### Framework of competencies in spiritual care : A Modified Delphi study for nurses and midwives

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- Recognition of the importance of the spiritual dimension of a person in health.
- Policy initiatives
- Professional Legislation and codes of ethics
- Nursing and Midwifery education accreditation bodies
- Healthcare literature
- Nursing and Midwifery theory

Why is the project important to nurses and midwives and their clients ?

The Evidence shows that:

- Spiritual care is integral to quality nursing/midwifery care
- Is within the role of nurses/midwives
- The educational and professional bodies demand spiritual care competence at point of registration
- When spiritual care was offered to patients it was valued.

However, nurses/midwives reported lack competence to deliver spiritual care attributing it to poor educational preparedness.

### The aim of the study

 Design and develop a framework of competencies (Knowledge, skills and attitudes) in spiritual care that is valid and reliable to guide pre-registration nursing/midwifery education.

# **Research Questions**

- Which competencies are needed by nurses/midwives to meet clients' spiritual needs?
- How can these competencies be validated?

• Which competencies should essentially be acquired at point of registration by nursing/ midwifery students?

• The Medical Research Council (2008) Complex Intervention Model.



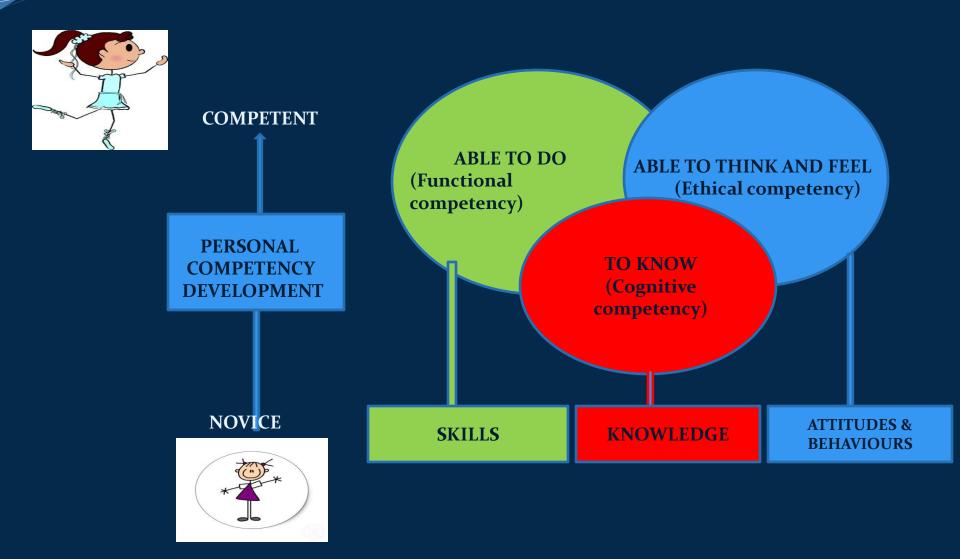
METHODS: Eclectic Approach to a Four strategy Competency Framework Development

> DEVELOPMENT of competency framework through IDENTIFICATION and FORMULATION of competency domains and competency items in spiritual care utilizing: LITERATURE REVIEW and FOCUS GROUPS

> > VALIDATION of competency domains and competency items utilising: A MODIFIED DELPHI STUDY

