


EHNCC 1 – 5 June 2016 Hungary
 “Spiritual Care (SC) in the ICU”
 Suzan Willemse, spiritual caregiver The Netherlands

Study aim





Research and Results
 Intensivists
 ICU Nurses
 Spiritual Caregivers

- to identify the role of SC in Dutch adult ICUs from the perspective of intensivists, ICU nurses, and spiritual caregivers;

Research and Results
 Intensivists
 ICU Nurses
 Spiritual Caregivers

- to identify the similarities and differences in the perspectives of these three disciplines.

Scientific validation

- Patient/relatives satisfaction
- Prevention disorders
- Reduction disagreement between HCW and ICU staff

Steps of the research process






- Review
- Research plan
- Guidance committee
- Subsidy
- Literature study
- Development research plan
- Reviewers questionnaire
- Digital questionnaire

Purposes Questionnaire





- Mapping the current state of spiritual care in the ICU for adults
- Deploy determinants from quantitative data for qualitative follow-up research

Methods

- Digital questionnaire
- Time:
May – October 2013
- Reminders
- Analysis using SPSS Statistics

Population and units



Population
 Intensivists; (I)
 ICU nurses; (ICU N)
 Spiritual Caregivers (SCg)

Units
 92 hospitals (100%):
 91 general hospitals
 1 specialist oncology hospital

Results Questionnaire

Invitation 92 hospitals (h)(100%)

Participation 85 hospitals (92.3%):
 8 university
 44 teaching
 33 non-teaching

no SC supply(4)
 no ICU(1)
 principle objections (1)
 SCg on sick leave (1)

Total respondents n = 487


66 h / 78%	99	Intensivists
77 h / 91%	290	ICU Nurses
79 h / 93%	98	SC givers

Disciplines
 62 h : 3
 15 h : 1/2
 8 h : anonymous

Design Questionnaire

1. SC support, coping, spiritual needs, ethical aspects	2. HCW Competency and time investment
I – ICUN – SCg 40 questions	
3. Communication and interventions (interdisciplinary cooperation)	4. SC effects, support and implementation at policy level

1a. SC information supply



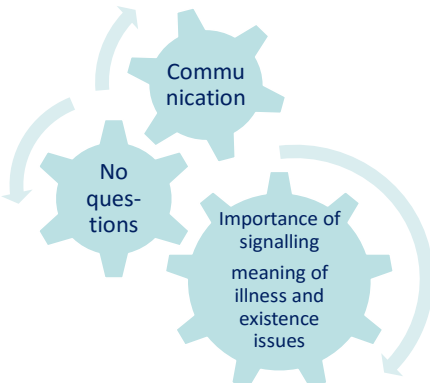
Measuring SC information supply:

- through ICU Nurses
- by means of brochure
- ICU patients and/or relatives were not offered any information about SC supply



1b. Request - preference

Request for SC	Preference for SCg
Patiënt Relatives	Regarding the meaning of illness and existence
ICU N Intensivists	Ethical issues

1c. Importance SC - practice



1d. Perception of SC support



Discrepancy in perception in relation to

- Information SC supply
- Initiative to call in SCg

Calling in SC for I + ICUN
 - important / - not important

I + ICUN no attention for emotional problems of HCW

1e. Consulting SCg






➤ The role of the philosophy of life/spirituality of the patient in the way the patient copes with his/her illness is important to very important

Reasons to consult SCg

- Questions regarding the meaning of illness and existence
- Lack of community support
- Problems with image of God
- Ethical questions concerning withdrawing treatment



1f. SC supply

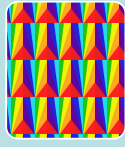
- Conducting interviews
- Attendance
- Working with rituals

Significantly differently: the use of SC by HCW

2a. Competence






I and ICUN think themselves capable of going into questions regarding the meaning of illness and existence




Significant difference in perception ‘Who does what?’ (in relation to I)
 No significant difference (in relation to ICUN)

2b. Time investment





HCW needs 20 to 30 min to discuss existential questions



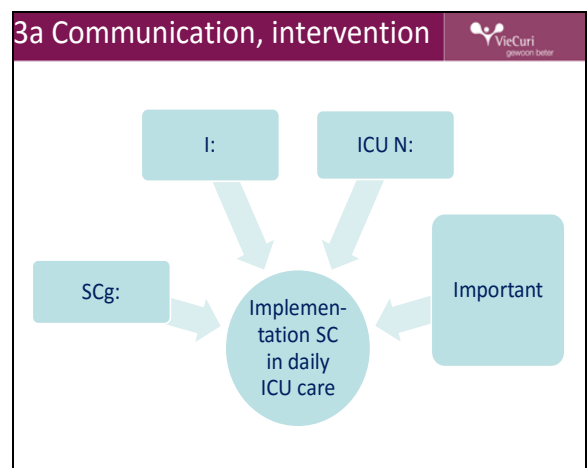
Honouring SC request

- within 1 to 2 hours
- 3 consultations of 15 to 30 minutes





Reasons insufficient time

- I: too many other tasks
- ICUN: patient complexity
- SCg: too few permanent positions




3b. Conditions integrated SC

- Sufficient knowledge of SC supply
- HCW’s attention to signals of spiritual needs
- Binding agreements in relation to SC in accordance with protocol

3c. SCg Report – Protocol


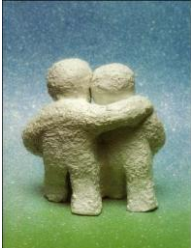


I + ICU N hardly ever make a written request for SC

- SCg report their findings in a patient file and orally
- SCg report orally to ICU N twice as often as to I

Majority of respondents is in favour of a SC protocol



4a. SC effects

SC effects

- positive contribution to mental well-being of the patient
- processing and channelling emotions
- increased patient and family satisfaction in crisis situations



4b. Phenomena SC supply

Phenomena


- despair at the lack of grip
- vain search for hope and perspective
- questions about making choices regarding treatment in the light of moral conviction

Support and implementation





- Support at IC policy level: a majority of all respondents
- ICU N: no support at IC policy level
- A majority of all respondents: Boards of participating hospitals give attention to the well-being of patients through active SC Supply

Conclusions



- SC is not yet an integrated part of daily ICU care at a national level
- Determinants from quantitative data for qualitative research among patients and their relatives:
 - I and ICU N Support SC
 - patient sharing their philosophy of life /spirituality with I and ICU N
 - findings of patients and their relatives in relation to SC in the ICU: * positive values SC
 - * phenomena with SC supply

Thanks for your attention		
Questions / remarks Exchange of experiences		
Special thanks to:		
VieCuri Medical Centre	Suzan Willemse	
IQ Healthcare Radboudumc	Spiritual caregiver	
Radboudumc		

DO NOT COPY