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Improving Spiritual Care in Preoperative Nursing

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2019

Abstract

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MS, Walden University, 2017

BS, Grand Canyon University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Spirituality and nursing have been intertwined from the beginning of the profession; however, there is little evidence that clearly defines spiritual nursing care and no standardized practices that can be included in the routine preoperative plan of care for patients undergoing invasive surgical procedures. The purpose of this project was to conduct a systematic review of the literature to define spiritual care and identify specific spiritual nursing care interventions. The biopsychosocial model, Narayanasamy's transcultural care practice model, and Watson's theory of human caring provided the theoretical framework for the project. MEDLINE, PubMed, Wiley online library, SCIENCE, WOS, Cochrane, and SciELO databases were searched for the literature review. Keywords and phrases used included *spirituality*, *spiritual nursing care*, *holistic health practices*, *inpatient*, *hospital*, and *preoperative care*. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) II tool was used for data analysis. Interventions found in the literature to be supportive of spirituality included healing presence; providing effective communication; praying with the patient and family or facilitating other religious rituals; using the therapeutic self to be with the patient; listening to and exploring the patients' spiritual perspectives; and showing support and empathy through patient-centered caring, nurturing spirituality, and creating a healing environment. Employing these nursing actions might promote positive social change by contributing to a sense of well-being as patients find meaning and purpose in their illness and life overall, which will promote improved surgical outcomes and better patient satisfaction with care.

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Dedication

I humbly dedicate this project to God Almighty the beginner and finisher of all my endeavors. To my lovely and supportive sons (Okezuo, Odimegwu, Okenze, and Okwudindu) for their unadulterated love and support. To all the less privileged and motherless babies worldwide also to the directors, members, and volunteers of De Grace Foundation worldwide for their dedication in care. My strongest energy comes from the strength of all the battered and domestic violence female victims globally as you share in the glory of this work, keep moving, and keep striving together we can make a change for a better tomorrow.

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Section 1: Nature of the Project

Introduction

This project was underpinned by the philosophy that a person is more than their physical parts and importance lies in providing effective spiritual nursing care for patients. Research has revealed that people's spiritual beliefs and practices influence each other in complex ways that make focusing on the physical body alone, especially during periods of illness, incomplete and less effective than might otherwise be possible (Keonig, 2017). Researchers have documented that many patients have spiritual needs related to illness, and addressing those needs affects satisfaction with care, quality of life, and health care costs (Alexi et al., 2011).

While the word *spirituality* goes further and describes an awareness of relationships with all creation and an appreciation of presence and purpose that includes a sense of meaning (Association of Professional Chaplains, 2017), the literature shows that patients and family members are frequently aware of their spiritual needs during hospitalization, want professional spiritual attention to those needs, and respond positively when spiritual attention is given (Pargament, 1997). Unfortunately, a *USA Weekend* Faith and Health Poll discovered that 65% of the participants felt that it was good for their care providers to speak with them about their spiritual beliefs; yet, only 10% reported having experienced such a conversation (McNichol, 1996). Any invasive procedure may result in anxiety and depressive symptoms due to fear of the unknown, which may lead to poor postoperative prognosis and lower patient satisfaction (Bajo et al., 2003). Evidence shows that spirituality has been associated with high levels of well-being and physical,

psychological, and social health (Labrague, McEnroe-Petitt, Achaso, Cachero, & Mohammad, 2015). Spirituality interventions may also provide hope and aid for adaptation to illness for individuals of all ages (Gaskamp et al., 2006). The evidence reflects spiritual care as a subjective and dynamic concept; a unique aspect of care that integrates all the other aspects of patient care and emerges in the context of nurses' awareness of the transcendent dimension of life (Anoshiraisson, Fzlollah, Monir, & Mohammadi, 2014).

An investigation conducted with preoperative patients for general surgery showed that patients with high religiosity levels had lower levels of anxiety (Eduardo, Karolayne, Paulo, & Simone, 2018). Patients depend on nurses during life-threating situations, such as preoperative periods, when intricate spiritual questions arise. The evidence shows that nurses' perceptions of spirituality and understanding of spirituality and spiritual care affect their ability to impact patient and family care positively in sensitive and critical times (Zaqqout et al., 2016). Nurses functioning in the preoperative nursing specialty need further support when providing spiritual care to patients, and a needs assessment at the hospital where this project was conducted found that most nurses would like help from the multifaith centers within the hospital to intervene with spiritual care appropriate for their patients (see Baldacchino, 2015).

The gap in practice that I addressed with this project was the nurses' expressed need to acquire more comfort, knowledge, and skills to provide effective preoperative spiritual nursing care (see Aljwad et al., 2016). Although most nurses are efficient in providing adequate care for the physical dimension of patients, they lack clarity on the

concept of spiritual nursing care and the interventions to apply in the patients' plan of care (Labraque et al., 2015). Nurses often feel vulnerable when confronted with patients and family members in need of spiritual care (Labraque et al., 2015). As a result, the patients and their families may not receive the holistic, patient-centered, quality care they need.

The concept of spirituality is complex and relates to how people give meaning to their existence, its purpose and origins, and how spirituality guides their interactions with others and the world in general (Timmins & Caldeira, 2017). According to Koenig (2014), there is a scientific rationale for assessing and addressing patients' spiritual needs. In some areas of the United States and elsewhere in the world, up to 90% of medical patients rely on spirituality to cope with illness (Koenig, 1998). Therefore, integrating spirituality into patient care will facilitate effective holistic patient assessment as well as address patients' spiritual and physical needs to build a good nurse-patient relationship (Hay, Isaac, & Lubetkin, 2016). Providing spiritual care preoperatively may help surgical patients experience fewer problems related to pain management and anesthesia complications as well as foster successful surgical recovery and faster discharge (Hay et al., 2016).

Problem Statement

The problem addressed by this project was the need for evidence-based spiritual nursing care in the preoperative environment of a hospital. According to the National Quality Forum (2014), the rate of surgical procedures is increasing annually, and in 2010, 51.4 million inpatient surgeries were performed in the United States. Some of the patients

who underwent surgery developed a depression or anxiety crisis during the preoperative phase of their treatment, which negatively affected their postoperative recovery, often with longer hospitalizations and surgical complications (Aein, Frouzandeh, & Noorian, 2015). The Association of Perioperative Nurses (2015) states that "perioperative nurses address the physiological, psychological, socio-cultural, and spiritual responses of patients" (p. 694). However, a review of the literature in this study showed that there is no clear definition of spiritual nursing care. According to Anoshiraisson et al. (2014), spiritual care is a critical part of providing holistic nursing care, but within the profession, there is a lack of certainty over the meaning of spirituality and delivery of spiritual care, including nurses thinking of spirituality as an individual's religious orientation. The findings of many nursing scholars (e.g., Babatsikou & Gerogia, 2012) identified that both the nurses' and patients' perceptions of spirituality are necessary for high quality patient care (Cash & McSherry, 2004); yet, a knowledge gap continues to exist concerning the understanding of the concept of *spiritual nursing care* as part of the preoperative approach to care. The reviewed literature found no evidence-based guidelines or any standardized practices for the implementation of spiritual nursing care into the routine daily plan of care for the general patient population and, more specifically, a highly sensitive patient population such as those about to undergo surgical procedures. According to Koenig (2012), although nurses show compassion, it is different from offering spiritual nursing care.

Nurses caring for patients undergoing stressful situations; such as invasive surgical procedures, may lack the confidence, knowledge, and experience to fulfill their

professional obligation of ensuring holistic quality care. Standardized, evidence-based practices related to spiritual care incorporated into the preoperative plan of care might improve the confidence of nurses who provide this care both in the hospital units and the operative units; including the cardiac catheterization units; labor and delivery, and the main operating units.

The setting for this quality improvement project was a 200-bed, urban hospital where 652 surgical procedures were performed in 2017, including Cesarean deliveries and open-heart surgeries. Evidence that spiritual education was needed came from an internal hospital study of a convenience sample of 67 registered nurses employed in the hospital. Currently practicing registered nurses volunteered to participate in this study. The data were collected at the hospital through semistructured interviews and a focus group interview. Analysis of the data revealed that the nurses were oriented to spirituality; respected the importance of observing spiritual care as part of the preoperative plan of care of the patients, and believed that spirituality is an integral part of holistic care and that spiritual care may improve the outcome of surgical procedures. However, the nurses also reported a lack of confidence and knowledge to provide spiritual care because the concept was not well defined compared with other nursing care interventions. They noted that specific guidelines and strategies could strengthen nurses' provision of spiritual care for the surgical patient.

Purpose Statement

The purpose of this project was to conduct a systematic review of the literature with the goal of developing an evidence-based guideline that defined the concept of

spiritual nursing care and provided specific interventional approaches to incorporate the spiritual nursing care guideline into the hospital's preoperative nursing care. I intended for this DNP project to fill the hospital-identified knowledge and practice gap among the preoperative nurses regarding the application of spiritual nursing care and its inclusion in the preoperative plan of care. The practice-focused question was: What are the evidence-based interventions for spiritual nursing care of preoperative patients? This project has the potential to bridge the gap in nursing practice noted by the nurses themselves.

Nature of the Doctoral Project

The project resulted in a draft practice guideline supporting spiritual nursing care interventions on the preoperative units of the hospital. Guideline development starts with a comprehensive review of the literature to support a change in the current clinical practice. According to Bernhardsson et al. (2016), clinical practice guidelines (CPGs) have shifted from opinion based to evidence informed, including increasingly sophisticated methodologies and implementation strategies to keep abreast of evolution in the field of nursing practice. Implementing a CPG for spiritual care in preoperative nursing care is expected to ensure high-quality, consistent, and evidence-based clinical practice (Cone & Giske, 2015) and bridge the gap between policy; best practice, local contexts, and patient choice (Jochemsen, Post, & Tiesinga, 2006).