> > > EVALUATION of competency framework: CONSULTATION PROCESS

FORMULATION AND DISSEMENATION OF COMPETENCY FRAMEWORK



# PHASE ONE OF THE STUDY

• Identification and generation of domains and competency items





**Development of research tool** 



Nurses and Midwives 9 participants

Educators in Nursing and Midwifery 11 participants

Chaplains and Spiritual Leaders 10 participants

Parents and Carers 9 participants

Clients 7participants

### Group Discussion

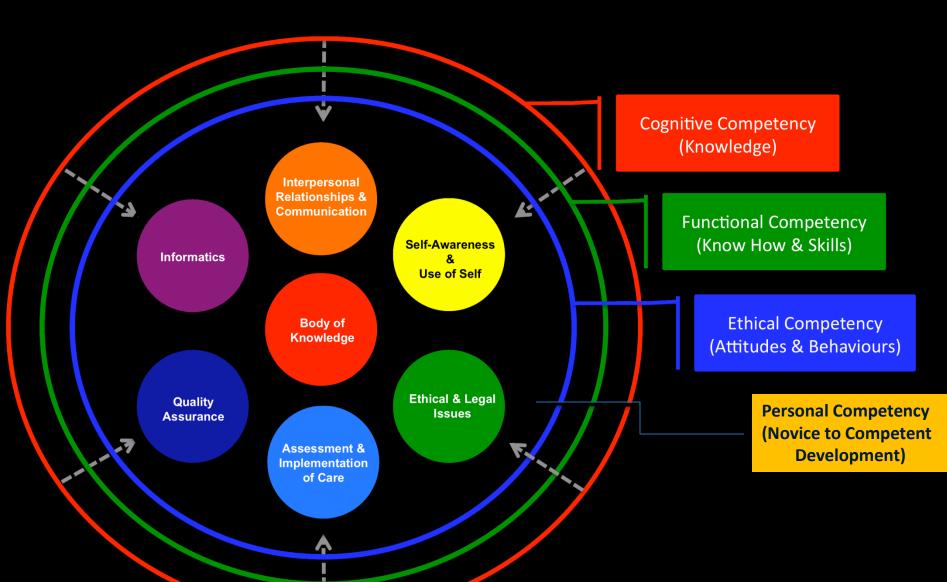


### Analysis

(Trustworthiness of qualitative data proposed by Lincoln and Guba (1985) were applied).

- Thematic analysis utilizing Krueger's (1994) and Burnard (1991) framework.
- Identification of codes, categories and themes
- Competencies were developed from categories and quotes.
- Competencies were then compared to the competencies generated through the literature review.
- New competencies not identified through the literature were added on to the list.

### Interrelationship of Competency Domains in Spiritual Care for Nursing & Midwifery Practices



Body of knowledge in spiritual care

- World's major faiths /religions
- Grieving process
- The role chaplains
- Dealing with existential questions
- Support systems and agencies
- The concept of spirituality and Religion
- Individualized and holistic care
- Complimentary /Alternative therapies
- Basic spiritual needs
- Theories of spirituality
- Assessment tools of spirituality

### Self - awareness and Use of self

- Acknowledging personal limitations
- Awareness of own spirituality and use of self
- Impact of nurse/midwife own spirituality
- Respect for diverse cultural worldviews
- Support for personal inner feelings and stressful situations

Interpersonal relationships and Communication in spiritual care

- Assessing barriers to effective communication
- Therapeutic trustful nurse /midwife client relationship
- Ministry of words
- Ministry of presence
- Maintaining boundaries

### Ethical and legal issues in spiritual Care

- Right to decline spiritual care
- Right for information and informed consent
- Facilitate decision making
- Privacy, dignity and integrity
- Autonomy, choice, confidentiality
- Disclosure of information to members of team

#### Quality Assurance in spiritual care

- Professional caring behavior
- Continuing professional education
- Supervision in the provision emotional support
- Participation in research, projects
- Create/ foster spiritual environment
- Incorporating spiritual care in all health care system

# Assessment and Implementation of Spiritual care

- The Ministry of action
- Assess, Plan, Implement and Evaluate spiritual care
- Elicit a spiritual history
- Identify spiritual distress
- Providing compassionate care and instilling hope
- Timely referral of clients and family
- Monitor and evaluate spiritual care
- Follow up

Informatics and spiritual care

- IT as a resource for learning about spiritual care
- Communication network as a means of spiritual support
- Documentation of spiritual care

Pilot work: validity and reliability of tool
<u>Reliability of tool:</u>
Stability --- Test- Retest
Correlational – coefficient- Spearman's rho

