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*The Bridge of understanding –
Mastering the gap between nurse students' initial
understanding and the profounder understanding of
patients' spiritual needs*

A presentation by:

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Following will be presented on this lecture

- The aim of the study
- Method and analysis
- Results
- Theoretical perspective/ Theological understanding
- Model: The Communion of the Light
- Questions/ Discussion

Aim: The main aim of the study is to describe how nurse students perceive patients' spiritual needs and how this can be met.

Secondly, to explore if there are any differences between students who are in the beginning of their education and those who are at the end of their education concerning their understanding of patients' spiritual needs.

Method

Focus group interviews

- Focus groups have been a popular method of data collection in studies of health care
- Focus groups interviews are carried out with a group of individuals who are invited to reflect on a specific topic and include group interaction as research data
- Focus groups can be a useful methodology when peoples' attitudes and motives for their actions are investigated



Focus group interviews

- The goal is to discover new ideas and insights that can help people to explore and clarify their views
- The interaction itself is not the aim for the research but the interaction can create meaningful content to be analyzed
- The interaction between the participants makes it possible to clarify the more complex dimensions concerning different attitudes and group norms

Participants

- Three focus groups were performed
- 17 students (13 women/4 men) in semester two at their first clinical practice from two Clinical Educational Units
- Two groups with 4 students each and one group with 9 students
- Median age 21 year (range 19-28)



Focus group interviews

The interviews :

- took place in a conference room at the hospital and lasted about one hour
- started with two open questions: “What is spirituality for you” and “How do you understand patients’ spiritual needs”
- were audio taped and transcribed verbatim
- E.P. acted as moderator and T.K. as observer



Analysis

- A phenomenological – hermeneutic approach inspired by Ricoeur and developed for nursing science by Lindseth & Norberg (Scand J Caring Sci 2004)
- Phenomenology emphasizes that consciousness is directed towards something and in this there is meaning
- Hermeneutics emphasizes that this meaning is not always immediately obvious and must be interpreted. When analysing a text, the researcher move back and forth between understanding the whole and understanding the parts of the text



The Analysis in three steps

1. **Naive reading** - to get an overall impression of the text as a whole- the naive understanding of the text is formulated in phenomenological language.
2. **Structure analyses**- the methodological illustration of interpretation. Consists of a systematic examination of the ideas arrived at in the narrative interpretation by conducting a thematic analysis.



The Analysis in three steps

3. **Comprehensive understanding** – Themes are summarized and reflected on in relation to the research question. This will result in a deeper understanding of the meaning of how the students perceived patients' spiritual needs and how this can be met



Ethical considerations

- The study conformed to the principles outlined in the Declaration of Helsinki
- Participants were informed that participation was voluntary and that confidentiality would be maintained
- Written informed consent was obtained from the participants



The prel. results after the naive reading of the text so far
(students who are in the beginning of their education, 3 groups)

- **Content/Ideas (5)**

- **1. They were open about patients' spiritual needs**

Students want to give Holistic care. It was obvious that the needs were there.
Could directly see the spiritual for example by a dying patient.

Quote

“What happens now”? – The patient asked many times (The student didn't understand the depth of the question directly)

“Or you saw the patient talked about everything else but behind the words there was something more, you could see it in the glance, movement and behaviour.



- **2. The students understanding about spiritual needs:**

Having company, be listened to and having respect. The patient wished the student to remain sitting for example,

Quote

“Patient asked when I work next time”, “the patient only eat when I was there”

- **3. Hindrances to meet spiritual needs.**

Because spiritual needs are very personal, It can be anything you don't know patients background. You maybe don't have confidence.

Quote

“Need time to get to know the patient more to talk about the spiritual”



- **4. They had lack of knowledge**

It's not natural to talk about spirituality with patients and caregivers

Quote

“There are so many religions and other (spiritual) objectives in life. It can be so different”.