The Institutes of Medicine (IOM; 2011) described clinical guidelines as statements that include recommendations intended to optimize patient care informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. The final project product of the CPG based on this systematical review of

the literature was intended to assist nurses in making appropriate clinical decisions for specific clinical circumstances where spiritual nursing care is appropriate. In addition, this guideline will reduce inappropriate variations in the nursing practice of spiritual care, while promoting the establishment of a high quality, evidence-based clinical atmosphere where nurses' approaching patients in need of spiritual care in practice will exhibit self-awareness of inner and professional accountability.

A literature review in any field is essential because it offers a comprehensive overview and recapitulation of the scholarship from past to present, giving the reader a sense of focus as to which direction new research is headed (University of North Carolina, n.d). Through electronic assessment of the PUBMED, SciELO, EBSCO, WOS, MEDLINE, and SCIENCE databases, with a limitation to English language and articles published between 2010 and 2019, I explored concepts of spirituality related to preoperative nursing care in the extant literature. Keywords used in combination for the literature search included *spirituality*, *nursing care*, *preoperative*, *surgical*, *conceptual clarification*, *patients*, and *systematic review*. Data from primary research articles, publications in English language, and articles focused on spirituality and nursing were included in the review. To avoid using flawed research articles and develop a quality-driven, evidence-based guideline that would positively impact the preoperative and postoperative stages of patient care, I assessed the scientific validity of selected published articles. In this process, certain questions were asked to query the key information in the articles; the clinical relevance; the rigor of the methodology; whether the results were

reproducible, and whether there were any biases or conflict of interest (see Karippacheril, Magazine, & Umesh, 2016).

The next step in the literature review was to present the selected research articles in a table showing the relationships between the individual studies and their relevance to the present project aimed at quality surgical outcomes through implementation of evidence-based spiritual nursing care (see Appendix A). The synthesis of the literature reviewed highlighted what crucially relates the previous study; identifying "gaps", or "unknowns" in research on spirituality and nursing practice. The synthesis process shows the relationships among the database sources; the methods and conclusions, how the nursing science has been built in this area of scholarship, where gaps exist, and how the sources provide the context for the current project (Labrague et al., 2015).

Local Setting

The project hospital setting is a well-organized health care organization that facilitates research and educational development by health care professionals. Every newly developed hospital policy and practice guideline goes through the hospital quality improvement and legal departments for review and approval. If approved, the final step is to disseminate the new intervention as an evidence-based practice guideline through the hospital education department and other learning resources, such as the biweekly nurses' practice update magazine; end-users' e-mails; and unit-based, performance improvement huddles and education sessions.

Significance

According to Al-Rahim et al. (2016), several studies have provided valuable insight into the range of nurses' perceptions of spirituality and spiritual care. However, there is limited research investigating the impact of spiritual nursing care during the preoperative period on patient coping mechanisms during intraoperative and postoperative recovery. Nurses are the frontline staff in preoperative care services and spend the most time with the patient and family providing opportunity to ensure holistic, patient-centered care. The findings of this systematic review of the literature and resulting CPG have the potential to positively impact preoperative nurses' knowledge and practice for spiritual care.

Forouzi, Jahani, Tirgari, Safarizadeh, and Tirgari (2017) defined spiritual needs as the human expectations to find meaning, purpose, and value in their lives. Needs can be explicitly religious, but even people who have no religious faith or are not members of an organized religion have belief systems that give their lives meaning and purpose. The Arrey, Bilsen, Deschepper, & Lacor (2014) referred to the idea of World Health Organization (2003) that spirituality and the religious dimensions of patients' lives need to be an integral part of patient management; therefore, evidence-based principles direct that nursing practice ensure quality, patient-centered, and holistic preoperative care to surgical patients. An evidence-based guideline addressing patients' spiritual care needs during the preoperative period may increase the confidence of the nursing team in enhancing the wellbeing of the patients. The addition of a spiritual care guideline in the

preoperative care plan may lead to positive social change by helping with patient comfort, reducing anxiety and distress, and improving postoperative recovery.

Summary

Spirituality is an abstract, subjective, and complex term, whose definition varies among individuals, philosophies, and cultures and has abstract components associated with many subjective meanings (Eduardo et al., 2018). Nurses are expected to have the capability to provide spiritual nursing care during the preoperative phase of patient management based on best practices from recent evidence-based literature (Bezerra et al. 2018). The end-product of this systematic literature review project may enhance the comfort level of nurses providing the desired spiritual nursing care. The project may also benefit the patient population undergoing invasive surgical procedures by giving them the opportunity to practice their spiritual rituals and fulfill the needs of their body, spirit, and soul. In Section 2, I will provide additional details on the background and context for this project.

Section 2: Background and Context

Introduction

The purpose of this systematic literature review project was to collect evidence in support of an evidence-based guideline that would define the concept of spiritual nursing care and provide nurses with specific interventions to integrate spiritual nursing care guidelines into preoperative nursing care. The practice-focused question was: What are the evidence-based interventions for the spiritual nursing care of preoperative patients? In this section, I discussed the conceptual models and theories, their relevance to nursing practice, local background, the role of the DNP student, and the role of the project team.

Concepts, Models, and Theories

Biopsychosocial Framework

The biopsychosocial model, the actioning spirituality and spiritual care education and training (ASSET) model in nursing (Narayanasamy, 1999), and the assessment, cultural negotiation and compromise, communication, establishing respect and rapport, sensitivity and safety (ACCESS) model for transcultural care practice (Narayanasamy, 2002) comprised the conceptual framework for this project. The biopsychological model is a modern humanistic and holistic view of the human being in health sciences, which de Medeiros, Mosini, and Saad (2017) suggested would bring remarkable transformation to the concepts of health, disease, treatments, and cure. According to Engel (1977), the biopsychosocial framework was designed to support action in the world of health care delivery. As medical practice continues to evolve, a significant shift in the paradigm of spiritual care will occur only when the human spiritual dimension is fully understood and

incorporated into health care and, if applied correctly, the biopsychological-spiritual model, also known as the whole-person care model, will enable a practice change that will prevent spiritual stereotypes and create a new view of the human being (de Medeiros et al., 2017).

The biopsychosocial framework provides a guide to spiritual complementary nursing practices that supported the scientific underpinnings of this project. Spiritual nursing practice includes the practitioner touching the patient, laying their hands on them, healing touch, therapeutic touch, and blessings from many religious traditions to encourage the flow of vital energy (de Medeiros et al., 2017). The ASSET model offers a framework for spiritual care education, while Narayanasamy's ACCESS model offers a framework for transcultural care practice (Anu, 2006). The ASSET and ACCESS models support the clarification of nurses' roles in spiritual and cultural care within the scope for development of care intervention models while building on the known spiritual coping mechanisms patients use, such as prayer and other resources, to handle stressful chronic illnesses (Anu, 2006).

Watson's Theory of Human Caring and Patient-Centered Care Model

Theories are used as a guide to understand and predict events (Gray, Grove, & Sutherland, 2017). With the advancement in nursing education, nurse researchers are now among those scientists who use theory (Gray et al., 2017). Watson's theory of human caring and the patient-centered care model guided the logical structure of this project to link the body of evidence about spiritual nursing care to the preoperative plan of care. Watson (1999) pointed out that caring is "the moral ideal of nursing whereby the end is

the protection, enhancement, and preservation of human dignity" (p. 29). Spiritual care promotes the nurse-patient connection, which is ideal, because caring is the core concept in nursing. The research by Pajnkihar, Štiglic, & Vrbnjak, (2017) showed that one way of ensuring that caring is central to the patient's experience is to endorse Watson's theory of human caring as the basis or a guide for nursing practice. Pajnkihar et al. (2017) further suggested that to perform a caring action, nurses need an artistic as well as a nursing education to play the desired role in the achievement and development of caring attributes. There is strong evidence that caring behavior by nurses can contribute to the satisfaction and well-being of patients and is more than only the performance of the health care (Pajnkihar et al., 2017). Watson noted that when caring is not present, uncaring consequences and dissatisfaction with care, where the person feels like an object, can occur leading to poor patient outcomes in operative procedures.

Watson's (2008, 2012) carative factors of love-heart-centered-caring/compassion represent the core of caring. While nurses focus on enhancing patient satisfaction and safety, the carative factors support and enhance the patients' caring experience (Watson, 2008) and are perceived as nurse-patient interactions and modalities that can be employed to support and enhance the experience of the actual caring occasion (Pajnkihar et al., 2017). Further evidence revealed that Watson's carative factors motivated nurses to cultivate the practice of loving-kindness and equanimity toward themselves and others as foundational to caritas consciousness: being authentically present; enabling, sustaining, and honoring the faith, hope, and the deep belief system and the inner-subjective life world of the self and of the other; cultivating their own spiritual practices and

transpersonal self; going beyond the ego-self; developing and sustaining a helping-trusting, caring relationship; being present to, and supportive of, the expression of positive and negative feelings; using the self and all ways of knowing creatively as part of the caring process; engaging in the artistry of caritas nursing; engaging in genuine teaching-learning experiences that attend to the unity of being and subjective meaning; attempting to stay within the other's frame of reference; creating a healing environment at all levels; administering sacred nursing acts of caring-healing by tending to basic human needs; and opening and attending to spiritual or mysterious and existential unknowns of life and death (Watson, 2008). Therefore, my adoption of Watson's theory by applying the 10 carative factors as part of the recommended practice guideline in this project not only provided a definition of spiritual nursing care but will also build a sense of spiritual worth in the nurses, and since spirituality can be affective, the quality of care rendered preoperatively to the surgical patients will be positively impacted with loving kindness as explained in the carative factors.

Spirituality

According to Garcia and Koenig (2013), an analysis of the spirituality definitions in nursing research reveals inconsistencies. Some nursing scholars have examined spirituality in nursing research as a coping mechanism attenuating the negative impact of traumatic stress (Garcia & Koenig, 2013). The existing evidence defined spirituality in nursing research to include the elements of positive emotional states (i.e., meaning, purpose, and general well-being) that confound patient outcomes (Garcia & Koenig,

2013). A clearer definition of the concept of spirituality care is needed to allow for the measurement of this concept.