 Internal Consistency--- Cronbach's alpha

N=30	Spearman's rho	P (value) **correlation is significant at the o.o1 Level ( 2 tailed)
Test a-test b(Total 55 items)	0.814**	0.000
Test a-test b Domain 1	<b>0.949</b> **	0.000
Test a- test b Domain 2	0.905**	0.000
Test a- test b Domain 3	0.842**	0.000
Test a- test b Domain 4	<b>0.777</b> **	0.000
Test a- test b Domain 5	<b>0.947</b> **	0.000
Test a- test b Domain 6	<b>0.77</b> 6**	0.000
Test a- test b Domain 7	0.983**	0.000

( N=30)	Cronbach's Alpha
Test a ( Total 55 items)	0.701
Test b ( Total 55 items)	0.967
Test a Domain 1	0.924
Test b Domain 1	0.934
Test a Domain 2	0.860
Test b Domain 2	0.831
Test a Domain 3	0.774
Test b Domain 3	0.725
Test a Domain 4	0.584
Test b Domain 4	0.670
Test a Domain 5	0.901
Test b Domain 5	0.894
Test a Domain 6	0.924
Test b Domain 6	0.908
Test a Domain <sub>7</sub>	o.890
Test b Domain <sub>7</sub>	o.866

Following rules of thumb: "\_ > .9 – Excellent, \_ > .8 – Good, \_ > .7 – Acceptable, \_ > .6 – Questionable, \_ > .5 – Poor, and \_ < .5 – Unacceptable (George & Mallery 2003(p.231).

# PHASE TWO OF THE STUDY

 VALIDATION OF COMPETENCY DOMAINS AND ITEMS
 2 ROUND MODIFIED DELPHI STUDY



### Defining Consensus Selection of Expert panel

- Consensus in this study is determined as having the proportion of experts who rated the item within the highest region of the scale on a 7-point Likert scale (5, 6, or 7) and equated to be greater than the 75% threshold.
- Selection of experts: based on Knowledge and experience in spiritual care guided by Carper's (1978), Benner's (1982) theory and the SCCS (Van leeween 2008)

### MODIFIED DELPHI 'EXPERTS'

<b>Group 1</b> Nurses R1: n=50 R2: n= 48	Group 2 Midwives R1: n=37 R2: n= 31	Group 3 Nurse Clinical Educators R1: n=25 R2: n= 21	Group 4 Midwife Clinical Educators R1: n=12 R2: n= 9	Group 5 Faculty Nurse Educators R1: n=20 R2:n= 17
Group 6 Faculty Midwife Educators R1: n=3 R2: n=3	Group 7 Spiritual Leaders R1: n=25 R2: n=18	Group 8 Policy Makers R1: n=30 R2: n=26	Group 9 Rep. of Pts' Org. R1: n=16 R2: n=15	Group 10 CLIENTS R1: n=23 R2: n=17

Total No. of experts: Round 1: N= 277 n=241 (85. 76%) Round 2: n=205 (85.06%)

Competenc y Item	R1 &R2	Mean	Standard Deviation	95% confiden LOWER	ce interval UPPER	% Agreement
Item 1	R1	5.888	1.124	5·74	6.03	86.7%
	R2	5.951	1.074	5.80	6.10	88.8%
Item 2	R1	5.336	1.337	5.16	5.51	76.6%
	R2	5.463	1.248	5.29	5.64	80.8%
Item 3	R1	5.824	1.124	5.68	5·97	88.6%
	R2	5.810	1.132	5.65	5·97	87.4%
Item 4	R1	5·979	1.047	5.85	6.11	90.8%
	R2	6.063	0.966	5.93	6.20	92.2%
Item 5	R1	5·795	1.147	5.65	5·94	85.0%
	R2	5·9 <sup>22</sup>	1.019	5.78	6.06	89.7%
Item 6	R1	5·979	1.029	5.85	6.11	92.5%
	R2	6.059	1.003	5.92	6.20	93.2%
Item 7	R1	5.521	1.197	5·37	5.67	80.7%
	R2	5.606	1.240	5·43	5.78	81.8%
Item 8	R1 R2	6.477	0.748	6.38	6.57	<b>98.4%</b> 26