- **5. It could be sensitive to take conversations about spirituality**

Because they feel uncomfortable and insecure

Quote

“It's deep things, you don't know what to answer if the patient should ask a question you couldn't give an answer to”

“It's kind of taboo to talk about spiritual things”

The results of the structural analysis so far; Themes (3)

- **1. Conscious Attitude**

Want to help, focused on solving the needs, want to operate

“One can talk to the patient and get to know him or her very good but it must also be feelings of confidence, so you can tell even more about yourself”

- **2. Expectant Attitude**

Very careful attitude with elements of scepticism, without taking risks

“I have also experienced when it has been patients who have spoken about God, I'm not religious and it's very difficult to support it. I do not know how to describe, but, it's very difficult to agree on a whole-heartedly way, although they need it perhaps many times”

The results of the structural analysis so far; Themes (3)

- **3. Passive Care**

Passive relief effort, pragmatically, if it could help the patient why not

“ You have to respect all people's faith and, like trying to play with a little, I felt that I did: Well, yes but it is good that you have that faith that you can rely on and a bit like that”



The second aim/ Students in their last semester

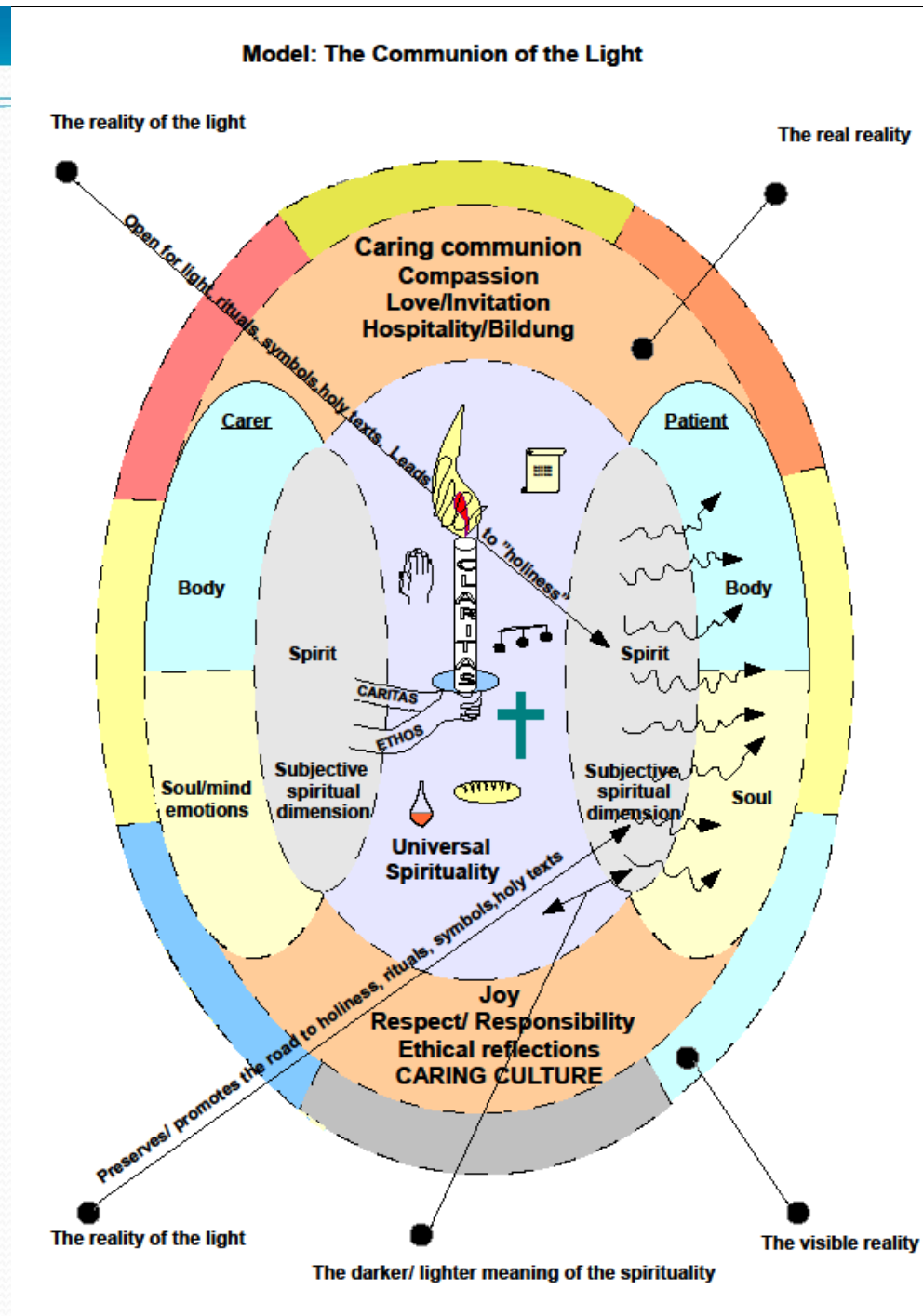
- Under the planning stage
- Difficult to get students to participate
- They are busy and spirituality is a high sensitive subject



