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Brown, Ruth, Brooks, Joanna, Chirema, Kathleen Dympna and Wattis, John

Nursing spiritually: What do we know? How do we know?

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Abstract

The Chief Nursing Officers Review (2006) recommended mental health nurses act in response to the spiritual and/or religious needs of service users. However, this aspect of care is still approached with uncertainty by many nurses, who are reluctant to engage with it despite professional requirements to provide holistic care. Nurses may fear imposing their own view, or intruding on the privacy of a person who is already vulnerable. Nurses may additionally be unaware of their own spiritual needs and be consequently unprepared to recognise them in others (Elliott, 2011).

This presentation presents initial findings from on-going research undertaken as part of a Professional Doctorate. The study uses a qualitative phenomenological approach to explore mental health nurses' understanding of the spiritual needs of service users. Interviews were undertaken with 17 qualified mental health nurses currently in clinical practice and included a range of ages, gender and clinical experience. Data were analysed thematically using Template Analysis (e.g. Brooks et al, 2015).

Some of the main themes emerging from the on-going study include differing belief systems (including the supernatural), professional responsibilities, cognitive dissonance and professionals’ own differing perspectives from service users. Mental health nurses may be influenced by fear of ridicule from colleagues. Whilst they may privately empathise with a service user’s spiritual needs, they are more likely to record any potential spiritual expression as delusional. This may result in a negative outcome for the service user (e.g. an increase in medication).

A primary aim of this work is to consider how mental health nurses might be supported to identify and address spiritual needs and improve the service user experience. Potential outputs include the development of an assessment tool and educational programmes for mental health nurses.
References