Competency Item	R1 & R2	Mean	Standard Deviation	95% confidence LOWER	e interval UPPER	% Agreement
Item 9	R1	5.278	1.292	5.11	5•44	74·3%
	R2	5.368	1.250	5.20	5•54	77·4%
Item 10	R1	5.548	1.262	5·39	5.71	83.7%
	R2	5.632	1.143	5·47	5.79	85.3%
Item 11	R1	6.017	1.043	5.88	6.15	92.1%
	R2	6.098	0.918	5·97	6.22	93.1%
Item 12	R1	6.220	1.040	6.09	6.35	92.9%
	R2	6.249	1.011	6.11	6.39	93.2%
Item 13	R1	6.108	0.979	5.98	6.23	93.0%
	R2	6.185	0.894	6.06	6.31	94.6%
Item 14	R1	5.656	1.173	5.51	5.80	83.0%
	R2	5.824	1.033	5.68	5.97	89.7%
Item 15	R1	6.054	1.126	5.91	6.20	91.7%
	R2	6.200	0.957	6.07	6.33	94.1%
Item 16	R1	6.109	1.097	5·97	6.25	90.1%
	R2	6.202	0.972	6.07	6.34	93.7% <sub>27</sub>

Competency Item	R1 &R2	Mean	Standard Deviation	95% confidenc LOWER	e interval UPPER	% Agreement		
Item 17	R1	6.092	1.012	5.96	6.22	88.8%		
	R2	6.176	0.901	6.05	6.30	93.2%		
Item 18	R1	6.358	0.936	6.24	6.48	95·5 <sup>%</sup>		
	R2	6.420	0.810	5.69	6.53	96.9 <sup>%</sup>		
Item 19	R1	5.720	1.240	5.56	5.88	84.4%		
	R2	5.847	1.135	5.69	6.00	86.2%		
Item 20	R1	5.882	1.162	5·73	6.03	87.3%		
	R2	5.966	1.094	5.81	6.12	89.7%		
Item 21	R1	5.464	1.297	5.30	5.63	80.6%		
	R2	5.510	1.214	5.34	5.68	82.9%		
Item 22	R1	6.191	0.960	6.07	6.31	93.0%		
	R2	6.293	0.881	6.17	6.41	94.6%		
Item 23	R1	6.129	0.942	6.01	6.25	93.0%		
	R2	6.239	0.872	6.12	6.36	94.6%		
Item 24	R1 R2	6.097 6.210	1.037 0.918	5.96 6.08	6.23 6.34	91.7% 93.6% 28		

Competency Item	R1 &R2	Mean	Standard Deviation	95% confidenc LOWER	e interval UPPER	% Agreement
Item 33	R1	5.764	1.397	5.70	6.04	84.8%
	R2	5.873	1.241	5.58	5·94	89.2%
Item 34	R1	6.063	1.090	6.07	6.32	91.3%
	R2	6.195	0.919	5.92	6.24	93.7%
Item 35	R1	5.611	1.235	5·57	5.90	85.8%
	R2	5.735	1.165	5·45	5.77	89.7%
Item 36	R1	5·439	1.256	5·34	5.68	78.1%
	R2	5·512	1.216	5.28	5.60	80.8%
Item 37	R1	5·534	1.168	5·43	5 •74	82.4%
	R2	5·5 <sup>8</sup> 3	1.122	5·38	5.68	84.8%
Item 38	R1	5·443	1.286	5.38	5.71	82.3%
	R2	5·545	1.159	5.28	5.61	86.7%
Item 39	R1	5.571	1.209	5.48	5.78	81.1%
	R2	5.632	1.095	5.42	5.73	83.8%
Item 40	R1	6.025	1.008	6.06	6.29	<b>91.2%</b>
	R2	6.176	0.851	5.90	6.15	<b>96.6%</b>

