Quantitate critique research paper sample

Health & Medicine, Nursing

Acute Care Nurses spiritual care practices

Research problem

The consideration of acute morbidity leading to mortality in patients is a critical professional issue worthy of evidence based practice research within the field of nursing. The challenge of developing an adequate ' spiritual' framework within global nursing best practice recommendations is part of the scope of a recent trend in promoting optimal patient outcomes in nurse-patient synergy. In Gallison et al. (2013) Acute Care Nurses' Spiritual Care Practices, the issue of spirituality as a core competency within nursing ethics is raised.

Investigation of acute care nurses spiritual care practices in response to hospitalized patients applies the AACN (American Association of Critical-Care Nurses) Synergy Model for Patient Care (Synergy Model) (Gallison et al., 2013). Based on a co-efficient analysis of synergy results, the research looks at the spiritual requirements and characteristics patients in relation to nursing competency (Gallison et al., 2013). The hypothesis assumes that nursing competencies are in line with best practices when grounded in the actual or expressed needs of patients.

The study proposes a replicable best practices model to definition of patient spirituality based on eight (8) concepts: 1) resiliency, 2) vulnerability, 3) stability, 4) complexity, 5) resources availability, 6) participation in care, 7) participation in decision making, and 8) predictability. Parallel nursing best practices defined to be spiritual are: 1) clinical judgment, 2) advocacy and moral agency, 3) caring practices, 4) collaboration, 5) systems thinking, 6)

response to diversity, 7) facilitation of learning, and 8) clinical inquiry (Gallison et al., 2013).

Literature review

There is a growing consensus in the field of nursing that nurses are " spiritual care providers" (Gallison et al., 2013). The review of literature to the study looks at the role of spirituality in nurse-patient synergy. Within the field of nursing, spirituality is broadly associated with nursing ethics, and proscribed as part of nursing duty to a standard of reasonable care. The literature review points to scholarship in three (3) competency domains associated with nurse-patient synergy: 1) awareness and use of self, 2) spiritual dimensions of the nursing process, and 3) assurance and quality of expertise (Gallison et al., 2013).

The study proposes to contribute to the limited, yet growing sub-segment of evidence based practice research suggesting spiritual care to be " warranted but not given adequate attention" (Gallison et al., 2013). Those studies recommend identification of spiritual barriers to better patient care, and also the development of new resources to promote synergistic relations in treatment.

Research objective questions or hypothesis

The objective to the study is to identify awareness, barriers and preparedness to nursing spirituality in synergistic relationships with hospitalized patients. The Synergy Model used in the study is based on five assumptions:

- The whole patient must be considered, including spirituality

- The nurse–patient relationship includes the family and the community
- Patient characteristics are dependent variables, yet contributory to the process
- A dynamic profile of nurse characteristics is required to understand interrelated dimensions
- The goal of nursing is to restore a patient to wellness and wellbeing

The hypothesis to the research assumes that understanding the needs of nurses will lead to more opportunities for spirituality to be strengthened in the nurse–patient relationship (Gallison et al., 2013).

Variables

Independent variables in the sample population of nurses surveyed in Part I of the questionnaire to the study include: demographic insights such as age, race, gender, areas of practice, years of practice, education and religious affiliation. The independent variable of " currently screening for spiritual needs" was also include in the demographic sampling (Gallison et al., 2013). Part II: Barriers to Providing Spiritual Care records dependent variables about subjective beliefs and practice agreement/disagreement in the study(Gallison et al., 2013).

Design

The research design to the study applied the Spiritual Care Practice (SCP) Questionnaire to survey the convenience sample of nurses (N = 271) about spiritual barriers in direct patient care (Gallison et al., 2013). The questionnaire surveyed nurses about their " perception of their own spirituality and the spiritual care [delivery] to patients" (Gallison et al.,

2013).

The SCP questionnaire was divided into two parts, with Part I determining percentage of acute care nurses providing spiritual support to patients, and Part II showing agreement or disagreement with practices and approaches to integration of spiritual competencies in nursing practice (Gallison et al., 2013). The SCP is considered an adequate instrument in terms of content validity and reliability, with published evidence of test–retest reliability reported to be r = . 80 (Gallison et al., 2013). Internal consistency met Cronbach’s alpha in SCP-Part I (. 87) and SCP Part II (. 64) (Gallison et al., 2013). The instrument was modified to include two qualitative questions for additional comments by the sample population of nurses.

Measurement

Design of the measurement instrument to the questionnaire follows the 5-point Likert-type scale, where responses are computed as 1 to 5, “ with 1 being very seldom and 5 being very often” (Gallison et al., 2013). The Likert type scale applies an established score of 32 out of a possible score range of 9 to 45) as the ideal mean (Gallison et al., 2013). In the study the ideal mean of 32 represented nurses involved in spiritual care activities, described as “ occasionally” or “ often” (Gallison et al., 2013).

Sample, population and setting measurements

A convenience sample (N = 271) of nurses recruited from the division of medical nursing in an 800-bed academic medical center, in New York City comprised the participant population to the study (Gallison et al., 2013).

Data collection

Instrumentation of the Spiritual Care Practice (SCP) Questionnaire was conducted online (Gallison et al., 2013). Data collected from the survey, the result of response by the convenience sample of nurses in the study.

Data analysis

The SCP offers built-in analysis, so that percentage of self-described spiritual support and perceived barriers inhibiting spiritual care were readily evaluated for proportionality, mean average, standard deviation, t-tests and median frequency in response. Factors of variance and odds ratio allow for illustration of significant effect on the mean scores (Gallison et al., 2013). Some content analysis was also conducted to reflect answers to the open-ended questions in the survey (Gallison et al., 2013). Coding of qualitative content allowed for co-efficient analysis of Part I and Part II.

Interpretation of findings

Descriptive statistics describe the results to the SCP with the most impactful outcomes defining respondents' " greatest perceived barriers" to spirituality as " private, insufficient time, difficulty distinguishing proselytizing from spiritual care, and difficulty meeting needs when spiritual beliefs were different from their own" (Gallison et al., 2013). The participation rate to the study reported 44. 3% (N = 120) of the population responding to the online survey, with 61% of the respondents scoring less than the ideal mean on the SCP (Gallison et al., 2013). While 96% (N = 114) identified belief in addressing patients spiritual needs as part of their professional role, 48% reported " rarely participating in spiritual practices" (Gallison et al., 2013).

Evaluation of quality and credibility of study findings

The purpose of the study was to identify barriers in providing spiritual care to hospitalized patients (Gallison et al., 2013). Empirical evidence supporting the hypothesis that spiritual barriers to nurse-patient synergy assumes that nursing competencies must meet patient spiritual needs. The proposition that by “ addressing system[ic] and environmental barriers” nursing best practices can and will assist nurses “ in meeting the spiritual needs of their patients” is somewhat tenuous. More evidence in the area of cultural intelligence must follow.

References

Gallison, B. S. et al. (2013). Acute Care Nurses’ Spiritual Care Practices. Journal of Holistic Nursing 31 (2), 95-103.