing these aspects of care (Harrad et al., 2019; Lukovsky et al., 2021). Finally, research also shows that more detailed and intentional communication with hospital chaplains allows for patients' spiritual needs to be more adequately addressed (Ruth-Sahd et al., 2018). By equipping critical care nurses with the proper resources, this literature review suggests that their overall spiritual care competency will increase.

### References

- Aslakson, R. A., Kweku, J., Kinnison, M., Singh, S., & Crowe, T. Y. (2017). Operationalizing the measuring what matters spirituality quality metric in a population of hospitalized, critically ill patients and their family members. *Journal of Pain and Symptom Management*, 53(3), 650-655. <https://doi.org/10.1016/j.jpainsymman.2016.12.323>
- Fitchett, G., Pierson, A. L., Hoffmeyer, C., Labuschagne, D., Lee, A., Levine, S., O'Mahony, S., Pugliese, K., & Waite, N. (2020). Development of the PC-7, a quantifiable assessment of spiritual concerns of patients receiving palliative care near the end of life. *Journal of Palliative Medicine*, 23(2). <https://doi.org/10.1089/jpm.2019.0188>
- Green, A., Kim-Godwin, Y. S., & Jones, C. W. (2019). Perceptions of spiritual care education, competence, and barriers in providing spiritual care among registered nurses. *Journal of Holistic Nursing*, 38(1), 41-51. <https://doi.org/10.1177/0898010119885266>
- Harrad, R., Chiara, C., Robert, K., & Francesco, S. (2019). Spiritual care in nursing: An overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta Biomedica*, 90(4), 44-55. <https://doi.org/10.23750/abm.v90i4-S.8300>
- Lukovsky, J., McGrath, E., Sun, C., Frankl, D., & Beauchesne, M. A. (2021). A survey of hospice and palliative care nurses' and holistic nurses' perceptions of spirituality and spiritual care. *Journal of Hospice & Palliative Nursing*, 23(1), 28-37. <https://doi.org/10.1097/NJH.0000000000000711>
- Ruth-Sahd, L. A., Hauck, C. B., & Sahd-Brown, K. E. (2018). Collaborating with hospital chaplains to meet the spiritual needs of critical care patients. *Dimensions of Critical Care Nursing*, 37(1), 18-25. <https://doi.org/10.1097/DCC.0000000000000279>

The Joint Commission. (2021). *Spiritual beliefs and preferences - Evaluating a patient's spiritual needs*. <https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000001669/>

## Appendix A

## Individual Evidence Summary

<b>Databases Used:</b> Ovid, EBSCOhost, NCBI, Google Scholar			<b>Search Terms Used:</b> spiritual care competency, critical care nurses, PC-7, admission, spirituality			<b>Filters Used:</b> Years 2017 through 2021	
<b>Article #</b>	<b>Author(s)</b>	<b>Year</b>	<b>Evidence Type</b>	<b>Sample Size</b>	<b>Results Recommendations</b>	<b>Limitations</b>	<b>Strength &amp; Quality</b>
<b>1</b>	Fitchett et al.	2020	Literature Review	N/A	7 key concerns identified in patients facing end of life situations; Use PC-7 to conduct a more individualized spiritual assessment	Addresses needs of patients near end of life  Geared more towards theistic patients  Lacks extensive testing on reliability and validity	5/B
<b>2</b>	Ruth-Sahd et al.	2018	Literature Review	N/A	Collaboration with chaplains can help critical care nurses better care for their patient's holistically; Utilize admission spiritual risk screen	Lack of personal spiritual awareness in critical care nurses	5/B

<b>Article #</b>	<b>Author(s)</b>	<b>Year</b>	<b>Evidence Type</b>	<b>Sample Size</b>	<b>Results Recommendations</b>	<b>Limitations</b>	<b>Strength &amp; Quality</b>
<b>3</b>	Aslakson et al.	2017	Non-Experimental Study	144	Patients reported that spirituality was important to them but it was poorly documented; Communication with the care team through the EMR can help team members collaborate to meet spiritual needs	No patients in the study had a palliative care consultation note	3/A
<b>4</b>	Lukovsky et al.	2021	Exploratory, Descriptive Study	250	Nurses who are trained in spiritual care feel well prepared to provide it; Include spiritual care in nursing curriculum and cultivate a culture where spirituality is talked about	Data collected within 4 weeks  Could not collect data on number of members who met criteria but did not participate in study	3/B
<b>5</b>	Rachel et al.	2019	Literature Review	N/A	The majority of nurses are willing to provide spiritual support and those who have received training in spiritual care feel more confident	Only literature concerning adults was reviewed	5/A