Competency Item	R1 &R2	Mean	Standard Deviation	95% confidence LOWER	e interval UPPER	% Agreement	
Item 41	R1	5.513	1.221	5·43	5·73	78.5%	
	R2	5.57 <sup>8</sup>	1.09б	5·36	5.67	81.8%	
Item 42	R1	5.380	1.367	5.30	5.63	79.1%	
	R2	5.468	1.195	5.20	5.56	82.8%	
Item 43	R1	5.895	1.149	5.81	6.10	90.0%	
	R2	5.956	1.028	5.75	6.04	91.7%	
Item 44	R1	5.626	1.189	5.56	5.86	86.0%	
	R2	5.709	1.057	5.47	5.78	88.2%	
Item 45	R1	5.707	1.118	5.64	5.91	86.2%	
	R2	5.776	1.009	5.56	5.85	87.8%	
Item 46	R1	6.017	1.049	6.02	6.25	91.7%	
	R2	6.137	0.852	5.88	6.15	96.1%	
Item 47	R1	5.946	1.049	5.93	6.19	88.4%	
	R2	6.063	0.935	5.81	6.08	93.7%	
Item 48	R1	6.120	1.040	6.05	6.43	92.6%	
	R2	6.185	0.997	5.99	6.25	93.2%	

Competency Item	R1 &R2	Mean	Standard Deviation	95% confidence LOWER	e interval UPPER	% Agreement
Item 49	R1	6.257	0.927	6.19	6.43	93.8%
	R2	6.307	0.879	6.14	6.37	94.2%
Item 50	R1	5.618	1.303	5·55	5.87	84.1%
	R2	5.711	1.170	5·45	5.78	86.3%
Item 51	R1	5.513	1.337	5.51	5.82	80.7%
	R2	5.663	1.141	5.34	5.61	84.3%
Item 52	R1	5.531	1.259	5.51	5.80	82.8%
	R2	5.652	1.051	5.37	5.69	87.8%
Item 53	R1	5.273	1.383	5.19	5·55	76.1%
	R2	5.368	1.297	5.10	5·45	78.4%
Item 54	R1	5.242	1.345	5.06	5.42	72.8%
	R2	5.240	1.334	5.07	5.41	74·5%
Item 55	R1	4.515	1.691	4·39	4.82	55•4%
	R2	4.609	1.552	4·30	4.73	57•4% <sub>31</sub>

### Exploratory Factor analysis: Results

- Good fit of five factor model in domains:
- Assessment and Implementation of spiritual care
- Ethical and legal issues
- Body of knowledge in spiritual care
- Informatics
- Self-awareness and use of self
- Communication and interpersonal skills were not defined as these factor loaded on other factors
- Referral to chaplains and spiritual leaders emerged as a separate factor

# Phase three of the study Consultation process



 Identify which competencies in spiritual care should essentially be acquired by a student at pre-registration nursing/midwifery education and which competencies should be left at post-registration level

 Identify factors that FACILITATE or HINDER the integration of the proposed framework.

### Phase 3 Results

- Thirty eight competency items were chosen by participants essentially be acquired by a student at preregistration nursing/midwifery education
- Fifteen competency items were scored as *essential at post-registration nursing/midwifery education level*
- One competency item was scored as being essential at both levels.

# Factors that may hinder

### implementation of the framework

- concept of spirituality
- lack of pre and post education in spiritual care teaching methods
- assessment of competencies
- students' own spirituality

## Factors that may hinder

### implementation of the framework

- concept of spirituality
- nurses/midwives in clinical practice
- resistance to the provision of spiritual care
- the clinical environment
- view of self and person
- resistance to change
- access to research findings

### Factors that enhance

- implementation of the framework
- information and education
- nurses'/midwives' own spirituality
- changing attitudes towards spirituality
- client-centered care,
- adapting the framework to various clinical settings
- support for nurses and midwives organizational and management issues in the practice arena.

#### THANK YOU FOR YOUR ATTENTION