The "Bridge" for deeper understanding the spiritual dimension

- Theoretical perspective – Caring Science perspective
- Which include, Theological understanding
- Model – Illustrating the spiritual dimension between Carer and Patient, "What" and "How"

(Koslander 2011 p.76)



Theoretical Perspective

- The human being is fundamentally a religious being, but all human beings have not recognized this dimension (The theory of Caritative Caring U.Å. Lindström et.al 2006).
- Affirmation of the transcendent spiritual dimension (aesthetic, ethics, ideological, idols etc). These affirmation can be experienced by the human being as she or he has affirmed the innermost religious dimension (The theory of Caritativ Caring U.Å. Lindström et.al 2006). Koslander 2011).
- The human being has a longing for the divine or search after something transcendent as expression of man's spiritual dimension. (The theory of Caritativ Caring U.Å. Lindström et.al 2006).

Theoretical Perspective

Basic concepts:

- **Carithas/agape/ Merciful samaritan**

Caring is motivated by love, to see the suffering human being. Where love meets suffering, arises compassion.

- **Ethos**

The seaker of real truth/ ethical reflection

- **Claritas**

The light that show the way, spiritual light/divine or transcendent



Theological understanding of the phenomenon, spiritual dimension by Paul Tillich thoughts (1886-1965), (Koslander 2011, Tillich 1951,54, Forrester Church 1987)

- The human being is a religious being
- Human being's religiosity as the "lost dimension"
- The concept of "*Ultimate concern*"

Ultimate concern refers, **in religious terms**, to the human being's complete surrender of oneself to **God**, the Ultimate in human life.

The **secular human being** or the "**profane**" **thinking person** can walk in life and be caught by the *ultimate concern* if he gives away to the requests of the life she or he adores (Idols) or takes most seriously.

Understanding God and Evil

- God is absolute love, God's love for human being is embodied in Jesus Christ. - Spirituality which leads to life/ Lead to GOD
- Non-being is the negation of God"/ Spirituality that destroys life/Lead to Non Being
- "Nonbeing (that in God which makes his self affirmation dynamic) opens up divine self seclusion and reveals him as **power and love**. **Nonbeing makes God a living God**.
- Without the No, he has to overcome in himself and in his creature, the divine Yes to himself would be lifeless. There would be no revelation of the ground of being, there would be no life" (Koslander 2011, Tillich 1954 s. 38).

The models' characteristics and guiding ideas (4) (Koslander 2011)

