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Article

Development and Psychometric Evaluation of a Spiritual Care Simulation and Companion Performance Checklist for a Veteran Using a Standardized Patient

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KEYWORDS

nursing education;
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Abstract

Background: Spiritual care is a professional mandate in nursing. Patients want and benefit from spiritual care, but nurses report lack of education and uncertainty on how to integrate spiritual care into practice. Simulation can evaluate nurses' ability to provide spiritual care but must be evidence-based and requires psychometric evaluation.

Method: A spiritual care simulation for a veteran and performance checklist were created based on literature review and were psychometrically evaluated. Forty RNs participated in the simulation and completed the Spiritual Care Inventory. The participants, the standardized patient and independent observer completed the performance checklist.

Results: Findings supported content, face, construct and predictive validity as well as interrater reliability.

Conclusions: Simulation can be used to teach spiritual care.

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Spiritual care is a professional mandate in nursing (American Nurses Association, 2010). Patients want and benefit from spiritual care, but nurses report being unsure how to integrate spiritual care in practice (Gallison, Xu, Jurgens, & Boyle, 2013; Pearce, Coan, Herndon, Koenig, &

Abernethy, 2012; Rushton, 2014). Spiritual care incorporates both holistic and cultural/religious care required in the *Nursing Scope and Standards of Practice* (2010) by American Nurses Association (2010). Spiritual care education is also included in four provisions of *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008). In order for nurses to provide spiritual care, it must be taught in nursing education and supported in practice.

Research suggests that nurses are uncertain about providing spiritual care because of lack of practice guidelines, education in nursing school, and training in practice (Rushton, 2014). Nurses are concerned that spiritual care may be viewed as preaching and are unsure how to provide spiritual care, particularly if the patient has a different faith tradition than their own (Gallison et al., 2013). Institutional barriers are also a concern, including inadequate time, lack of privacy, and lack of organizational support to address spiritual concerns (Gallison et al., 2013; Rushton, 2014).

Patients want spiritual care from their health care providers, particularly those with chronic illness and at end of life, and are more satisfied when they receive spiritual care (Pearce et al., 2012). Research indicates that veterans want spiritual care to cope with military experiences and chronic health issues (Bonner et al., 2013; Chang et al., 2012). There are approximately 23 million veterans in the United States and Puerto Rico, with about eight million veterans receiving care through the Veterans Health Administration (Anthony, Carter, Freundl, Nelson, & Wadlington, 2012, p. e145). It is essential that nurses in both civilian and Veteran Administration (VA) health systems understand how to tend to the unique spiritual needs of veterans.

Simulation is an educational technique that provides an opportunity to assess whether nurses can address the spiritual care needs of their patients. The challenge in using simulation is to first define what is Spiritual Care in Nursing Practice (SCiNP) and operationalize that definition in a simulation and performance checklist (Kerns & Dhingra, 2012). Because spiritual care is relationship based and requires the nurse's caring presence with a patient, it is best to use a live

person as the patient (Burkhart & Hogan, 2008; Watson, 2008). Previous studies have successfully used simulation with standardized patients (SPs), faculty, and students to play patient and family roles in spiritual care end-of-life and mother/baby scenarios (Costello, Atinaja-Faller, & Hedberg, 2012; Fink, Linnard-Palmer, Ganley, Catolico, & Phillips, 2014). Use of SPs has been successful in addressing the relationship-based dimension of spiritual care.

More research is needed to develop and psychometrically evaluate a spiritual care simulation and companion performance checklist. Therefore, this study used a literature review, content validity, and the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM to develop and evaluate a spiritual care simulation and companion performance checklist for a veteran at risk for spiritual distress (Herdman & Kamitsuru, 2014; www.nursingsimulation.org).

Theoretical Framework

The SCiNP theory (Burkhart & Hogan, 2008) considers spiritual care as an intentional process when a nurse recognizes patient's verbal, nonverbal, and situational cues for spiritual need, intentionally decides to engage with the patient, and provides spiritual interventions designed to promote connectedness to self, others, and/or a higher power to facilitate patient's search for meaning and purpose in life. The spiritual encounter also affects the nurse, leading to an emotional response after encounter, requiring self-reflection and meaning making to facilitate the nurse's own spiritual well-being. The ability of the nurse to find meaning and purpose in providing spiritual care will affect their willingness to engage in future spiritual encounters with patients (Burkhart & Hogan, 2008).

The SCiNP theory guided the development of the simulation and checklist in that the simulation script included patient cues for needing spiritual care, and the companion Spiritual Care Cue and Intervention Checklist (SCCL) listed the nursing spiritual care interventions in response to the patient cues. The SCiNP theory defines human spirituality as the search and reflection of meaning and purpose in life through connections with self, others, arts/music, nature, and/or higher power (Burkhart & Hogan, 2008; Herdman & Kamitsuru, 2014). This search includes one's values, beliefs, mission, and facilitates meaning that transcends the moment toward a future with greater meaning, which may or may not involve a deity (Burkhart & Schmidt, 2012; Frame, 2003).

Study

The study was conducted in three phases. Phase 1 consisted of a literature review to identify patient cues and nursing interventions and the development of a simulation script and

Key Points

- Veterans have unique spiritual care needs when hospitalized.
- Development and psychometric evaluation of an evidence-based spiritual care and companion performance check list requires a methodical process.
- It is possible to teach spiritual care using simulation with a standardized patient.

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