Bush and Bruni (2008) defined spiritual care as "actions to meet the spiritual needs of the patient and family fundamental to the maintenance of health and the promotion of healing" (p. 543). With the focus on quality outcomes both for patient satisfaction and health care reimbursement, nurses are required to provide spiritual care that meets the spiritual needs of all categories of patients and their families as an effort to improve quality of life during the patients' disease trajectories (Zaqqout et al., 2016). Having confirmed from several studies that nurses perceive the spiritual aspect of care to be a vital part of nursing care (see Zaggout et al., 2016), an evidence-based guideline can support the nurses' actions when providing spiritual care to patients.

Comparable to other caring interventions and procedures, spiritual practices should be reflective in routine nursing care plans; to include compassionate presence with patients, sitting and holding the patient's hand for a minute, praying with the patient and family, accepting and respecting the patients' feelings, creating a healing environment through quietness, playing the patient's choice of music, offering patients a chaplain referral, and sharing in patients' religious practices (Zaggout et al., 2016) . Other actions emcompass educating patients, maintaining patient confidentiality, being nonjudgmental, advocating and facilitating patient and family needs, assisting patients in accomplishing uncompleted tasks, facilitating patient communication with family and relatives, and reassuring patients (Jochemsen et al., 2006). Researchers have found that spirituality serves as a coping mechanism for both nurses and patients, decreases patients' physical

comfort, and decreases patients' anxiety levels while increasing hope for survival (Zaggout et al., 2016).

Relevance to the Nursing Profession

Spiritual nursing care involves a clear understanding of the patient's expectations by the nurse and, concurrently, clearly defining the specifications of the nurse's roles, such as introducing the organization's spiritual nursing care as part of the plan of care for the patient and family. People's spiritual views and activities influence each other in intricate ways altering focusing on the physical body alone, specifically during periods of illness, ineffective than it might otherwise be (Keonig, 2017). Many patients have spiritual needs related to illness, and addressing those needs affects satisfaction with care, quality of life, and health care costs (Alexi et al., 2011). Spiritual nursing care improves patient compliance with treatment and increases functional well-being and coping with illness and recovery; hence, spiritual activities help to reframe stressful events in a way that motivates the individual intrinsically to cope with stressors (Bokharey & Amjad, 2014). Spiritual nursing care can reduce the level of patient distress caused by health problems while giving meaning to illness and promoting hope for surgical recovery by discerning the healing path through tuning into spirituality, uncovering deep concerns, and facilitating the healing process (Cone & Giske, 2015).

Disease conditions can be stressful, with anxiety increasing when a patient is either hospitalized or undergoing an invasive procedure. There is a tendency to lose self-dignity due to self-care deficits and assuming a self that is relevant to the present health

context (Monareng, 2013). It is important that the nurses offering preoperative care adopt evidence-based practices to provide patient-centered care. According to Breitsameter and Walker (2017), spirituality was defined as an attitude governing how people interact with each other in a spirit of compassion. Their study revealed that spirituality might be expressed through little moments, such as the nurses gently laying their hands on the patients or passing them a glass of water, meditation, allowing opportunity for the patient and family to sing or pray together or to talk and be attentive, and showing respect to inspire trust (Breitsameter & Walker, 2017).

Spiritual nursing care is a concept without a definite definition or strategies to include in the patient plan of care. Spirituality is a personalized phenomenon influenced by values, culture, religion, and worldviews (Zamanzadeh et al., 2017) and often is equated to the practice of religion (Jamieson & McSherry, 2011). Keonig (2012) mentioned that spirituality includes both a search for the transcendent and the discovery of the transcendent and therefore, involves traveling along a path that leads from nonconsideration to questioning, to either staunch nonbelief or belief, and if belief, then ultimately to devotion and finally surrender. Spirituality is similar to religion, and there is clear overlap.

The era of quality-based reimbursement and care outcomes is based not only on the outcomes of medical interventions but also on the quality of nursing care, which is a significant determinant of patient satisfaction (Cash & McSherry, 2004)). Patient-centered care requires a holistic approach focused on the physical, psychological, and spiritual components (Bokharey & Amjad, 2014).). However, there is well-documented

evidence revealing that spiritual care is largely missing from nursing (Aein et al., 2015). This lack of attention to spiritual care has become a growing topic of interest; yet, many nurses, including those working at the project hospital site, feel unprepared to deliver spiritual care.

Providers of holistic care, which is made up of body, mind, and spirit, consider a patient within his/her environment (Jasemi, Keogh, Taleghani, Valizadeh, & Zamanzadeh, 2015). Contrary to the concept of evidence-based practice, Al-Rahim et al. (2015) showed that the nurses' perceptions of spirituality and spiritual care influence their ability to provide spiritual care as well as their readiness to provide spiritual nursing care to patients. More research needs to be conducted to clearly define the concept of spiritual nursing care and provide standardized intervention options as are the practice with other nursing cares, such as pain management, hand washing, and patient rounding, that are delivered using accepted standard guidelines irrespective of the nursing specialty or location. Evidence has suggested that several simple actions, such as holding patients' hands and talking about what is important to patients and families, are forms of rendering spiritual nursing care (Puchalski, 2001).

Synthesis of Literature

Spirituality is an abstract phenomenon most human experience that seeks to transcend self while finding meaning and purpose through connection with nature, and a Supreme Being (Buck, 2006). Spirituality definition varies among individuals, philosophies, and cultures, and has abstract components associated with many subjective meanings (Cone & Giske, 2015). Hay et al. (2016) emphasized that spirituality has

become increasingly recognized as a factor that may impact patients' health care decisions. As with other nursing actions and procedures, spiritual care has positive effects on patients' stress responses and spiritual well-being improvements (i.e., the balance between physical, psychosocial, and spiritual aspects of self); sense of integrity and excellence; and interpersonal relationships (Bajo et al., 2003). Adib-Hajbaghery and Zehtab (2014) added that spiritual well-begin is important for an individual's health potential and the experience of illness/hospitalization can threaten the optimum achievement of this potential. According to Adib-Hajbaghery & Zehtab (2014), the nursing profession has embraced spiritual care as a dimension of practice. However, the findings of Aljwad et al. (2016) demonstrated that most nurses have a high level of spirituality and spiritual care perception but ineffectively provide quality spiritual care because the meaning of spirituality and spiritual care among nurses is culturally constituted and influenced by many factors, such as the nurse's ethnic background, religious affiliation, level of education, and clinical experience (Cash & McSherry, 2004) instead of standardized evidence-based practices.

Although, the literature showed that religion and spirituality are often conflated (Hay et al., 2016) resulting in difficulty in defining each construct accurately in nursing practice (Baldacchino et al., 2014), to talk about religion and spirituality or to study the concepts scientifically, there needs to be working definitions for these terms (Bowling Green State University, n.d.). The impact of spiritual nursing care in the medical, psychological, and social aspects of nursing cannot be overemphasized. Florence Nightingale influenced spiritual nursing care in several ways, just like many other great

nursing pioneers who elucidated the interconnectivity between science, theory, and nursing practice. The legacy of spiritual nursing approaches left by Florence Nightingale include respect for human beings; philosophical, scientific, and ethical thinking about nursing; kindness, compassion, and touch as forms of nursing care; and care relationships as a way of nourishing each moment spent with the patient and family (Nery, 2013). My review of the research showed that the importance and functions of spiritual care in daily nursing practice remain debatable (Walker & Breitsameter, 2017) as there is no agreed upon definition of what is meant by spiritual, spiritual need, and spiritual care.

Moreover, there are no guidelines for spiritual caring in nursing practice (Baldacchino et al., 2014). Unfortunately, to date, there is strong evidence that when speaking about spirituality, most nurses wonder what is being talked about and what form the spiritual relationship takes between the nurses, the patients, and their family members (Walker & Breitsameter, 2017). Although spirituality in nursing is a broad concept that lies within spiritual care provided irrespective of the nurses' religious beliefs (Baldacchino et al., 2014), the gap in nursing education about spiritual nursing care greatly influences the novice nurses attending to patients' spiritual needs. A British nursing survey revealed that about 79% of surveyed nurses reported that they had not received an adequate education on spiritual care (Jamieson & McSherry, 2011), which could be related to the absence of formally established spirituality and spiritual care training or courses either in nursing schools' curricula or as in-service continuing educational programs at hospitals, a situation that reflects a low interest in the spiritual domain (Baldacchino et al., 2014). Jamieson and McSherry (2011) suggested that the

deficit in spiritual training among nurses exists because the governmental and educational institutions do not consider issues related to spirituality to be an important part of nurses' education.

According to Keonig (2014), spiritual needs are those related to the transcendent (however that is understood by the patient). For example, a patient may feel that his medical condition is a punishment from God or that God has deserted him/her. Alternatively, a patient may be struggling with where he or she is going after death, fearful perhaps of going to hell or concerned that there is a hereafter. For nurses and particularly preoperative nurses, the identification of the spiritual needs of patients related to medical illness and competently addressing those spiritual needs by creating an atmosphere where patients feel comfortable talking about their spiritual needs with the nurses, physicians, and other team members (Keonig, 2014) are the hallmarks of successfully using evidence-based spiritual nursing care in practice.

Spiritual care has long been recognized as an essential component in providing quality care to patients. However, many nurses have acknowledged that their education has lacked practical guidance on how to provide culturally competent spiritual care (Rieg, Mason, & Preston, 2006). Although all nurses are required to provide spiritual care, the preoperative nurses are particularly challenged to be competent in this area, due to the highly technological nursing care, lengthy recovery time, and special needs often presented by surgical patients. It is crucial to address the barriers nurses have identified in delivering effective spiritual nursing care. Addressing barriers such as discomfort due to a perceived lack of competence to provide spiritual care, lack of effective spiritual care education

and training, and lack of a clearly defined concept of spiritual nursing care and standardized spiritual nursing interventions can promote inclusion of spiritual care in nursing plans of care.

