ICU
MANAGEMENT & PRACTICE

Spiritual Care in the ICU

The spiritual needs of ICU patients are addressed in a recent article in the American Journal of Critical Care (AJCC) , which argues that the issue is vital for whole-person care, and also recognises that understanding "spirituality" is subjective and that nurses bring different personal perspectives.

The researchers, from Cleveland Clinic in the USA, interviewed 30 critical care nurses at a large Midwestern hospital. They discovered that while nurses are comfortable providing spiritual care to critically ill patients, they would appreciate further need education to enable them to give culturally competent care. These nurses identified opportunities to address spiritual needs throughout a patient's stay, but noted that these needs are usually not addressed until the end of life.

The researchers have developed a working definition of spirituality pertaining to healthcare:

> *the part of a person that gives meaning and purpose to the person's life. Belief in a higher power that may inspire hope, provide resolution and transcend physical and conscious constraints.*

Without a clear definition, each nurse must reconcile his or her own beliefs within a framework mutually suitable for both nurse and patient," said lead author Christina Canfield, RN, MSN, ACNS-BC, CCRN-E, a clinical nurse specialist, eHospital, Cleveland Clinic. "Nurses who seek to give whole-person care to their patients sense that something beyond the technical aspects of their job is needed."

Three patient-centered themes related to spiritual care emerged during the interviews: end-of-life issues, resolutions associated with guilt and hope, and increased need for attention.

Nurses responded to these issues by offering support in a variety of ways, including personal presence, praying, touching, holding a hand or listening to patients. They also offered to contact pastoral care for support of the patient or the patient's family.

"Nurses are ready to offer direct spiritual support if they sense it is needed but hesitate to initiate such support out of concern that doing so could be offensive to the patient or interpreted as proselytizing," Canfield said. "Resources, such as classes or reference guides, may be helpful to those wishing to improve their comfort with providing spiritual care to patients."

The study findings can provide a framework for creation of resources to support critical care nurses as they deliver care at the bedside. Additionally, the results provide the foundation for further research related to strategies for addressing the spiritual needs of critically ill patients and their families.

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