<b>Article #</b>	<b>Author(s)</b>	<b>Year</b>	<b>Evidence Type</b>	<b>Sample Size</b>	<b>Results Recommendations</b>	<b>Limitations</b>	<b>Strength &amp; Quality</b>
<b>6</b>	Green et al.	2019	Exploratory, Non-Experimental Study	391	The majority of the nurses in the study did not feel prepared to provide spiritual care to their patients; Nurses who had received training in spiritual care felt more confident	Sample group was mostly Caucasian females  Data on confidence in providing spiritual care was subjective	3/B
<b>7</b>	The Joint Commission	2021	Clinical Practice Guidelines	N/A	Assessing patient spirituality is important and each organization should implement their own assessments	Lack of standardization among spiritual assessments could result in some organizations neglecting this aspect of care	4/B

*Note: N/A = not applicable*

## Appendix B

## Overall Evidence Summary

<b>Level of Evidence</b>	<b># of Journal Articles</b>	<b>Summary of Findings</b>	<b>Overall Quality</b>
I	0	N/A	-
II	0	N/A	-
III	3	<p>Spiritual screenings and discussions are not well documented in the EMR (Aslakson et al., 2020). Approximately half of ICU patients in the study had a chaplain's note in the EMR but did not document a spiritual discussion (Aslakson et al., 2017). In the study, 85% of the patients considered spirituality important to them (Aslakson et al., 2017).</p> <p>In a study among 250 palliative/hospice and holistic nurses, 91.63% felt they received inadequate training in spiritual care (Lukovsky et al., 2021). Every single nurse in the study admitted that they had encountered a patient with a spiritual need (Lukovsky et al., 2021). The greatest barriers to discussing spiritual matters included lack of training, time, and knowledge, and personal discomfort (Lukovsky et al., 2021).</p> <p>In a study among 391 nurses pursuing postlicensure degrees, 73.4% reported feeling unprepared to provide spiritual care to patients (Green et al., 2019, p. 44). The nurses' spiritual care competence was assessed using the Spiritual Care Competence 5-point scale (Green et al., 2019). The nurses rated themselves lowest in the areas of improving spiritual care and assessment and providing spiritual care (Green et al., 2019).</p>	A & B
IV	1	<p>The Joint Commission recognizes that it is important to care for patients' spiritual needs (The Joint Commission, 2021). Each hospital can determine its own questions to be included in spiritual assessments, however the Joint Commission provides a list of questions that are applicable to ask.</p>	A

Level of Evidence	# of Journal Articles	Summary of Findings	Overall Quality
V	3	<p>Literature review conducted by Harrad et al. (2019) analyzed 14 different tools that measured nurses' ability/comfortability with spiritual care and assessment. Although the majority of nurses sense patients have need for spiritual care, only about two-thirds of nurses engage in spiritual care (Harrad et al. (2019). Those who had received training in spiritual assessment felt more comfortable in conducting the assessment (Harrad et al., 2019).</p> <p>A group of seven chaplains developed a spiritual assessment tool (PC-7) which addresses seven key spiritual issues palliative patients face (Fitchett et al., 2020). The PC-7 goes beyond the one-size-fits-all approach of many spiritual assessments and gives structure to the narrative method of assessment (Fitchett et al., 2020). This tool could help provide more standardized documentation of spiritual assessments, especially in palliative care settings (Fitchett et al., 2020).</p> <p>Critical care patients often have spiritual needs, but nurses are not always equipped to engage their patients in spiritual conversations (Ruth-Sahd et al., 2018). Nurses should collaborate with chaplains to best care for their patients' spiritual needs and to formulate appropriate nursing diagnoses related to spiritual distress (Ruth-Sahd et al., 2018).</p>	A & B

*Note: N/A = not applicable*