Local Background and Context

This project focused on providing evidence for developing a guideline to implement spiritual nursing care as part of the preoperative care of in-patients undergoing surgical procedures in an urban hospital setting. Hay et al. (2016) suggested that recommendations for the inclusion of spirituality in clinical care are grounded in the assertion that issues of spirituality deserve a place in the health care system and should be considered a part of routine clinical care. Currently, within the hospital, practices that promote spiritual care such as the questions inquiring about spiritual or religious practices and special diet observations during the period of hospitalization are collected upon admission. Other strategies in this setting to promote spiritual nursing care are asking the patients if they desire a referral to a spiritual leader or to their own spiritual leader. However, a review of protocols and interactions with the point-of-care nurses revealed no guidelines for providing spiritual nursing care.

The proposed new practice guideline is intended to fill the practice gap concerning spiritual nursing care with clearly defined spiritual support practices. Furthermore, the guideline will standardize the spiritual care documentation so that outgoing nurses can hand-off to incoming nurses a description of the spirituality care provided and/or requested; thereby, promoting continuity of care, patient safety, quality outcomes, patient satisfaction, and patient-centered holistic care. Because no guidelines were found in the literature, the implementation of these practices and their impact on

nurse and patient satisfaction, and specific health outcomes would provide additional evidence for the use of a spiritual nursing care CPG within the profession. This project may lead to the publication of the guideline so that it may be used by nurses in other health care organizations and settings.

Role of the DNP Student

My role in this systematic review of the literature project was the culmination of efforts to ensure the successful completion of this scholarly project with the goal of using the end-product to enhance the knowledge base of preoperative nurses in relation to evidence-based spiritual care in nursing. To ensure best practices, I conducted an extensive literature review to use the content of previous work on spiritual care in nursing to resolve the conflicts in understanding the meaning of or creating a definition for spirituality in nursing. Also, through the systematic literature review, I identified standardized nursing actions or interventions that can close the knowledge gap in the practice of spiritual care during preoperative nursing care and in other nursing focus areas. It was also my role to develop the initial draft of the guideline and present a proposed standardized definition of spiritual care in nursing practice as appropriate for implementation in the surgical practice areas of the hospital. Furthermore, it fell within my role to develop a draft of the project evaluation and dissemination plan for the practice guideline before presenting it to the other stakeholders involved in the project review and approval.

Role of the Team

An expert panel reviewed the draft evidence-based guideline based on the findings of the systematic literature review to improve nursing practice and preoperative outcomes of patients undergoing surgical procedures. The expert review positively impacted the CPG with their experience and professionalism. The panel included the hospital chaplain, patient liaison staff members, the hospital educator, quality improvement committee members, and six preoperative point-of-care nurses.

Summary

The purpose of my project on spiritual nursing care was to review the literature, define the concept of spiritual nursing care, and draft a specific evidence-based guideline for nurses who provide preoperative nursing care. The evidence showed that more knowledge is required to fill the gap in achieving quality spiritual care. The CPG developed during this project was intended to equip the preoperative nurses with communication and interventional tools to provide evidence-based, patient-centered, quality spiritual care based on current understanding of the concept. The project will assist the nurses in developing the knowledge, attitudes, and skills to identify opportunities and intervene in individual patient situations requiring spiritual care assessment and interventions. Section 3 is focused on the collection and analysis of evidence for this project.

Section 3: Collection and Analysis of Evidence

Introduction

At the project hospital, a study to investigate patients' perception of the quality of spiritual care received during preoperative nursing care was conducted involving 13 patients scheduled for invasive surgical procedures in two units. The interviews were conducted after the completion of the nursing preoperative interventions. Patients reported that their spiritual needs were not being met in the hospital setting where this project took place. The nurses at the project site identified the need for a well-validated, evidence-informed CPG to describe spiritual care interventions to be documented as part of the preoperative nursing plan of care and communicated during the change of shift report as a part of standard continuity of care. The purpose of this project was to conduct a systematic review of the literature and draft an evidence-based guideline to define the concept of spiritual nursing care and provide specific approaches to applying spiritual nursing care in the preoperative nursing setting. In this section, I present the sources of evidence and the process for analysis and synthesis of the literature used in the project.

Practice-Focused Question

The practice-focused question that directed the systematic review of the literature and guided the development of the draft guideline to close the nurse- and patient-identified gap in clinical practice was: What are the evidence-based interventions for providing spiritual nursing care to preoperative patients?

Sources of Evidence

I retrieved the evidence for this project from the MEDLINE, PubMed, Wiley online library, SCIENCE, WOS, Cochrane, and SciELO databases and search engines. According to Davies (2002), high-quality research evidence is crucial for developing evidence-based practices. Evidence suggested that the transfer of research into practice is a complex process with the highest level of nursing evidence available from the Cochrane library and EBSCO (Davis, 2002). My search for evidence on best practices included the Duke Center for Spiritual Care, the Georgetown University Institute for Spirituality and Health, and the Global Institute for Spirituality and Health. Keywords and phrases used for this literature search included *spirituality*, *spiritual nursing care*, *holistic health practices*, *inpatient*, *hospital*, and *preoperative care*. I read the abstracts of articles written in the English language and published between 1990 and 2018 to determine if the articles met the inclusion criteria before reviewing them in full text for incorporation in the guideline development. Articles based only on religious opinions or with personal biases about others' spirituality were excluded from the evidence for this project.

Analysis and Synthesis

Synthesis of the evidence, which is crucial to the creation of evidence-based practices, involves the collection, combination, and summary of the findings of identified relevant studies retrieved for the literature review (Gray, Grove, & Sutherland, 2017, pp. 455*).* When carrying out a literature reviews for evidence-based practice, researchers critically analyze the extant research and other evidence to try to resolve conflicts in the literature and attempt to identify central ideas through scientific fact-finding from

previous studies and expert opinion (Kranz & Müller-Bloch, 2015). Guideline developers use several systems to determine the quality of evidence and the strength of recommendations in the literature (Cruz, Fahim, & Moore, 2015). The Grading of Recommendations Assessment, Development and Evaluation (GRADE) II tool enables the differentiation between the quality and strength of the evidence and provides clear interpretations of recommendations for stakeholders, such as the patients, clinicians, and policy makers (Cruz et al., 2015). Using this tool, when evaluating evidence from the literature, a researcher considers the quality of the information presented in the studies, the potential risk of bias, the size of the effect, the statistical significance, and the outcomes of the spiritual care interventions (Cruz et al., 2015). I created a table of GRADE evidence (see Appendix B) to present this information as well as a grading of the evidence from previous studies used in developing this CPG (i.e., high, moderate, and low levels of evidence; see Cruz et al., 2015).

Because this is a systematic review of the literature project, I ensured that evidence generated clearly met the expected systematic review standard for guideline development and the results led to a cost-effective, reliable, and clinically applicable CPG to enhance the quality of care and patient satisfaction at the project site. I presented the literature review findings and the evidence-based draft of the CPG to the expert panel comprised of the hospital chaplain, two patient liaison staff members, the hospital educator, two quality improvement committee members, and six preoperative point-of-care nurses for further input and revisions. Application of the AGREE II tool ensures adherence to the evidence-based standard for quality and safety in health care; this tool

was applied by the expert panel members to rate the CPG. When consensus was reached that the CPG was ready for administrative review, I drafted an implementation strategy to ensure that the target audience (i.e., end-users) have access to the guideline. Reminders in the electronic health records, flyers, and pamphlets will be created. Staff unit education or huddle sessions will be planned as additional dissemination strategies at the hospital are necessary.

Protection of Human Subjects

Subjects who agreed to participate in this project provided written informed consents as required by the Institutional Review Board. In this study, I adhered to the standard of human protections by eliminating the names of the participants. This project was approved by the Walden University Institutional Review Board before data collection and analysis began. The project approval number is 05-22-19-00564907.

Summary

Spirituality and nursing have been intertwined from the origin of the profession. Historically, nursing was perceived to mean caring for others, to be sympathetic and empathetic without any scientific underpinnings (Astrow, Sharma, Sulmasy, & Texeira, 2012). From the days of Florence Nightingale to the present, many nurses educated in the nursing profession had limited insight into the scientific component of their practices (Adu-Gyamfi, & Brenya, 2016). With the evolvement of the profession from traditional to evidence-based principles, nurses developed not just an inner strength to provide spiritual care, but also the knowledge, attitudes, and skills to be comfortable and well informed based on scientific evidence to render spiritual nursing care (Jamieson, &

McSherry, 2011). In challenging situations, such as undergoing invasive surgical procedures, the use of evidence-based spiritual care interventions in addition to the individual nurse's inner strength should aid in the achievement of effective spiritual nursing care during the preoperative period. This evidence-based spiritual care may result in enhanced surgical outcomes and patient satisfaction as well as the promotion of a cost-effective health care delivery system through faster recovery and discharge.

Spirituality in nursing can be controversial, so more research is required to integrate spiritual care properly into nursing practice as an essential component of patient-centered care. In Section 4, I presented the evidence obtained and the analytical strategies applied in this project. The findings, strengths, limitations, and recommendations from this project was also explained.

Section 4: Findings, Implications, and Recommendations

Introduction

The knowledge gap identified concerning spiritual care in preoperative nursing has attracted many nurse-researchers. Although, spirituality can be viewed as an abstract topic with no definite and acceptable approach, it is a fact that spirituality was the foundation of traditional nursing practice, which today has evolved into a profession. However, the spiritual practices and interventions require scientific underpinnings to support their continued use. The ultimate goal of this doctoral project was to improve postoperative recovery and reduce preventable surgical complications arising from spiritual/soul imbalance during sickness and surgery, promote quality outcomes, and increase patient satisfaction through use of a standardized, evidence-based CPG on spiritual care.