- 1. **The light must shine clearly.**

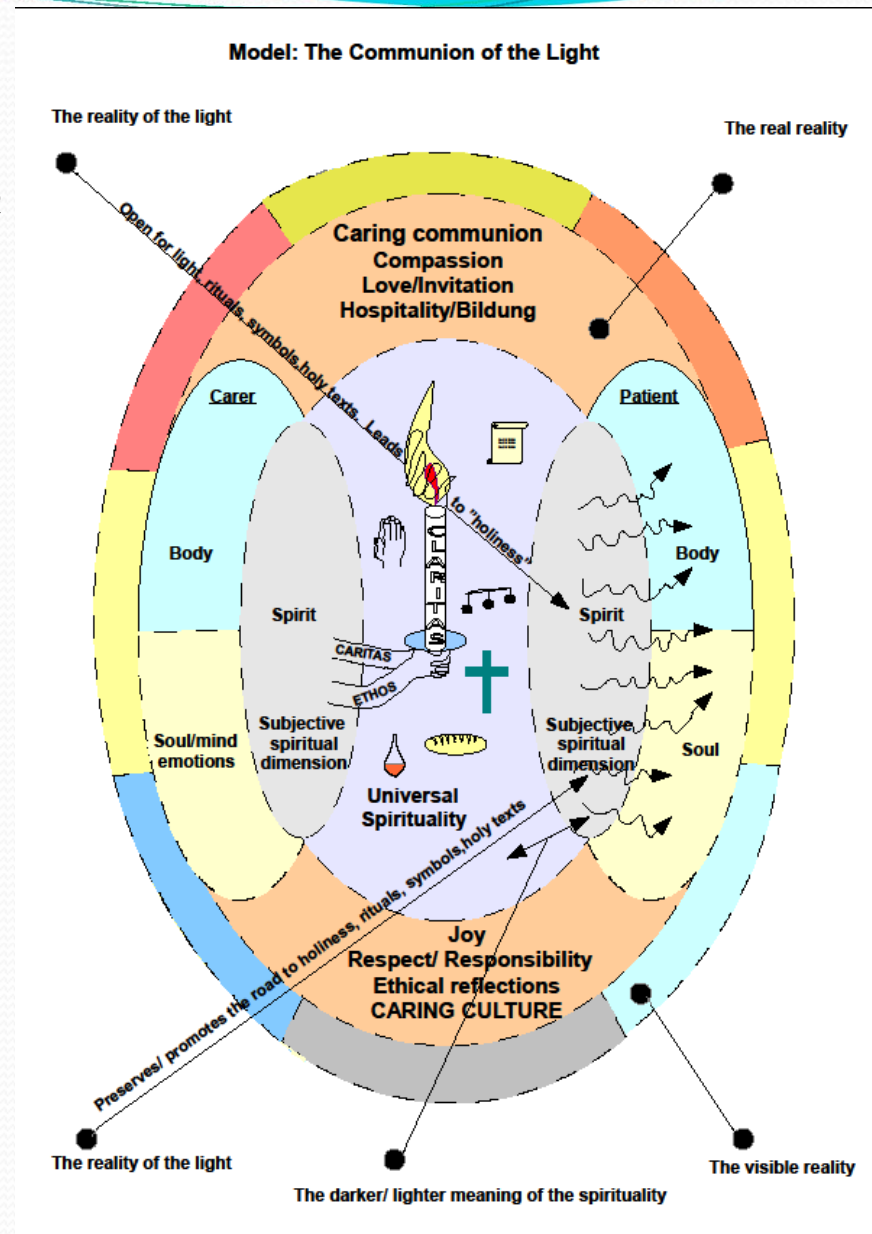
“Nor do people light a lamp and put it under a basket, but on a stand, and it gives light to all in the house” (The Bible, Matt: 5.15).

Provide the patient with space for the light.
Supports and recognizes the patient's spiritual dimensions

- 2. **The light drives away darkness**

The light shines in the darkness, and the darkness has not overcome it (The Bible, John 1:5).

Patients may, on the basis of spiritual experiences, be aware of their fear, anxiety and doubt in varying intensity. The dark experiences of the spiritual manifestations may bring destruction to life. Carer can show the light by opening the window for good rituals/symbols etc.



