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Hospital Setting between Nurse and Patient

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Abstract

Mixed methods research approach was used to investigate the perceptions of spiritual care of nurses and patients. We recorded the nurses' perception of patient wishes, perceived relevance of spiritual care for patients, spiritual care provided in practice, and their evaluation of the spiritual care provided for the patients. With regard to the patients the nurses cared for, we recorded their satisfaction with the information and experiences of spiritual care provided by the nurses.

Keywords: Nurse; Patients; Hospital setting; Education

Introduction

In response to these concerns training has been reported as one way of increasing not just skills but also facilitating the required attitude and facility for spiritual care giving. Spirituality is a broad concept, interpreted and defined in different ways by different people. This may impede care giving in practice as well as research in this area. Many studies are limited to end-of-life situations. Furthermore, few studies have assessed nurses' own views on facilitators of, and important attributes for, spiritual care giving. Found that nurses perceived communication skills as extremely important and most underutilized skills in providing end-of-life care, but their study was not specific to spiritual care. Another study, in a hospital setting not specific to the end of life, suggested that nurses feel that a wide variety of spiritual interventions, such as listening and prayer, are helpful to patients [1].

In this study, we investigated nurses' perceptions of their own spiritual care and perceived facilitators of providing it, as well as the perceptions of their patients in the same setting. We defined spirituality as the religious or existential mode of human functioning, including experiences and questions of meaning and purpose [2]. We employed this functional definition because we acknowledge that human beings express spirituality in different ways and in this study we were not so much interested in specific contents of nurses' spirituality, but rather in the way spirituality functions in their care giving [3].

A considerable number of nurses are sympathetic towards religious faith, and a significant part of them probably selected the hospital as a preferred place of work because of its religious affiliation. Therefore, some of the patients may have selected the hospital because of its affiliation. We used a mixed-methods design with quantitative data collected from nurses and patients, and qualitative data from nurses for reasons of triangulation, credibility and completeness as well as enhanced opportunities for explanation and illustration. Our aim was not to generalize results, but rather to present a comprehensive report of findings in a single setting, integrating presentation and interpretation of quantitative and qualitative data mostly by relating codes from qualitative nurses' interviews to findings of the quantitative questionnaires and vice versa. Nurses consider giving spiritual care a personal enrichment [4,5]. The good thing about spiritual care is that it helps you not see the patient as someone with health issues, but to see beyond the illness. Subsequently, the patients' positive reactions to their care encouraged them to offer spiritual support more often: I felt pleased when I saw that the patients found our conversation helpful.

Nurse's vigilance at the bedside is essential to their ability to ensure patient safety. It is logical; therefore, that assigning increasing numbers of patients eventually compromises a nurse's ability to provide safe care. There are many key factors that influence nurse staffing such as patient acuity, admissions numbers, transfers, discharges, staff skill mix and expertise, physical layout of the nursing unit, and availability of technology and other resources [6].

Nursing skill mix and training appears to be linked to patient outcomes. One classic study showed lower inpatient mortality rates for a variety of surgical patients in hospitals with more highly educated nurses. This finding has resulted in calls for all nurses to have at least a baccalaureate education, which was one of four key recommendation of the landmark Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health. Irrespective of educational level, the quality of nurses' on-the-job training may also play a role in patient outcomes [7].

Transformational leadership, personal accountability, teamwork, staffing ratios, and practice environments each have relevance to patient safety as carried out by nurses [8]. These themes are encompassed within an understanding of human factors, which can either facilitate, or be a barrier to, nurses completing all tasks and addressing all care within the time allotted. Under a transformational leadership structure, nurses can practice at optimal levels, motivated by supervisors who encourage critical thinking, foster skill development, and increase work satisfaction on the team, thus promoting better patient outcomes. A nurse who holds himself or herself personally accountable for maintaining a culture of safety may be less likely to have a missed nursing care episode [9,10].

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