Findings and Implications

I completed this project by conducting a systematic literature review of several databases, including PubMed, Wiley Online Library, MEDLINE, WOS, SCIENCE, and SciELO. In total, 82 articles on spiritual nursing and preoperative care published between 1990 and 2018 were reviewed. The contents of 43 articles were subjective in explaining the concept of spiritual care in nursing with religious-based, personal opinions; these articles were excluded after the initial screening of the abstracts. Thirty-nine primary research articles focused directly on spirituality, nursing, preoperative spiritual nursing, and spiritual coping strategies. Following full text analysis of the 39 articles, I found only 24 studies directly explored the importance of spiritual care in nursing, out of which nine

articles focused on preoperative spiritual nursing care. These 24 articles were used in the development of the draft CPG on spiritual nursing as part of the preoperative plan (see Figure 1).

Irrespective of the fact that none of the explored research articles was a randomized controlled trial, almost all the included literature met the criteria for Grade V and VI evidence (Fineout-Overholt, & Melnyk, 2015). The evidence from these research articles emphasized the importance of evidence-based spiritual practices inclusion as part of the nursing plan of care and were relevant to my development of the CPG required to fill the identified practice and knowledge gap in respect to the incorporation of spiritual care nursing at the hospital. Furthermore, most of the articles were published in the United States and the United Kingdom, being mostly descriptive research studies that used observational and survey methods. I determined the strength and quality of the selected research evidence using the Fineout-Overholt and Melnyk's (2015) rating system for the hierarchy of evidence (see Appendix A).

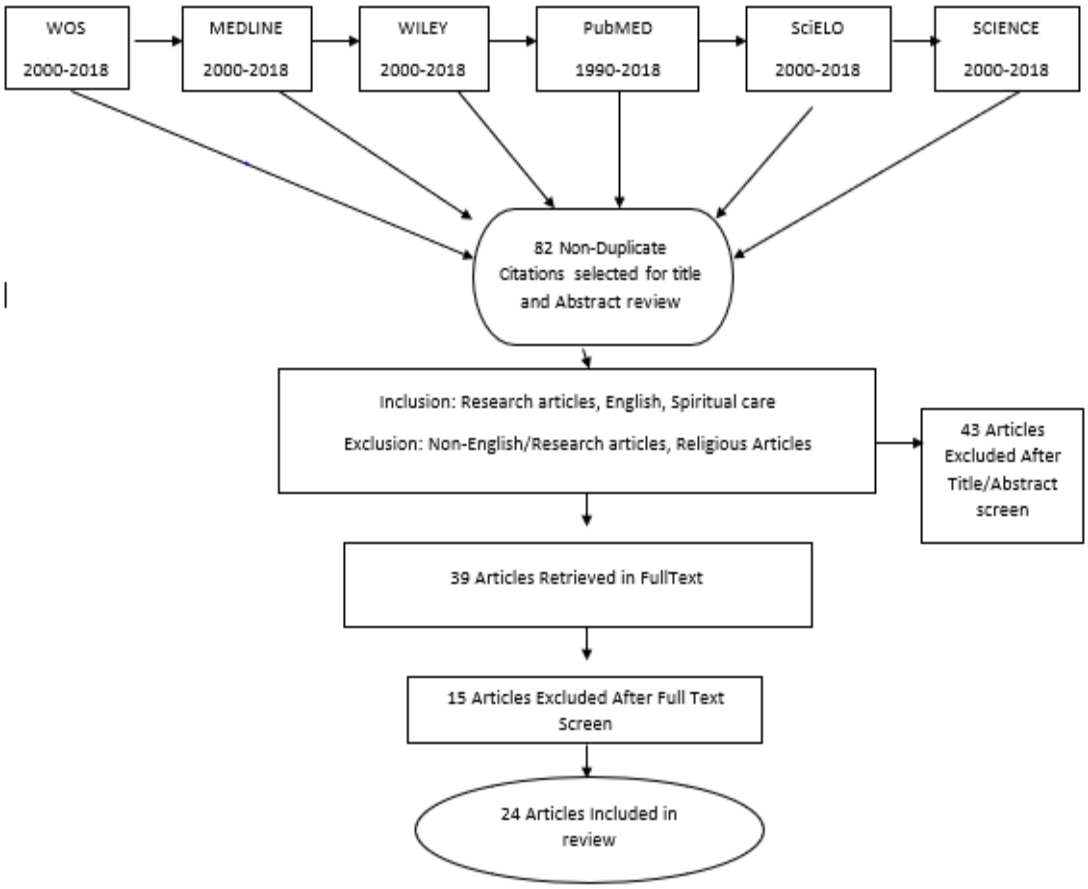

Figure 1. Flowchart for this systematic review of the literature.

The draft of the CPG was reviewed and graded by the expert panel using the GRADE II tool. The expert panel was composed of a team of well-educated and experienced professionals. The group included the hospital chaplain with a master's degree in theology and 13 years' experience as a chaplain. Other panel members were two patient liaison staff members with a bachelor's degree in healthcare management and a master's degree, respectively. The hospital educator, who is an experienced nurse with a master's degree in nursing education; two quality improvement committee members with bachelor's degrees in nursing; and six preoperative point-of-care nurses prepared at bachelor's degree levels were also included for further input and revisions. The CPG was

generated from observational and survey studies, which fall under low grade evidence recommendations, considering the balance between the benefits and harms, quality of evidence, applicability in the CPG project, and consistency in following the GRADE II strong evidence of association, signaling a significant relative risk > 2 (< 0.5) based on consistent evidence from two or more observational studies with no plausible confounder (+1; Atkins et al., 2004). The quality of evidence I used in drafting this CPG maybe scientifically low; yet, the CPG has a strong potential to positively impact the nursing practice and patient satisfaction with care.

Recommendations

The systematic review of the literature resulted in findings that led to several recommendations and considerations for nursing practice at the hospital as elaborated below:

Considerations for Application of Spirituality in Preoperative Nursing Care

I found no definite definition for spiritual care in the field of nursing from previous studies and researchers, which could be attributed to the fact that the concept of spiritual is broad with evident confusion between spirituality and religion. Due to global migration, the world is increasingly becoming multicultural and multifaith, and the meaning of religion and spirituality has evolved considerably over the past 50 years (Bowling Green State University, n.d.). To provide theory-based spiritual nursing care, more knowledge is needed to ensure that patients receive culturally competent spiritual care, especially preoperatively.

While defining spirituality is difficult, spirituality from the care provided to individual patients and families cannot be denied. To begin to understand spirituality, it is necessary to separate religion from spirituality in practice. Religion is generally institutionalized, but spirituality is personal, and every nurse should be able to understand that patients' spiritual needs are unique and dependent on two concepts: search and sacred (Bowling Green State University, n.d.). While sacred denotes not only the concepts of God and higher powers, it also pertains to other aspects of life perceived to be manifestations of divine-like qualities, such as transcendence, immanence, boundlessness and ultimacy; beliefs, practices, experiences, relationships, motivations, art, and nature, which may be part of a negative or positive current life state (HealthCare Chaplaincy, n.d).

Adoption of a Definition of Spiritual Nursing Care

The most important part of this study was defining the concept of spiritual care. Following the outcome of an in-depth, systematic review of the literature, I developed the project-originative definition of spiritual nursing care that can be stated as any act or actions that lead to the discovery of something sacred by the patient or family, followed by the nurse's attempts to conserve such practices in a pathway that is distinctive for the patient and/or family. Furthermore, spiritual care involves being with the patient and caring, supporting, showing empathy, promoting a sense of well-being, and lending a helping hand to find the meaning and purpose through the time of illness and either recovery or a peaceful end-of-life transition. Nurses can intervene with patients and families in their spiritual search for the sacred. Therefore, my proposed definition of spiritual care in nursing for the preoperative setting is: The art of connecting with the

patient's physical, emotional, psychological, and spiritual needs through effective listening, caring, loving, communicating, being present, and creating a conducive environment directed by the patient's desire or condition to enable the patient to connect with their inner self or a higher power. From the results of the literature review, I also propose that the definition for spiritual care in nursing include: The art of skillfully and willingly engaging in those practices that give the patient strength, hope, and self-fulfillment in stressful moments.

Spiritual Nursing Care as an Intervention in the Plan of Care

As with all nursing care, therapeutic use of the nursing process is necessary to address spiritual care needs through the initiation of baseline data collection for an initial spiritual assessment and ongoing assessments based on the changing status of the patient (Garcia, & Koenig, 2013).The results of the literature review showed that spiritual assessment can either be intentional or situational (Rieg et al., 2006). While an intentional approach implies using set hospital evidence-based protocol for assessing spiritual care, a situational approach to spiritual nursing care requires determination of individual patient and family needs through the nurse-patient relationship with sensitivity to patients' cues and unique patient situation (Rieg et al., 2006).

Recommended Nursing Care Practices

Approaches to spiritual nursing care found in the systematic review of the literature include compassionate care (Hay et al., 2016), sitting and listening to the patient, effective communication, touching or holding patient's hand for a minute (Puchalski, 2001), praying with or allowing patient and family to pray, encouraging

religious rituals, offering referral to the chaplain (Eduardo et al.. 2018), permitting visitation to patients' spiritual leaders, and respecting patients' religious beliefs, such as those for and against certain procedures like blood transfusion and end-of-life wishes (Bush & Bruni, 2008). Other approaches that promote spiritual nursing care include (a) providing a calm and healing environment by reducing alarms and closing patient doors to decrease noise as well as turning off or reducing the light if the patient so desires (Alexi et al., 2011); (b) helping Muslim patients to identify the direction for prayers if need be (Al-Rahim et al., 2016); (c) showing love, kindness, and nonjudgmental caring in all situations (Abedi & Yousefi, 2011). Playing a patient's choice of music during preoperative and intraoperative periods; adequate pain management (Alexi et al, 2011); frequent rounding to assess for bathroom needs, pain, and comfort; smiling at the patient; and being with the patient are all ways to promote a calm and healing environment (Abedi & Yousefi, 2011). Regardless of what approaches to spiritual care are identified for the individual patient and family, the most important finding from this project was that effective spiritual care must be patient led and not nurse directed (Rieg et al., 2006). Accepting and respecting the patients' feelings, sharing in patients' religious practices, being honest, educating patients, maintaining patient confidentiality, and advocating for and facilitating patient outcomes are examples of patient-led spiritual care (Zaggout et al., 2016).

