

**Research Space**

Journal article

**Staff perceptions of spiritual care in Intensive Care: a preliminary survey**

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## **Staff Perceptions of Spiritual Care in Intensive Care: a preliminary survey**

Dear Editor

Spirituality has been described as either taking a humanistic (secular) form or a religious (transcendent) form (Altman et al 2022 p23) but there is overlap between the two areas which makes them difficult to separate. The purpose of spiritual care within Intensive care unit (ICU) practice is to ensure holistic practice, and support quality of life for the patient (Klimasiński 2021) and their family. The aim of this study was to examine registered nurses' perceptions of spiritual care practices within intensive care units within the United Kingdom.

A cross-sectional online survey was used for this study providing a snapshot about the topic at one point in time (Jacobsen 2020). A questionnaire was used which included demographic data, questions around ICU staff behaviours and the validated Spirituality and Spiritual Care Rating Scale (SSCRS) (McSherry et al 2002) incorporating free-text comment boxes. Participants were recruited through British Association of Critical Care Nurses website and social media. The inclusion criteria were registered nurses currently working in any intensive care unit within the United Kingdom. Data were collected between March and June 2020. Descriptive statistics were used to outline the results of the survey and content analysis was used to identify prominent areas within the free text comments (Jacobsen 2020).

Thirty-seven participants completed the survey. A range of ages and years working in ICU were represented but adult ICU settings dominated responses. 18 (48.6%) respondents had a Christian belief and 14 (37.8%) stated they had no belief.

Only 11 (29.7%) of participants had received training in spiritual care related to ICU practice. Participants understanding of the term 'spiritual care' showed that 33 (22.4%) of participants stated that you could be spiritual but not religious, 28 (19.0%) of participants felt that spiritual was about meaning and purpose in life and 25 (17.0%) believed that everyone has a spiritual side.

The application of spiritual care within the ICU setting focused on person centred principles (see Table 1 - Spiritual Care in Intensive Care Unit). Spiritual care was rated as a crucial element within the ICU setting but, despite this, it was rarely discussed in the ICU. Spiritual assessment was undertaken but participants did not feel competent to provide spiritual care.

The results of the 'Spirituality and Spiritual Care Rating Scale' showed that arranging chaplain support was considered important. Art, creativity, and self-expression were also aspects that could be incorporated into spiritual care.

Twenty-one (56.7%) participants added comments and four areas were outlined: ‘concerns affecting staff in terms of providing spiritual care’; ‘the individuality of spiritual care’; ‘the role of chaplaincy’ and ‘focusing on when the person is dying’. These aspects highlighted the complexity of spiritual care, and its prominence was more evident in end-of-life situations.

This study is limited by the small sample size which limits generalisability. However, a lack of research into spiritual care has been noted (Jones 2020), particularly whether spirituality has any influence on the ICU patient immediate and long-term recovery. Thus, this topic needs more exploration and discussion.

## References

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Table 1 – Spiritual Care in Intensive Care Unit

Questions	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	Number	%	Number	%	Number	%	Number	%	Number	%
Spiritual care is an important element within my ICU -	7	18.9%	20	54.1%	3	8.1%	6	16.2%	1	2.7%
I assess spiritual aspects in the patients care	7	18.9%	20	54.1%	5	13.5%	5	13.5%	0	0%
I feel competent to deliver spiritual care	6	16.2%	7	18.9%	14	37.8%	8	21.6%	2	5.4%
Spiritual care is ignored by ICU nursing staff	3	8.1%	11	29.7%	12	32.4%	9	24.3%	2	5.4%
I feel confident to discuss spiritual issues with ICU patients	7	18.9%	16	43.2%	7	18.9%	4	10.8%	3	8.1%
There is little done to provide spiritual care in my ICU	2	5.4%	8	21.6%	9	24.3%	16	43.2%	2	5.4%
Spiritual care is difficult to incorporate in ICU	1	2.7%	10	27%	8	21.6%	16	43.2%	2	5.4%
I believe spiritual care is important to my ICU practice	8	21.6%	21	56.8%	3	8.1%	4	10.8%	1	2.7%
Families need spiritual care more than patients	1	2.7%	13	35.1%	11	29.7%	11	29.7%	1	2.7%
Hospital chaplaincy should be part of ICU care	12	32.4%	20	54.1%	5	13.5%	0	0%	0	0%
I never see the hospital chaplaincy in my ICU	1	2.7%	5	13.5%	0	0%	14	37.8%	17	45.9%
I am committed to providing holistic care that includes spiritual care	19	51.4%	15	40.5%	2	5.4%	1	2.7%	0	0%
Spiritual care is discussed within the ICU team	1	2.7%	8	21.6%	6	16.2%	17	45.9%	5	13.5%
Decisions affecting individual care are informed by the patients' spiritual beliefs	2	5.4%	11	29.7%	13	35.1%	10	27%	1	2.7%