3 The clear water – the splendour of light

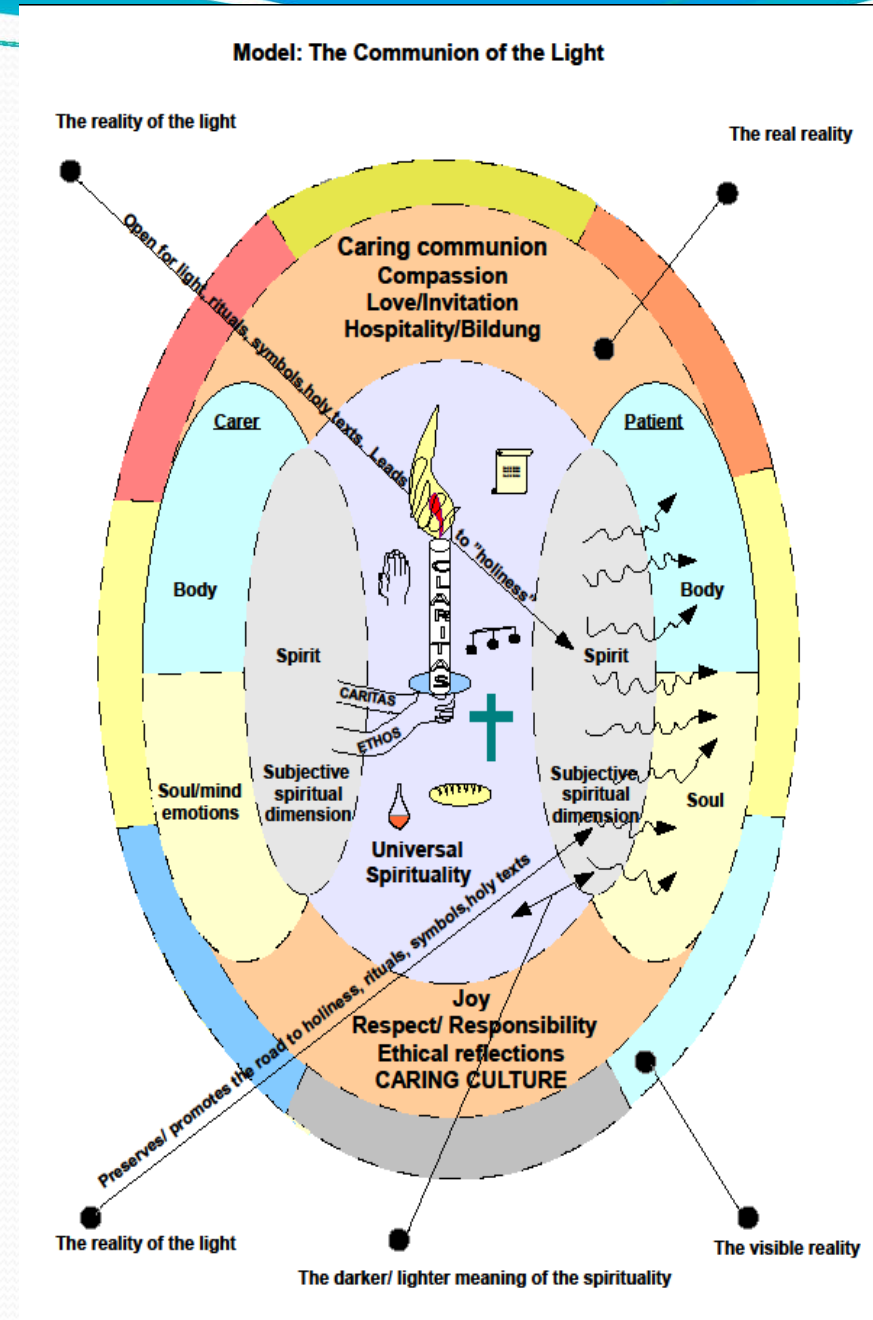
“I am the way, and the truth, and the life” (The Bible, John 14:6).

The caring culture is culture-forming and educating. Light, the powerful and formative flow, is contained in symbols and rituals. These can provide insight and knowledge both about God and the human existence.

4. The hidden treasure

“Who, on finding one pearl of great value, went and sold all that he had and bought it” (The Bible, Matt, 13:46).

In the caring culture, the caregiver offers a dialogue about the discovered treasure and how it should be managed and revealed to the patient. It is the ethical responsibility that motivates the caregiver to rejoice with patient in the light and the truth.





- **Summary:**

- We suggest In this study, that the carer need a **theoretical perspective** which can open the door for seeing human being as a Religious/ spiritual being. And can explain in form of terms or conceptions **what** actually caring is. Furthermore, this perspective should include the theological understanding, according to patients all those spiritual needs and spiritual manifestations. Which can open the door for carer to see, illustrated in a **Model, how to address patients spiritual needs.**



Questions/ Discussion



**THANK YOU FOR YOUR
ATTENTION**