Initial CPG for Implementation Consideration

Although there were no identified guidelines on spiritual care in preoperative nursing, through a rigorous literature search I discovered that nurses view spiritual care as

part of their routine responsibility to patients (Hay et al., 2016) but feel uncomfortable providing such care due to the lack of a definition of spiritual nursing care (Fzlollah et al., 2014) and unstandardized approaches to providing nurse-patient centered spiritual care (Al-Rahim et al., 2016), thereby creating a stressful environment for both nurses and patients. I found that most definitions of spirituality in nursing comprised of ambiguous and highly technical terminologies, leaving each practitioner to digest and interpret the meanings, which resulted in practice distraction and confusion instead of a source of strength and confidence for nurses and the patients (see Astrow, Sharma, Sulmasy, & Texeira, 2012).

Spiritual nursing care should be an art that a nurse can modify based on a specific patient or work environment to achieve the desired quality outcome. Moreover, spiritual nursing care should be patient centered and patient directed; therefore, I developed the definition for spiritual nursing care in this project to enhance the understanding of spirituality by nurses, nonnursing professionals, and patients. The patients and their families should be able to read and understand the spiritual care expectations of the organization. When terminology is made clear, both in spoken and written form, patients can participate in spiritual care partnerships with nurses regardless of education level.

Interventions During the Preoperative Period

During the preoperative period, the nurse's assessment should factor in the patient's perspective of completeness with all the dimensions of human existence (i.e., body, spirit, and soul). Spiritual care means employing a holistic approach, and no component of the patient should be neglected. Evidence from the literature revealed poor

operative outcomes, such as poor pain tolerance, prolonged hospital stays, poor patient satisfaction ratings, and increased risk of postoperative complications, when spiritual care was not practiced during the preoperative period (Souza et al., 2018). Consequently, as part of the initial data collection upon admission to the hospital, spiritual beliefs, personal values, and sources of hope should be documented, particularly in stressful situations.

The operating room setting with gadgets, monitors, and the surgical team's outfits can increase the anxiety and fear level of the patient. In essence, allowing the patient a moment to pray and to participate in the time-out procedure will not only increase the comfort level but may also enhance self-dignity and serve as a moment for self-reflection and connection with a higher power. According to Bezerra, Gomes, Galvão, and Souza (2018), the preoperative period represents not only the possibility of cure but also of failure (Bajo et al., 2013). The research showed that the fear of the unknown, along with the possibility of surgical failure and possible complications from anesthesia or blood loss can cause grief in this population of patients which in most instances is translated into anxiety, depression, and agitation in patients (Bezerra et al., 2018). A simply worded and evidence-based CPG on spiritual care in nursing will help patients participate in their care thereby reducing the adverse outcomes that tend to frustrate nursing efforts to render quality nursing care.

The implementation of the end-products of this project will impact the quality of care and will aid the nurses in understanding the spirituality phenomenon of nursing practice and its role in maintaining a holistic approach to patient care in the technological and stressful preoperative phase of surgical care. The illness itself or the surgery related

to the illness create moments of existential crisis, which may cause patients to question the meaning of the moment and hopes for the future (Bezerra et al., 2018). Because one of the identified reasons for poor spirituality care in nursing is the lack of understanding spirituality in relation to the principles of nursing practice, creating spiritual nursing literacy across different specialties will rely on the creation of sets of evidence-based resources on spiritual care nursing. These resources and evidence-based interventions must be imbedded in the organization's electronic health records. Other identified interventions include inculcating spiritual care as part of the initial patient welcoming education pamphlets or television-based patient education to give the nurses fertile ground to initiate the conversation about patient-centered spiritual care.

Nurses should be educated in specific ways to identify the opportunities for moments of spirituality care to strengthen the patients' confidence. In reference to promoting the existential well-being of the patients, the nurses who care for patients in the preoperative period of care should avoid standardizing approaches to spiritual care. Instead, nurses need to develop watchful eyes and help patients in the process of encountering sense and significance in the moment (Alan & Astrow, 2007). The nurses can select from a list of possible evidence-based spiritual care interventions to create the nurse-patient relationship and facilitate a meaningful impact on the patients' health-disease process. I believe that purposeful patient-led nursing interventions can support patients' spiritual strength and enhance operative outcomes.

Inclusion of Spiritual Nursing Care in Nursing Curricula

Spiritual nursing care should be included as part of the nursing curricula at all levels of nursing education. It should also be taught as part of continuous quality education and through in-services within every health care organization. To implant spirituality care as an integral part of nursing practice and to help nurses understand their own spiritual search (the literature suggests that by discovering personal spiritual foundations, nurses are better prepared to distinguish the actual needs of their patients from personal spiritual perspectives) will take commitment to teaching its relevance in current nursing practice (Rieg et al., 2006).

Strengths and Limitations of the Project

Change faces significant challenges especially when a change in behavior is the goal. The implementation of CPGs is crucial for continuous improvement in the quality of health care. A strength of this project was the identification of the need by the nursing staff and the supportive environment for staff involvement in practice changes. The implementation and dissemination of the project findings is expected to promote patients' safety, nursing care outcomes, and the nurse-patient experiences at the project site. Also, realizing that that the resulting definition of spiritual nursing care and the CPG with possible spiritual nursing care interventions will be a resource to the nurses and other health care providers boosts my morale as a social change agent as I complete this DNP project.

The limitations of the study are related to many inconclusive definitions of spiritual care in nursing from the previous studies. The reluctance exhibited by nurses to

discuss the issue of spirituality in addition to multiple personalized opinions of the role of health care professionals in spirituality care are barriers to implementation of the project recommendations and a major project limitation. The recommendations from this project was intended to improve the comfort of nurses rendering spiritual care in nursing practice irrespective of the areas of specialty. Future studies aimed at addressing spirituality needs of the patients should focus on staff education to enhance acceptance and decrease resistance during the implementation phase. Although, practice change tends to confront major setbacks, actively involving the stakeholders and allowing inputs from the practicing nurses may make the changes more staff-friendly and culturally acceptable.

A recommendation for the dissemination of the end products of this project will be to integrate the CPG as an integral part of the nursing interventions in the unit electronic health records through a comprehensive and collaborative spiritual care plan that will be included as information communicated during the shift change reports. Also, in collaboration with the organization's performance improvement committees, the information from the project will be used to recommend an update of the existing policies and protocols to include an initial patient spiritual screening using the *FICA (Faith, Importance, Community and Address in care)* standardized spiritual screening tool and following the recommended evidence-based practices.

Summary

The DNP project was aimed at ensuring that, through the dissemination of the findings to the preoperative nurses, other nursing specialties, the allied staff, interprofessional staff, the patients, the public, and the health care organizations who are

the target of the information in the project, the knowledge of spiritual care in nursing will increase through application of evidence-based strategies and definitions. These practices may include offering the opportunity to pray; listening to the patients concerns; holding a hand and observing moments of silence; being there wholly, playing a patient's choice of music; respecting a patient's wishes, values, and cultural practices; allowing family presence; showing respect; maintaining a quiet environment; and getting informed consent for spirituality nursing actions (Bajo et al., 2003). These evidence-based spiritual interventions denote a healing presence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, patient-centeredness, meaning-centered therapeutic intervention and creation of a spiritually nurturing environment (Anoshiraisson, Ezlollah, Monir, & Mohammadi, 2014)

Section 5: Dissemination

Dissemination Plan

To implement this project successfully, it will be essential to follow the organization's culture and protocol of quality improvement programs as well as involve all the stakeholders responsible for the implementation and dissemination of new practices in order to reduce individual and organizational resistance. The site for the implementation of the project is an education-focused healthcare institution, and it has proven easy to discuss the possibility of putting the CPG into action at the nursing unit level using well-developed and institutionalized intervention strategies, such as the unit education teams and quality improvement committees. Before presenting the CPG at the unit levels, it will be reviewed and approved by the nurses and the leadership council to ensure that the CPG is safe for patients, maintains ethical principles, is cost effective, and aligns with the organization's mission and vision statements. The guideline will then be distributed to individual staff members through e-mails sent by the unit educator and read during change of shift huddles to create further awareness of the CPG.

Evaluation of Self

The DNP graduate is at the highest level of nursing education with the goal to be a social and practice change agent (American Association of colleges of Nursing, 2006). According to Newland (2017), the desired outcomes for DNP graduates include clinical leadership and clinical scholarship. Therefore, it is the role of the DNP student to be engaged in activities to prepare as a direct patient care expert and to impact patient outcomes directly. As an operative nurse, I have observed many surgical patients with

uncontrolled pain irrespective of a high dosage of narcotics and anesthesia during the perioperative period due to poor connection between the body, spirit, and soul. Although each patient is unique and patient discomfort is a personalized phenomenon, I discovered that most patients who received adequate spirituality assessment and care before surgery tended to cope well, recover faster postoperatively, and be discharged home quicker, thereby reducing the risk of postoperative complications and unnecessary hospital bills. Of importance is the fact that most nurses are not well prepared to give patient-centered, spiritual nursing care during the challenging preoperative period. Therefore, I conducted this project to define evidence-based spiritual nursing care and the specific interventions to include in the preoperative plan of care at the project site.

Summary

The DNP project was aimed at ensuring that, through the dissemination of the findings to the preoperative and other populations of nurses as well as the interprofessional staff, allied staff, the public, the patients, and the health care organizations who are the target of the information in the project, the knowledge of spiritual care in nursing will increase through the use of evidence-based strategies and the establishment of a new definition of spiritual nursing care.

