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

*(generated from the public to the public)*

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

- Spiritual care is relevant and important but seems to lack the systematic attention in education and practice.

- Dilemmas involved in the teaching and practice of spiritual care highlight the need for the development of competencies for spiritual care.

- To address the gap in nursing and midwifery knowledge relating to the education and provision of spiritual care.
Research Questions

- Which competencies are needed by nurses and midwives to meet the clients’ spiritual needs?

- How can these competencies be developed?

- How can these competencies be validated to ensure rigor?
Pulling together all available evidence to distil what nurses and midwives are expected to know, think and do to fulfill their requirements of addressing spiritual care.
Aims of the study

- Design and develop a Competency Framework model in spiritual care for nurses and midwives;

- Provide guidelines on spiritual care for clinical practice in nursing and midwifery;

- Inform nursing and midwifery education to ensure that new recruits to the profession will be equipped to meet clients’ holistic needs at point of registration.
Objectives of the study

- Identify constituents of competencies namely knowledge, skills and attitudes in spiritual care.

- Compare, alter/adapt, or add to the identified competencies from the literature, with the competencies identified through the focus group discussions.
Objectives of the study

- Seek consensus on these competencies utilizing the Delphi research approach and formulate the competency framework.

- Finalize the framework utilizing responses of a consultation process with researches in spiritual care and nursing/midwifery organizations in Malta and Europe.

- Disseminate competency framework
Much of the study will use an eclectic approach framework through a process:

- **Phase one of the study**: Identification and Formulation of a list of competencies in spiritual care
- **Phase two of the study**: Validation and Formulation of competency framework in spiritual care
- **Phase three of the study**: Evaluation of competency framework through Consultation process
- **Phase four of the study**: Formulation and Dissemination of competency framework in spiritual care

**Implementation of competency framework in spiritual care**
Research design: Mixed methods.
Method: Eclectic approach framework.
### Eclectic Competency Framework in spiritual care.

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<td><strong>Assessment</strong></td>
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<td>• 5 focus groups made up of users, providers and educators in spiritual care.</td>
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Diagram of Literature review

1. Global view of spiritual care in nursing and midwifery
2. Historic view of spiritual care in nursing and midwifery
3. Overview of ‘competencies’ in nursing/ midwifery
4. Identification of Competency Domains in spiritual care in nursing/ midwifery.
5. Identification of Competency statements for each domain in nursing/ midwifery.
6. Elicited list of Competency DOMAINS and Competency STATEMENTS in spiritual care in nursing and midwifery.
Competency Development

Competent

Personal Competency Development

Novice

Skills

Knowledge

Attitudes & Behaviours

Able to do
(Functional competency)

Able to think and feel
(Ethical competency)

To know
(Cognitive competency)
Interrelationship of Competency Domains in Spiritual Care for Nursing & Midwifery Practices

Cognitive Competency (Knowledge)

Functional Competency (Know How & Skills)

Ethical Competency (Attitudes & Behaviours)

Personal Competency (Novice to Expert Development)
# Inclusion criteria of participants in Focus Groups.

<table>
<thead>
<tr>
<th>Role</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>Nurses and Midwives</td>
<td>Nurses working in the surgical, medical and mental health settings at Mater Dei Hospital. Midwives working on the maternity unit</td>
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<tr>
<td>Educators in Nursing and Midwifery</td>
<td>Teaching in Nursing or Midwifery departments to undergraduate students at the University of Malta.</td>
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<tr>
<td>Chaplains and Spiritual Leaders</td>
<td>Dealing with spiritual needs of carers and clients at Mater Dei hospital.</td>
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<tr>
<td>Parents and Carers</td>
<td>Of dependents with a medical, surgical, mental health problem, life threatening conditions, or who sustained loss through death</td>
</tr>
<tr>
<td>Clients</td>
<td>Who have received care for a medical, surgical, mental health condition and maternity care at Mater Dei hospital.</td>
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</table>
Focus group 1: Nurses and Midwives
Identification of codes, categories and themes and generation of competencies.

Codes
Spiritual herself, use of self, respect for diverse religions, beliefs and practices.

Codes
Trusting relationship Being with, presence, connection, support, guilt, active listening, meaning and a

Codes
Meaning of Spirituality knowledge of world’s religions and movements, access for support.

Codes
Holistic care, individualized care, reflective practice, referral

Categories
Nurses’ and midwives’ own spirituality, Personal attributes and Personal emotions

Categories
Clients’ communication needs, emotional needs and Need for information

Categories
Nurses’ and midwives’ need for knowledge, emotional support, and training in spiritual care.

Categories
Organization of spiritual care. Spiritual environment

Theme
The role of nurses and midwives in the provision of spiritual care.

38 competencies generated
Focus Group 2: Chaplains and spiritual leaders
Identification of categories and themes and generation of competencies.

Codes
To reaffirm or not to reaffirm patients’ beliefs, role of the nurse, humanity, holistic care vs medical model of care, reluctance to call for chaplain, multidisciplinary team, referral, assessment of clients’ and relatives’ spiritual/religious needs, responding to spiritual/religious needs, access to spiritual resources, healing, cultural diversity.

Theme
Role of nurses and midwives in the provision of spiritual care

Categories
- Awareness of clients’ and relatives’ spiritual needs.
  - Provision of humane holistic care.
  - Spiritual assessment of clients and their family.
- Implementation of spiritual care to clients and their family.
  - Responding to cultural diversity.
  - Multidisciplinary approach to care.
  - The nurse as a healer.

35 competencies generated
Theme: Components of education in spiritual care for nurses and midwives.

54 competencies generated
Focus group 4: Nursing and Midwifery Clients.
Identification of codes, categories and theme and generation of competencies

Category: Attributes of the nurse and midwife
- Codes: Confident, respectful, intuitive, trustful, caring, empowering, compassionate, knowledgeable, genuine, loving, humor, self-awareness, acknowledge limitations, efficient

Category: Spiritual assessment
- Codes: Religious element in care, referral, on admission, attention, holistic needs

Category: Communication
- Codes: Existential, trustful relationship, being with the patient, active listening, language, touch, explaining, face expressions, support, connection

Category: Spiritual/religious interventions
- Codes: Prayer, empowerment, faith, religious momentum, last rites, referral to religious leaders, meeting objectives, routines

Category: Professional barriers, support for staff
- Codes: Information giving vs information withholding dignity, respect, non judgmental, choice, decisions in care

Category: Quality assurance
- Codes: Professional barriers, support for staff

Category: Ethical and legal issues
- Codes: Information giving vs information withholding dignity, respect, non judgmental, choice, decisions in care

Theme: The role of nurses and midwives in the provision of spiritual care

30 competencies generated
Focus group 5: Parents and informal carers.
Identification of codes, categories, theme and generation of competencies

Category: Personal attributes of the nurse and midwife
- Codes: Knowledgeable, professional, sensitive, reassuring, patient, giving time, good bedside manners, dedicated, role model, caring, making a difference, supportive, comforting, empathetic, communicator, respectful, non-judgmental, good listener, present, understanding, reflecting, altruistic, values.

Category: Assessment of spiritual/religious needs
- Codes: Assessment early in the course of disease of client and family, grieving process, helplessness, hopelessness, existential questions, convictions, prayer, God, crisis, spiritual distress, despair, religious beliefs, rituals, decline of spirituality, and religiosity, frustration, anger, unfinished business, holistic approach, referral, barriers, religious denomination, environment.

Category: Spiritual/religious interventions
- Codes: Listening to clients’ narratives, supportive, caring environment, Prayer, pray area, Spiritual/religious leaders, support presence, silence, sweetness, quietness, peace, therapeutic touch, follow up care, community, resources, coping, referrals, acceptance, finding meaning and purpose, reassured, loved.

Category: Ethical and professional issues
- Codes: Maintain personhood, dignity, continuing education, vocational elements of the profession, discipline, information giving, professional hands.

Theme: The role of nurses and midwives in the provision of spiritual care.

54 competencies generated
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<td><strong>Planning</strong></td>
<td>Action planning Phase two of the study</td>
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<td>• 3 round Modified Delphi study utilizing the recruitment of experts guided by Carper’s 4 ways of ‘Knowing’ (1978) and Benner (1982) from novice to expert</td>
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Research question: Which competencies in spiritual care are needed by nurses and midwives at point of registration?

Philosophical basis: Lockean inquiry system

Input data: Competencies generated through the literature and the focus grps

Round 1 Questionnaire
Round 2 Questionnaire
Round 3 Questionnaire

Filtration process
Consensus development by Experts

Output data: A framework of competencies in spiritual care for nurses and midwives at point of registration.
The Delphi rounds

- **First round Qre**: ‘Experts’ to rank on a 7 point ‘Likert’ scale the extent of importance of the list of competencies in spiritual care and identify any others.

- **Second round Qre**: is based on competencies and comments from the first round on which consensus was not reached.

- **Third round Qre**: Clarify further any competencies from the second round and any other input.

*There will be a process of iteration and controlled feedback.*
Nurses and midwives

Nursing and midwifery Educators

Chaplains and spiritual leaders

Nursing and midwifery clients

Persons considered as an authority in spiritual care

Policy makers

Panel of ‘Experts’
The key themes that emerge from the various definitions of an ‘expert’ include knowledge and experience and the ability to influence policy (Keeney et al 2001, Kenedy 2004).

Knowledge and experience is informed by Barbara Carper’s (1978) four ways of knowing and Benner (1982) in 5 levels of nursing experience from Novice to Expert. Barbara Carper (1978)
Barbara Carper (1978) in her seminal paper on patterns of knowing in nursing identified four types of knowing.

- Empirical – the science of nursing
- Ethical – moral knowing
- Aesthetic – the art of nursing
- Personal knowing – the knowledge of self.

According to Benner (1982) ‘expert’ nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences.
Selection criteria

- For the purpose of this study experts were recruited on the basis of:
- The definition of an expert based on Knowledge and experience in spiritual care guided by Carper’s (1978) and Benner’s (1982) theory.
- Capacity and willingness to participate;
- Sufficient time to participate;
- Good command of the English language.
THE DELPHI SEQUENTIAL MODEL

START  Formulate first round questionnaire

(Competencies generated through literature and focus groups analysis)

Pilot Delphi question

Finalize First round Questionnaire

Send questionnaire to participants

Panel of experts respond to questionnaire

Analyze data using SPSS software and add competencies through comments.

Consensus not reached

Plan and provide feedback to respondents

Re-design second and third round questionnaire
CONSENSUS

- Statistical analysis: Level of agreement for each item.

- Level of consensus among panelists:
  - 70% : Sumsion (1998)
  - 80% : Green et al. (1999)
  - 51%: McKenna (1994).

- 51% level of agreement is equated to this Delphi study.
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<td>Implementation</td>
<td>Action taking through finalizing the competency framework with the retained competency items</td>
<td>Implementation</td>
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<tr>
<td>Evaluation</td>
<td><strong>Phase three of the study</strong> Pragmatic perspective through online consultation process with researchers in spiritual care and nursing/midwifery organizations in Europe.</td>
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<td><strong>Phase four of the study:</strong> Dissemination of competency framework.</td>
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Phase three (1)

- **Consultation** with researchers in spiritual care to ascertain views, agreement and non-agreement of competency items and identify factors that may enhance or hinder integration of the framework. Analysis of responses.

- **Consultation** with nursing and midwifery organization in Europe using a pragmatic approach in order to get their perspective of competencies in spiritual care to remove resistance from stakeholders.
Phase three (2)

- Issue a set of recommendations to integrate the competency framework in nursing and midwifery education & practice;

- Disseminate competency framework locally & internationally;

- Instigate further research to implement and stabilize the change through formal policies adopted in curricula and standards of care.
Hallberg (2006; 2009), has challenged nursing researchers to re-focus their activities to develop knowledge for nursing that is useful for practice and that can be translated into practice.
The recommended research approach to complexity in health care delivery is that complex interventions should be investigated through an integrated process of development, feasibility/piloting, evaluation and implementation, where there is a non-linear and dynamic interchange between stages.
THANK YOU FOR YOUR ATTENTION