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Appendix A: Systematic Review of the Literature: Table of All Literature Included

Citation	**Purpose of Article**	**Population/ Sample Size (N) and Setting**	**Design**	**Variables and Instruments**	**Interventions**	**Results**	**Level of Evidence***
Abedi, H. A, & Yousefi, H. (2011). Spiritual care in hospitalized patients. *Iranian Journal of Nursing and Midwifery Research*, *16*(1), 125-32. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203292/	To find solutions to one of the greatest challenges for nurses to satisfy the patients' spiritual needs.	16 patients hospitalized in internal medicine-surgery wards and 6 nurses in the respective wards	This is a qualitative study with hermeneutic phenomenological approach.	Open-ended interview and analyzed using Diekel=mann's seven-stage method	Inclusion of spiritual care as a major element of holistic nursing care	Unmet spiritual needs are associated with decreased patient ratings care quality satisfaction, quality of life, and need for a well validated instrument to measure spiritual needs	V1 .
Adib-Hajbaghery, M., & Zehtab, S. (2014). The importance of spiritual care in nursing. *Nursing and Midwifery Studies*, *3*(3), e22261. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25699285	To study Iranian nurses' competencies in spiritual care.	Stratified population of 250 nurses working in a teaching hospital	Cross-sectional design	Direct observation	Interventions like treating patients' beliefs without prejudice, allowing opportunities for connecting with God, family presence,	No clear definition of spiritual need/spiritual care; No guideline for spiritual caring in nursing practice	V1

					direct eye contact		
Aein, F., Frouzandeh, N., & Noorian, C. (2015). Introducing a spiritual care training course and determining its effectiveness on nursing students' self-efficacy in providing spiritual care for the patients. *Journal of Education and Health Promotion*, *4*, 34. doi:10.4103/2277-9531.157189	To introduce the training course of spiritual care and determine its effective on nursing students' self-efficacy in providing spiritual care.	*N* = 30 graduating nurses in a university of medical sciences	A pre and post interve ntional study	The dependent variable was the students ' self-efficacy in provi-ding spiritual care to patients.	Study interven-tion was the imple-mentatio n of the designed curriculu m based on nursing books, focusing on providin g the spiritual care for patients	The students were acquainte d with some concepts of spiritualit y and spiritual care, identified patients' spiritual needs, and designed a care plan to meet the needs.	111
Akkeran, A. (2014). Student nurses' perceptions of spirituality and competence in delivering spiritual care: A European pilot study. *Nurse Education Today, 34(5), 697-702*. doi:10.1016/j.nedt. 2013.09.014 07.008	To describe student nurses'/mid wives' perceptions of spirituality/s piritual care and competence in delivering spiritual care.	Convenienc e sample of 618 undergrad-uate nurses/mid-wives from 6 universities in 4 European countries in 2010.	Cross-section al descrip tive design	Questio nnaires i nstrume nts	Author administ ered question-naires complete d by 86% of the sample populatio n	Spiritual care satisfacti on helps a patient to be hopeful, to communi cate freely with others and God. Nursing system should consider spiritual aspects to accelerat e patient's	V1

						treatment.	
Alexi, W., Andrea, C., Balboni, M. J., Balboni, M., Block, S. C., Holly, G,…Vanderweele, P. (2011). Support of cancer patients' spiritual needs and associations with medical care costs at the end of life. *Cancer*, 117, 5383– 5391. doi:10.1002%2Fcncr.26221	To study if the omission of spiritual care impacts end of life costs.	A multisite study of 339 advanced cancer patients accrued subjects from September 2002 to August 2007 from an outpatient setting and followed them until death.	A prospective study design	Health care team supported patients' religious/spiritual needs.	Measure-ment of spiritual care as reported by patients' that the health care team supported their religious/ spiritual needs	The findings of the study demonstrated that most of the participating nurses had a high level of spirituality and spiritual care perception	111
Aljwad, A. I., Al-Rahim, M. A., M…. & Zaqqout, O. A. (2016). Nurses' perceptions of spirituality and spiritual care giving: A comparison study among all health care sectors in Jordan. *Indian Journal of Palliative Care*, *22*(1), 42–49. doi:10.4103/0973-1075.173949	This study aimed to describe nurses' perceptions of spirituality and spiritual care in Jordan.	A convenience sample of 408 Jordanian registered nurses	Cross-sectional, multinational, descriptive survey design	Spiritual care giving scale	The sample nurses completed the spiritual care giving scale.	Spiritual care are healing presence, therapeutic use of self, patient-centeredness, creating therapeutic and spiritually nurturing environment	V1
Anoshiraisson, K., Fzlollah, E., Monir, R., & Mohammadi, A. (2014). Spiritual care in nursing: A concept analysis. *International*	To define the concept of spiritual nursing care.	International and National database.151 articles and 7 books between 1950 to 2012	Systematic review of the literature	Eight-step Walker and Avant's concept analysis approach	A comprehensive definition of the concept of spiritual care	Defined Spiritual care as a subjective and dynamic concept that integrate	V

Nursing, 61(2). doi:10.1111/inr.12099						s all the other aspects of care like Healing presence, and exploration of the spiritual perspective.	
Aru, N. (2006). The impact of empirical studies of spirituality and culture on nurse education. *Journal of Clinical Nursing*, *15*(7), 840-851. doi:10.1111/j.1365-2702.2006.0161	To share author's empirical studies on spirituality, culture and the impact upon nurse education and nursing hence provision of spiritual care for patients is inadequate	Not indicated	The research program used action research comprising largely qualitative approaches.	ASSET and ACCESS model highlights how patients use spiritual coping strategies like prayer to cope with their chronic illnesses.	The coping mechanisms study highlights how patients use spiritual coping strategies such as prayer and other resources to cope with their chronic illnesses	The study developed two conceptual models of spiritual and cultural care: ASSET and ACCESS for transcultural care practice	V11
Astrow, A., Sharma, R. K., Sulmasy, D. P., & Texeira, K. (2012). The Spiritual Needs Assessment for Patients (SNAP): Development and validation of a comprehensive instrument to assess unmet spiritual needs. *Journal of Pain and Symptom Management, 44*(1), 44-51.	To develop a valid and reliable instrument to assess patients' spiritual needs.	(n = 15) ambulatory cancer patients). Forty-seven ambulatory cancer patients	Literature review of clinical and pastoral evaluation and cognitive pretes-ting	SNA instrument for measuring spiritual needs in a diverse patient population	Spiritual Needs Assessment for Patients (SNAP) which comprises a total of 23 items in three domains: psychosocial (*n* = 5), spiritual (*n* = 13), and	Attributes of spiritual care are listening, talking with clients; *being there* caring, supporting, showing empathy. promoting a sense of well-being by	V11

doi:10.1016/j.painsymman.2011.					religious (n = 5).	helping them to find meaning and purpose in their illness and overall life.	
Bajo, M. A., Cavendish, R., Konecny, L., Luise, B., Lanza, M., Mitzeliotis, C....Russo, D. (2003). Spiritual care activities of nurses using Nursing Interventions Classification (NIC) labels. *International Journal of Nursing Terminology and Classification, 14(4), 113-124.* Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/14768127	To describe the spiritual care activities of nurses as subsequently identified in the Nursing Interventions Classification (NIC) labels.	1,000 Sigma Theta Tau International members	Descriptive and multivariate statistics for quantitative items with multiple triangulation research design.	Ten nurse intervention classification (NIC) labels that actually mapped the nurses' spiritual care activities.	Description of spiritual perspective and attitudes of 1,000 Sigma Theta Tau International members	The study shows that the advantages of a broader definition of spirituality lie in "spiritual care" and opens the way for nurses to provide spiritual end-of-life care to patients in hospices.	VI
Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions, 6*, 594-613. doi:103390/rel6020594	The aim is to present the theories/ methods of clinical education on spiritual care to health care professionals and students, and to outline the dimensions	Not indicated	A literature review	The findings supported three core competences for spiritual care: awareness and use of self; spiritual	Systematic mode of intra-professional theoretical education on spiritual care and its integration into their	If the approach of almost inexhaustible set of definitions for spiritual care continues, there is a danger that the word	V1

	of spiritual leadership to sustain the learning process.			dimensions of the nursing process and quality expertise	clinical practice; supported by role modeling	may become so broad in meaning that it loses any real significance.	
Bezerra, S. M. M. da S., Gomes, E. T., Galvão, P. C. da C., & Souza, K. V. de. (2018). Spiritual well-being and hope in the preoperative period of cardiac surgery. *Revista Brasileira de Enfermagem*, *71*(2), 398-405. doi:10.1590/0034-7167-2016-0642	To characterize relations between spiritual well-being and hope of patients in the preoperative period of cardiac surgery.	Study was performed in the infirmaries of a reference hospital with 69 patients hospitalized in preoperative period of myocardial revascularization, valve repair	Exploratory cross-sectional study with quantitative approach.	Data were collected by researchers through their specific instrument, containing: a question-naire	Patient interviews average time of 22.4 minutes, occurred on the surgery eve, and they were not conducted on the date scheduled for the operation	The discovered the healing path, which comprises three stages: Tuning in on spirituality to uncover deep concerns and facilitating the healing process	VI
Breitsameter, C., & Walker, A. (2017). The provision of spiritual care in hospices: A study in four hospices in North Rhine-Westphalia. *Journal of Religion and Health*, *56*(6), 2237-2250. doi:10.1007%2Fs10943-017-0396-y 15	This study considers the role and practices of spiritual care in hospices importance of spiritual care which remains arguable	Four hospices in North Rhine-Westphalia, Germany	A qualitative study	Question-naire	Education for hospice nurses and volunteers to mitigate the patients' fear not only by using medications but also in a psychoso	Nurse's spirituality correlated significantly with their understanding of spiritual nursing care and delivery of spiritual care	VI

					cial or spiritual respect		
Bokharey, I. Z. & Amjad, F. (2014). The impact of spiritual wellbeing and coping strategies in patients with generalized anxiety disorder. *Journal of Muslim Mental Health*, *8*(1). doi:10.3998/jmmh.10381607.008.102	The study aimed to investigate the spiritual wellbeing and coping strategies of participants with generalized anxiety disorder (GAD).	This study included 40 participants with GAD, all meeting the diagnostic criteria of the DSM IV-TR.	A descriptive study	The Spiritual Wellness Inventory and the Coping Strategies Questionnaire analysis using linear, stepwise regression, and Sobel z-test of media-tion	The stepwise regression analysis was applied to assess three out of 13 dimensions of spiritual wellness, (i.e., concept of hereafter, mystery, and meaning)	The average of the spiritual well-being score was below the required to be considered high. So, Nurses should be trained in specific protocols of spiritual anamneses and use the real moments of care to strengthen the patients.	VI
Cash, K., & McSherry, W. (2004). The language of spirituality: An emerging taxonomy. *International Journal of Nursing Studies, 41*(2), 151-161.	The aim of the paper is to explore some of the commonly cited definitions to establish if the concept of spirituality could be termed 'universal'.	A systematic review of the literature including the nursing and health care databases	A systematic review of the literature	Review, of the nursing and health care databases.	Examine nurses' experiences in spiritual care in diverse clinical settings, preferably not palliative care	The relationship between spiritual needs and QoL should be improved to meet spiritual need of cancer patients	V

Cone, P. H., & Giske, T. (2015). Discerning the healing path: How nurses assist patient spirituality in diverse health care settings. *Journal of Clinical Nursing*, *24*(19-20), 2926-2935.doi:10.1111/jocn.12907 20	To examine nurses' experiences in spiritual care in diverse clinical settings, preferably not palliative care.	22 nurses recruited from a master's postgraduate programs and a local hospital in 2008 and 2014 using interviews.	Classical grounded theory method-logy with open and selective coding	The nurses' experiences in spiritual care	Explored the relationships that exist between the language used to describe spirituality within nursing and the appropriateness of constructing a universal definition.	The study concluded that there is a need for more published studies evaluating the link between spirituality and health outcomes,	V1
Eduardo, T. G., Karolayne, V. D. S., Paulo, C. D. C. G. & Simone M. M. D. S. B. (2018). Spiritual well-being and hope in the preoperative period of cardiac surgery. *Revista Brasileira de Enfermagem*, *71*(2). doi:10.1590/0034-7167-2016-0642	To characterize relations between spiritual well-being and hope of patients in the preoperative period of cardiac surgery.	69 patients hospitalized in preoperative myocardial, valve repair in the infirmaries of a reference hospital in cardiology.	Exploratory cross-sectional study with quantitative approach	Nurses' Spirituality and Delivery of Spiritual Care (NSDSC) was used as the main instrument.	Exploration of nurses' spiritualist perception using the Nurses' Spirituality and Delivery of Spiritual Care (NSDSC).	Spiritual aspects in the nursing process is not clear cut. It seems to be highly dependent on personal expression and personal commitment.	VI
Forouzi, M. A., Jahani, Y., Tirgari, B., Safarizadeh, M. H., & Tirgari, B. (2017). Spiritual needs and quality of life of patients with cancer. *Indian Journal of Palliative Care*, *23*(4), 437–444.	This study was conducted to determine the relationship between spiritual needs and QoL among cancer	A convenience sample of 150 eligible cancer patients who were hospitalized in the oncology wards and outpatient	A correlational study	Specific instrument, containing: a questionnaire for sociodemographic data collecti	Patients were evaluated in the afternoon, before the visiting hour for relatives, whereas	Nurses are integral to providing spiritual care and must feel confident and	VI

doi:10.4103/IJPC.IJPC_53_17	patients in Iran	clinics.		on	the visit routines of the nursing and medical teams were performed in the morning	competent before they are willing to enter uncomfortable spaces with patients/families	
Garcia, K., & Koenig, H. G. (2013). Re-examining definitions of spirituality in nursing research. *Journal of Advanced Nursing*, *69*(12), 2622–2634. doi:10.1111/jan.1215	To define spirituality and its limitations for nursing research. Also proposed a definition that will capture the role of spirituality in health outcomes.	The study was conducted in the Philippines utilizing a convenience sample of 245 nurses	Descriptive, cross-sectional, and quantitative study	Data were analyzed by SPSS software. The spiritual needs survey questionnaire-C30 was used for collec-ting data	The examination of the relationship between spiritual needs and quality of life (QoL) of patients with cancer.	Religious and coping behaviors are prevalent among hospitalized medically ill older adults and are related to social, psychological and physical health outcomes.	V1
Isaacson, M. E., Minton, M. E., O'Connell-Persaud, S., Stadick, J. L. & Varilek, B. M. (2017). A willingness to go there: Nurses and spiritual care. *Journal of Clinical Nursing*, *27*(1-2), 173-181. doi:10.1111/jocn.13867	To describe palliative/hospice care and nurses' communication strategies in providing spiritual care for patients and families at end of life.	A systematic review of the literature	A systematic review of the literature	Medline and CINAHL from 2007–2011 for spirituality define-tions and measures used by nurse researchers	An analysis of the definitions of spiritualit y in nursing research	Education will induce nurses to provide holistic care and improve the quality of their caring.	V

Jochemsen H., Post, D., & Tiesinga, L. R. (2006). Spiritual care: Implications for nurses' professional responsibility. *Journal of Clinical Nursing; 15*(7), 875-884. doi:10.12968/ijpn.2010.16.11.80022	To gain insight into the spiritual aspects of nursing care, provide recommendations to promote the professional expertise of nurses in spiritual care.	10 experienced palliative/hospice care nurses	A descriptive qualitative study used Braun and Clarke's thematic analysis method.	Nurses aim to provide holistic care but it is well document-ted that spiritual care is largely missing from nursing care.	Individual, face-to-face interviews done with the same lead-in questions, audio-recorded transcribed verbatim.	Spiritual aspects in the nursing process is not clear cut. It seems to be highly dependent on personal expression and personal commitment.	VI
Koenig, H. G. (1998). Religious beliefs and practices of hospitalized medically ill older adults. *International Journal of Geriatric Psychiatry, 13,* 213–224. Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1002/%28SICI%291099-1166%28199804%2913%3A4%3C213%3A%3AAID-GPS755%3E3.0.CO%331)	To examine the prevalence of religious beliefs and practices among medically ill hospitalized older adults and relate them to social, psychological and health characteristics.	The sample was made up of the specialist fields of cardiology, oncology and neurology and divided into groups of patients, nurses and hospital chaplains	Qualitative study	Data were qualitatively analyzed using the computer program Kwalitan.	Interviews to assess different expectations of the nurse's role with regard to spiritual aspects.	Religious practices, attitudes and coping behaviors are prevalent among hospitalized medically ill older adults and are related to social, psychological and physical health outcomes	V1
Labraque, L. J., McEnroe-Petitte, D. M., Achaso, R. H., Cachero, G. S., and Mohammad, M. R. A. (2015). Filipino nurses' spirituality and	This study explored the perceptions of Filipino nurses' spirituality and the provision of	The sample was made up of the specialist fields of cardiology, oncology and	A descriptive study	Bivariate and multivariate analysis of religiou	Detailed information on religious beliefs and behavior	Nurse's spirituality correlated significantly with	VI

provision of spiritual nursing care. *Clinical Nursing Research*, *25*(6), 607-625. doi:10.1177/1054773815590966 21	spiritual nursing care.	neurology and divided into groups of patients, nurses and hospital chaplains.		s belief and activity using Pearson correlation and linear regression.	s was collected on 455 cognitively unimpaired patients	their understanding of spiritual nursing care and delivery of spiritual nursing care Positive significant correlations	
Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective factors in providing holistic care: A qualitative study. *Indian Journal of Palliative Care*, *21*(2), 214–224. doi:10.4103/0973-1075.156506	To identify effective factors in holistic care provision.	542 patients age 60 or over admitted to the general medicine, cardiology and neurology services of Duke University Medical Center	A qualitative study	Analysis of data with a conventional qualitative content analysis method using MAXQDA (professional software for qualitative and mixed methods data analysis software.	Evaluate the structure of educational system, professional environment, and personality traits.	Education will induce nurses to provide holistic care and improve the quality of their caring.	VI

***Type/Levels of Evidence:**

Level I - Systematic review & meta-analysis of randomized controlled trials; clinical guidelines based on systematic reviews or meta-analyses

Level II- One or more randomized controlled trials

Level III - Controlled trial (no randomization)

Level IV - Case-control or cohort study

Level V - Systematic review of descriptive & qualitative studies

Level VI - Evidence from a single descriptive or qualitative study.

Level VII - Evidence from the opinion of authorities and/or reports of expert committees.

Appendix B: Grade Evidence Table

Summary of findings:

Standardized spiritual nursing care compared to No spiritual nursing care for Adults undergoing spiritual intervention

Patient or population: Adults undergoing spiritual intervention
Setting: during Hospitalized period
Intervention: Standardized spiritual nursing care
Comparison: No spiritual nursing care

Outcomes	**Anticipated absolute effects*** (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with No spiritual nursing care	**Risk with Standardized spiritual nursing care**				
Decreased Pain Postoperatively	**Study population**		**RR --** (5 to 100)	10 (studies)	- [a]	Poor spiritual care negatively impacts pain management
	∞ per 1,000	**NaN per 1,000** (1,000 to 1,000)				
	Low					
	0 per 1,000	**0 per 1,000** (0 to 0)				
Decreased Hospital stay	**Study population**		**Rate ratio 100** (10 to 100)	8 (studies)	- [b]	Enhanced sense of connectedness with self and God
	∞ per 1,000	**Infinity per 1,000** (∞ to ∞)				
	Low					
	0 per 1,000	**0 per 1,000** (0 to 0)				
Patient-centered Care	**Study population**		**RR 100** (5 to 100)	(4 studies)	-	Spiritual care facilitates patient-centered care
	∞ per 1,000	**1000 per 1,000** (1,000 to 1,000)				
	Moderate					
	0 per 1,000	**0 per 1,000** (0 to 0)				
High Patient satisfaction rating	**Study population**		**RR 100** (10 to 100)	(4 studies)	-	Patient expressed high satisfaction with nursing care with effective spiritual interventions
	∞ per 1,000	**1000 per 1,000** (1,000 to 1,000)				
	Low					
	0 per 1,000	**0 per 1,000** (0 to 0)				

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio

GRADE Working Group grades of evidence
High certainty: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate certainty: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low certainty: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low certainty: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect