LKS Current Awareness Bulletin
Spiritual Care
November-December 2019

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Ritualization as Alternative Approach to the Spiritual Dimension of Palliative Care: A Concept Analysis.
Author(s): van der Weegen, Kim; Hoondert, Martin; Timmermann, Madeleine; van der Heide, Agnes
Source: Journal of Religion & Health; Dec 2019; vol. 58 (no. 6); p. 2036-2046
Publication Date: Dec 2019
Publication Type(s): Academic Journal
Available at Journal of religion and health - from Unpaywall
Abstract: The spiritual dimension is considered to be a central component of palliative care. However, healthcare professionals have difficulties incorporating the spiritual dimension into their everyday practice. We propose a new approach by looking beyond the mere functionality of care practices. Rituals and ritualized practices can serve to express and communicate meanings and values. This article explores how
ritualized practices have the ability to open up space for the spiritual dimension of care in the context of palliative care.

**Database:** CINAHL

**Dying in acute hospitals: voices of bereaved relatives.**

**Author(s):** Ó Coimín, Diarmuid; Prizeman, Geraldine; Korn, Bettina; Donnelly, Sarah; Hynes, Geralyn

**Source:** BMC Palliative Care; Oct 2019; vol. 18 (no. 1)

**Publication Date:** Oct 2019

**Publication Type(s):** Academic Journal

Available at [BMC Palliative Care](https://www.biomedcentral.com) - from BioMed Central
Available at [BMC Palliative Care](https://www.biomedcentral.com) - from Europe PubMed Central - Open Access
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Available at [BMC Palliative Care](https://www.biomedcentral.com) - from Unpaywall

**Abstract:** Background: Internationally there is an increasing concern about the quality of end-of-life care (EoLC) provided in acute hospitals. More people are cared for at end of life and die in acute hospitals than in any other healthcare setting. This paper reports the views of bereaved relatives on the experience of care they and the person that died received during their last admission in two university adult acute tertiary hospitals. Methods: Relatives of patients who died were invited to participate in a post-bereavement postal survey. An adapted version of VOICES (Views of Informal Carers - Evaluation of Services) questionnaire was used. VOICES MaJam has 36 closed questions and four open-ended questions. Data were gathered in three waves and analysed using SPSS and NVivo. 356 respondents completed the survey (46% response rate). Results: The majority of respondents (87%; n = 303) rated the quality of care as outstanding, excellent or good during the last admission to hospital. The quality of care by nurses, doctors and other staff was highly rated. Overall, care needs were well met; however, findings identified areas of care which could be improved, including communication and the provision of emotional and spiritual support. In addition, relatives strongly endorsed the provision of EoLC in single occupancy rooms, the availability of family rooms on acute hospital wards and the provision of bereavement support.

Conclusions: This research provides a powerful snapshot in time into what works well and what could be improved in EoLC in acute hospitals. Findings are reported under several themes, including the overall quality of care, meeting care needs, communication, the hospital environment and support for relatives. Results indicate that improvements can be made that build on existing good practice that will enhance the experience of care for dying persons and their relatives. The study adds insights in relation to relative's priorities for EoLC in acute hospitals and can advance care providers', policy makers' and educationalists' priorities for service improvement.

**Database:** CINAHL

**Critical Literature Review on the Definition Clarity of the Concept of Faith, Religion, and Spirituality.**

**Author(s):** Paul Victor CG; Treschuk JV

**Source:** Journal of holistic nursing : official journal of the American Holistic Nurses' Association; Dec 2019 ; p. 89801119895368

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31858879


**Abstract:** The critical review of the literature describes the definition clarity of spirituality, religion, and faith. These three terms are interchangeably used in the literature. However, each of these terms has its own definitions. For example, the term spirituality has more than 13 conceptual components. It is abstract and subjective and is different from religion and faith. Spirituality can be a connection to God, nature, others, and surrounding. Spirituality is associated with quality and meaning in life. Conversely, religion is attributed to traditional values and practices related to a certain group of people or faith. Religion is guided by tradition, rules, and culture. Religion is defined as a personal set or institutionalized system of religious attitudes, beliefs, and practices. Religion is the service or worship of God or the supernatural. Faith is often associated with religion and spirituality. Faith is more personal, subjective, and deeper than organized
religion and relates to the relationship with God. The concept of spirituality lacks a professional understanding. It is imperative that the holistic view of nursing must strive to understand the definition of spirituality.

**Database:** PubMed

**Factors Associated with Spiritual Care Competencies in Taiwan's Clinical Nurses: A Descriptive Correlational Study.**

**Author(s):** Hsieh SI; Hsu LL; Kao CY; Brekenridge-Sproat S; Lin HL; Tai HC; Huang TH; Chu TL

**Source:** Journal of clinical nursing; Dec 2019

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31855298


**Abstract:**

AIMS AND OBJECTIVES: To determine factors associated with nurses' spiritual care competencies.

BACKGROUND: Holistic nursing care includes biopsychosocial and spiritual care. However, nurses are limited by a lack of knowledge, time constraints and apprehension of assessing spiritual issues, which leaves them unable to assess and meet patients' spiritual needs. Thus, when patients experience spiritual distress, clinical nurses lose the opportunity to support spiritual growth and self-actualization. In Taiwan, spiritual care, religion, and culture are unique compared to those in other countries. Overall, factors associated with Taiwanese nurses' spiritual care competencies lack comprehensive exploration.

METHODS: This study adopted a descriptive correlational design using cross-sectional survey (see Supplementary File 1). Cluster sampling was used to select clinical nurses from fourteen units of a medical center and a regional hospital. Data were collected from January to June 2018 with a 97.03% response rate. Clinical nurses completed a background questionnaire, spiritual care practice questionnaire, spirituality and spiritual care related scales. Data were analyzed using descriptive and linear regression. This report followed the STROBE checklist.

RESULTS: Spiritual care competence ranged from 44-123 (mean 84.67±12.88; range 27-135) . The majority of clinical nurses rated their spiritual care competence as moderate (64-98). The significant factors associated with nurses' spiritual care competence were education, religion, interest in spiritual care, having role models, past life events, barriers to providing spiritual care of the spiritual care practice score, and spiritual attitude and involvement score. The overall model was significant (p<.001) and accounted for 55.0% of variance (adjusted R2 = .488).

CONCLUSIONS: Most clinical nurses have moderate spiritual care competence. Objective factors identified affect clinical nurses' spiritual care competencies.

RELEVANCE TO CLINICAL PRACTICE: To improve nurses' spiritual care competencies, objective factors that affect clinical nurses' spiritual care competencies must be emphasized. Multiple strategies for enhancing nurses' own spiritual well-being can be provided via employee health promotion projects and activities, and promoting nurses' spirituality and spiritual care competencies can be explored in clinical settings through bedside teaching, situational simulation, objective structured clinical examinations, and self-reflection.

**Database:** PubMed

**Do religious patients need religious psychotherapists? A naturalistic treatment matching study among orthodox Jews.**

**Author(s):** Rosmarin DH; Pirutinsky S

**Source:** Journal of anxiety disorders; Dec 2019; vol. 69 ; p. 102170

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31838362

Available at [Journal of anxiety disorders](https://www.sciencedirect.com/science/article/pii/S0279701819309691) - from Unpaywall

**Abstract:**

Religion is professed by the majority of the general population, but a minority of mental health practitioners. We evaluated whether religious patients benefited more from treatment with religious psychotherapists in a naturalistic study among adult Orthodox Jewish (n = 117) and control patients (n = 91) receiving psychotherapy from Orthodox Jewish (n = 15) and other (n = 7) psychotherapists at a New York based outpatient clinic. Groups did not differ with respect to diagnoses ($\chi^2(200) = 7.5, p = .76$),
likelihood of having an Orthodox Jewish therapist ($\chi^2(200) = .06, p = .81$), or number of therapy sessions ($t(206) = .73, p = .47$). Multilevel regression modeling revealed that Orthodox patients reported lower initial anxiety ($t(198) = 3.71, p < .001, d = .54$) and depression ($t(198) = 3.71, p < .001, d = .50$), but were equivalent to controls at termination (Anxiety $t(189) = .36, p = .72$; Depression $t(182) = 1.00, p = .32$). Interactions between patient and therapist religious affiliations were not significant. These results suggest that religious (and non-religious) patients may benefit equally from treatment delivered by religious and non-religious therapists.

Database: PubMed

**Spirituality-focused end-of-life care among paediatric patients: evidence from Saudi Arabia?**

**Author(s):** Khraisat OM; Alkhawaldeh A; Abuhammad S  
**Source:** International journal of palliative nursing; Dec 2019; vol. 25 (no. 12); p. 610-616  
**Publication Date:** Dec 2019  
**Publication Type(s):** Journal Article  
**PubMedID:** 31855517  
**Available at** International journal of palliative nursing - from MAG Online Library  
**Abstract:** BACKGROUND: Spirituality has been recognised as an essential aspect of patient care. AIM: To assess the greatest facilitators that would help to provide spirituality for paediatric end of life. Methods: Two hundred and fifty oncology nurses were surveyed using a spirituality and spiritual care rating questionnaire. FINDINGS: The greatest facilitators perceived by nurses were: believe in spirituality as a unifying force that enables one to be at peace with oneself and the world; listening and allowing patients time to discuss and explore their fears; and using art, creativity and self-expression; respect for privacy, dignity and religious and cultural beliefs of a patient. CONCLUSIONS: Many nursing-related facilitators to spirituality care were found. They need to be addressed and supported through education and training.  
**Database:** PubMed

**Spiritual Care in Holistic Nursing Education: A Spirituality and Health Elective Rooted in T.R.U.S.T. and Contemplative Education.**  
**Author(s):** Scott Barss K  
**Source:** Journal of holistic nursing : official journal of the American Holistic Nurses' Association; Dec 2019 ; p. 898010101889703  
**Publication Date:** Dec 2019  
**Publication Type(s):** Journal Article  
**PubMedID:** 31815578  
**Available at** Journal of holistic nursing : official journal of the American Holistic Nurses' Association - from Unpaywall  
**Abstract:** Research to date demonstrates that spiritual care as an integral part of holistic nursing can be hampered if nurses experience insufficient preparation or organizational cultures that fail to prioritize spiritual well-being. In response, the author has developed a three-credit spirituality and health elective in an undergraduate nursing program to help participants address spiritual needs and mobilize spiritual strengths within themselves, patients, and workplaces. Using the T.R.U.S.T. Model for Inclusive Spiritual Care as its framework, the six-unit course draws on contemplative education practices in hopes of preparing a critical mass of nurses with the ability and confidence to foster safe, relevant spiritual care and promote a holistic, patient-centered health care culture. Course participants regularly demonstrate and report deeper self-awareness, skills development, and confidence in relation to spiritual care; the course also has been positively evaluated and fully subscribed over its seven offerings to date, validating its effectiveness in relation to short-term outcomes. Research is needed to evaluate its long-term effectiveness in helping alumni integrate spiritual care into their holistic practice and workplace culture.  
**Database:** PubMed

**Facets of Faith: Spirituality, Religiosity, and Parents of Individuals With Intellectual Disability.**  
**Author(s):** Boehm TL; Carter EW  
**Source:** Intellectual and developmental disabilities; 2019; vol. 57 (no. 6); p. 512-526  
**Publication Date:** 2019
Although faith has particular prominence in the contemporary American landscape, its intersection with disability and families has received little attention. We examined the spiritual and religious lives of 530 parents and caregivers of family members who have intellectual disability. For most participants, faith had clear relevance and was reflected in their congregational participation, beliefs, practices, and strength of faith. Yet considerable diversity was apparent in the ways in which each was evidenced, which included a modest number of families for whom this was not a salient aspect of their lives. Most participants identified ways in which their spirituality and religious participation contributed to their well-being. However, access to social supports through a local congregation was more muted. We address implications for professionals who support these families and congregations who welcome them. We also offer recommendations for expanding the opportunities and supports parents and caregivers need to flourish in their faith.

Database: PubMed

Chaplain care in pediatric oncology: Insight for interprofessional collaboration.
Author(s): Lion AH; Skiles JL; Watson BN; Young JD; Torke AM
Source: Pediatric blood & cancer; Dec 2019; vol. 66 (no. 12); p. e27971
Publication Date: Dec 2019
Publication Type(s): Journal Article
PubMedID: 31429523
Available at Pediatric blood & cancer - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
Abstract: BACKGROUND: Although attending to spiritual and religious needs is part of high quality care of pediatric cancer patients, oncology clinicians may not understand the role of the chaplain, resulting in underutilization of resources and failure to fully integrate the chaplain into the clinical team. We provide a description of what the chaplain does in the care of pediatric oncology patients. METHODS: We conducted a qualitative content analysis of chaplain chart notes over a one-year period on the pediatric oncology service at a freestanding children's hospital. Using criteria designed to capture multiple potential factors in chaplain referral, we selected 30 patients for thematic analysis. RESULTS: In 2016, 166 pediatric patients were diagnosed with cancer and received ongoing care at our institution. From the 30 patients selected, 230 chaplain encounters were documented in the medical chart. Three major themes emerged. (1) The chaplains provided a rich description of spiritual and psychosocial aspects of the patient and family's experience; (2) chaplains provided diverse interventions, both religious and secular in nature; and (3) chaplains provided care within a longitudinal relationship. All three themes depend on the empathic listening by a chaplain. CONCLUSIONS: The chaplains' observations about patient and family beliefs, experiences, and emotional/spiritual states have the potential to inform the interdisciplinary care of the patient. Chaplain documentation provides insight into how spiritual care interventions and close relationships may promote patient and family well-being. In future work, we will explore how to give voice to their insights in caring for pediatric oncology patients.
Database: PubMed

The Invisibility of Spiritual Nursing Care in Clinical Practice.
Author(s): Hawthorne DM; Gordon SC
Source: Journal of holistic nursing : official journal of the American Holistic Nurses' Association; Nov 2019 ; p. 898010119889704
Publication Date: Nov 2019
Publication Type(s): Journal Article
PubMedID: 31777306
Available at Journal of holistic nursing : official journal of the American Holistic Nurses' Association - from Unpaywall
Abstract: Background and Purpose: Spirituality has been identified as the essence of being human and is recognized, by many health care professionals, as a central component in health and healing. Scholars have identified spiritual nursing care as essential to nursing practice and include caring for the human spirit through the development of relationships and interconnectedness between the nurse and the patient. However, despite the recognition of spiritual practices as important to health, little attention has been given to spirituality in nursing practice and education in the literature. The purpose of this article is to explore factors contributing to the invisibility of spiritual nursing care practices (SNCP), recognition and offer strategies to enhance the visibility of SNCP. Two major factors that reduce visibility of SNCP are conceptual confusion differentiating between spirituality and religion and limited education in the area of spirituality including nursing curricula and organizations. Strategies to enhance visibility of SNCP include educational approaches in nursing curricula and health care organizations. to influence nurses’ perceptions about spirituality and creation of a culture of spiritual care. Conclusion: Holistic nursing includes assessing and responding to the spiritual needs of patients. Changes in nursing education and health care systems are needed to increase the visibility of SNCP.

Database: PubMed

Spiritual care at the end of life in the primary care setting: experiences from spiritual caregivers - a mixed methods study.

Author(s): Koper I; Pasman HRW; Schweitzer BPM; Kuin A; Onwuteaka-Phillipsen BD

Source: BMC palliative care; Nov 2019; vol. 18 (no. 1); p. 98

Publication Date: Nov 2019

Publication Type(s): Journal Article

PubMedID: 31706355

Available at BMC palliative care - from BioMed Central
Available at BMC palliative care - from Europe PubMed Central - Open Access
Available at BMC palliative care - from ProQuest (Health Research Premium) - NHS Version
Available at BMC palliative care - from Unpaywall

Abstract: BACKGROUND: Spiritual care is an important aspect of palliative care. In the Netherlands, general practitioners and district nurses play a leading role in palliative care in the primary care setting. When they are unable to provide adequate spiritual care to their patient, they can refer to spiritual caregivers. This study aimed to provide an overview of the practice of spiritual caregivers in the primary care setting, and to investigate, from their own perspective, the reasons why spiritual caregivers are infrequently involved in palliative care and what is needed to improve this.

METHOD: Sequential mixed methods consisting of an online questionnaire with structured and open questions completed by 31 spiritual caregivers, followed by an online focus group with 9 spiritual caregivers, analysed through open coding.

RESULTS: Spiritual caregivers provide care for existential, relational and religious issues, and the emotions related to these issues. Aspects of spiritual care in practice include helping patients find meaning, acceptance or reconciliation, paying attention to the spiritual issues of relatives of the patient, and helping them all to say farewell. Besides spiritual issues, spiritual caregivers also discuss topics related to medical care with patients and relatives, such as treatment wishes and options. Spiritual caregivers also mentioned barriers and facilitators for the provision of spiritual care, such as communication with other healthcare providers, having a relationship of trust and structural funding. In the online focus group, local multidisciplinary meetings were suggested as ideal opportunities to familiarize other healthcare providers with spirituality and promote spiritual caregivers' services. Also, structural funding for spiritual caregivers in the primary care setting should be organized.

CONCLUSION: Spiritual caregivers provide broad spiritual care at the end of life, and discuss many different topics beside spiritual issues with patients in the palliative phase, supporting them when making medical end-of-life decisions. Spiritual care in the primary care setting may be improved by better cooperation between spiritual caregiver and other healthcare providers, through improved education in spiritual care and better promotion of spiritual caregivers' services.

Database: PubMed

Advance care planning for older people: The influence of ethnicity, religiosity, spirituality and health literacy.

Author(s): de Vries K; Banister E; Dening KH; Ochieng B
In this discussion paper we consider the influence of ethnicity, religiosity, spirituality and health literacy on Advance Care Planning for older people. Older people from cultural and ethnic minorities have low access to palliative or end-of-life care and there is poor uptake of advance care planning by this group across a number of countries where advance care planning is promoted. For many, religiosity, spirituality and health literacy are significant factors that influence how they make end-of-life decisions. Health literacy issues have been identified as one of the main reasons for a communication gap between physicians and their patients in discussing end-of-life care, where poor health literacy, particularly specific difficulty with written and oral communication often limits their understanding of clinical terms such as diagnoses and prognoses. This then contributes to health inequalities given it impacts on their ability to use their moral agency to make appropriate decisions about end-of-life care and complete their Advance Care Plans. Currently, strategies to promote advance care planning seem to overlook engagement with religious communities. Consequently, policy makers, nurses, medical professions, social workers and even educators continue to shape advance care planning programmes within the context of a medical model. The ethical principle of justice is a useful approach to responding to inequities and to promote older peoples’ ability to enact moral agency in making such decisions.

**Database:** PubMed

**Spirituality and Multiple Dimensions of Religion Are Associated with Mental Health in Gay and Bisexual Men: Results From the One Thousand Strong Cohort.**

**Author(s):** Lassiter JM; Saleh L; Grov C; Starks T; Ventuneac A; Parsons JT

**Source:** Psychology of religion and spirituality; Nov 2019; vol. 11 (no. 4); p. 408-416

**Publication Date:** Nov 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31803345

**Abstract:** The purpose of this study was to determine the association between religion, spirituality, and mental health among gay and bisexual men (GBM). A U.S. national sample of 1,071 GBM completed an online survey that measured demographic characteristics, religiosity, religious coping, spirituality, and four mental health constructs (i.e., depressive symptoms, rejection sensitivity, resilience, and social support). Hierarchical linear regressions determined the associations between each mental health construct, demographic variables, and the spirituality and religion variables. Controlling for demographic characteristics, spirituality was negatively associated with depression and rejection sensitivity, and positively associated with resilience and social support (all p < .001). Religiosity was positively associated with rejection sensitivity (p < .05) and negatively associated with resilience (p < .01). Religious coping was positively associated with depression (p < .001) and rejection sensitivity (p < .05) and negatively associated with resilience (p < .05) and social support (p < .05). The interaction of spirituality with religion was significantly associated with all mental health variables. In general, religious GBM with higher levels of spirituality had better mental health outcomes. Spirituality was significantly positively associated with positive mental health outcomes and negatively associated with negative ones. Religion-solely expressed through behaviors and lacking the functional components of spirituality such as meaning-making and connection to the sacred was associated with mental health problems among GBM. Public health interventions and clinical practice aimed at decreasing negative mental health outcomes among GBM may find it beneficial to integrate spirituality into their work.

**Database:** PubMed

**Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses**

Although spiritual care is a basic element of holistic nursing, nurses’ spiritual care knowledge and abilities are often unable to satisfy patients’ spiritual care needs. Therefore, nurses are in urgent need of relevant
training to enhance their abilities to provide patients with spiritual care. **Authors:** Yanli Hu, Miaorui Jiao and Fan Li

**Citation:** BMC Palliative Care 2019 18:104

**Content type:** Research article  
**Published on:** 26 November 2019

*Embedding spiritual care into everyday nursing practice.*

**Author(s):** Clarke J; Baume K

**Source:** Nursing standard (Royal College of Nursing (Great Britain) : 1987); Nov 1999

**Publication Date:** Nov 1999

**Publication Type(s):** Journal Article

**PubMedID:** 31680492

**Abstract:** This article explains how patients' spiritual needs can be embedded into everyday nursing practice, rather than being seen as an additional task for nurses to undertake. It outlines an integrated person model of care, which involves the nurse using the unique contact involved in providing physical care to meet the patient's spiritual needs. In addition, nurses can use the principles of therapeutic relationships such as empathy and providing a non-judgemental presence to support spiritual care, as well as respecting patients' dignity and individuality. This article also describes techniques for discussing spirituality with patients, and explains how touch can be a useful therapeutic intervention that can enhance patients' spiritual well-being.

**Database:** PubMed

*Nursing and Residential Care* Vol. 21, No. 12

**Religion in care homes: perspective of a Methodist minister**

**Jen Woodfin**

**Published Online:** 18 Nov 2019  

**Abstract**

During the festive period, practising Christians join together to celebrate their beliefs. In a care home, this is no different. Jen Woodfin explains the practicalities of her role as chaplain in a residential home and care home life through the prism of Methodism

*Why spiritual care is not as abstract as you may think*

Flavia Munn - @NSeditor

**Posted 02 December 2019 - 00:01**

**It's already part of your everyday nursing practice – whether you are aware of it or not**

Is spirituality a core part of your being, or is the word hard to swallow due to its religious connotations and your personal beliefs? Research has shown that nurses can feel uncertain of their skills in the area of spiritual care and be fearful of it being used to promote religion.

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*Does spiritual and religious orientation impact the clinical practice of healthcare providers?*

**Author(s):** Palmer Kelly E; Hyer M; Payne N; Pawlik TM

**Source:** Journal of interprofessional care; Jan 2020; p. 1-8

**Publication Date:** Jan 2020

**Publication Type(s):** Journal Article

**PubMedID:** 31928484

**Abstract:** The objective of the current study was to assess the religious and spiritual (R&S) beliefs and practices among healthcare providers, compare R&S among provider types, as well as examine the potential relationship between organized/nonorganized religious activities and intrinsic religiosity with the
incorporation of R&S into clinical practice. A cross-sectional descriptive online survey methodology was used. There were 387 participants with an average age of 45.5 years. Providers included primary care providers (26.9%), nurses (27.1%), allied health (23.5%), and mental health professionals (22.5%). Most participants reported being "religious and spiritual" (42.9%) or "spiritual and not religious" (36.6%). There was a difference in R&S among provider types ($\chi^2(6) = 12.6, p = .05$) with mental health providers more often identifying as spiritual, but not religious (46.6%) compared with other providers. No mental health professional indicated almost always/often/sometimes praying with patients versus 9.5% of primary providers, 14.8% of allied providers, and 18.1% of nurses. Results from structural equation modeling showed that intrinsic religiosity was most strongly associated with how a provider interacted with patients around R&S ($\beta = .644, p < .001$) followed by non-organized religious activities ($\beta = .228, p < .001$) and organized religious activities ($\beta = .092, p = .037$). Understanding the role of R&S beliefs and behaviors of healthcare providers is important to patient-centered care.

**Database:** PubMed

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**The Spirituality in End-of-Life Cancer Patients, in Relation to Anxiety, Depression, Coping Strategies and the Daily Spiritual Experiences: A Cross-Sectional Study.**

**Author(s):** Bovero A; Tosi C; Botto R; Opezzo M; Giono-Calvetto F; Torta R

**Source:** Journal of religion and health; Dec 2019; vol. 58 (no. 6); p. 2144-2160

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31165319

**Abstract:** This study aimed to investigate "Faith" and "Meaning/Peace" dimensions of the functional assessment of chronic illness therapy-spiritual well-being scale (FACIT-Sp-12) in relation to coping strategies, anxiety and depression, and to analyze the relationship between FACIT-Sp-12 and the daily spiritual experience scale in end-of-life cancer patients. A sample of 152 participants were involved. The daily spiritual experiences correlated the most with "Faith" subscale. Moreover, religious coping, depression and daily spiritual experiences resulted "Faith" significant predictors, while depression, anxiety, self-distraction, positive reframing and behavioral disengagement were "Meaning/Peace" subscale's significant predictors. These findings highlighted the considerable impact of the daily spiritual experiences on patients' spiritual well-being.

**Database:** PubMed

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**EVIDENCE AND PRACTICE**

**Embedding spiritual care into everyday nursing practice.**

**Janice Clarke Independent consultant, Three Counties School of Nursing and Midwifery, University of Worcester, Worcester, England**

**Kath Baume Senior lecturer and international lead for pre-registration nursing, Three Counties School of Nursing and Midwifery, University of Worcester, Worcester, England**


**Perceived and actual posttraumatic growth in religiousness and spirituality following disasters.**

**Author(s):** Davis EB; Van Tongeren DR; McElroy-Heltzel SE; Davis DE; Rice KG; Hook JN; Aten JD; Park CL; Shannonhouse L; Lemke AW

**Source:** Journal of personality; Dec 2019

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31863719

**Abstract:** OBJECTIVE: Religious/spiritual (R/S) growth is a core domain of posttraumatic growth (PTG). However, research on R/S growth following disasters has over-relied on retrospective self-reports of growth. We therefore examined longitudinal change in religiousness/spirituality following two disasters. METHOD: Religious survivors of Hurricanes Harvey (Study 1) and Irma (Study 2) completed measures of perceived R/S PTG, general religiousness/spirituality ("current standing"-R/S PTG), and subfacets of
religiousness/spirituality (spiritual fortitude, religious motivations, and benevolent theodicies). In Study 1, 451 participants responded at 1-month and 2-month postdisaster. In Study 2, participants responded within 5-days predisaster and at 1-month (N = 1,144) and 6-months postdisaster (N = 684).

RESULTS: In both studies, perceived R/S PTG was weakly related to longitudinal increases in general religiousness/spirituality and in most of its subfacets, but reliable growth in any R/S outcome was rare. Additionally, Study 2 revealed evidence that actual change in psychological well-being is associated with actual (but not perceived) R/S PTG, but disaster survivors tend to exhibit declines in their religiousness/spirituality, spiritual fortitude, and religious motivations. CONCLUSIONS: Results suggest disaster survivors are only modestly accurate in perceiving how much positive R/S change they experience following a disaster. We discuss implications for clinical practice, scientific research, and empirical and conceptual work on PTG more broadly.

Database: PubMed

Interprofessional Spiritual Care Education Curriculum: A Milestone Toward the Provision of Spiritual Care.
**Author(s):** Puchalski C; Jafari N; Buller H; Haythorn T; Jacobs C; Ferrell B
**Source:** Journal of palliative medicine; Dec 2019
**Publication Date:** Dec 2019
**Publication Type(s):** Journal Article
**PubMedID:** 31895621

**Abstract:** Background: Spiritual care is a key domain of quality palliative care. Spiritual distress is highly prevalent in patients and their families facing serious illness. Guidelines support the ethical obligation of health care providers to attend to spiritual distress as part of total distress. All clinicians require education and support to provide this care to patients and their families facing serious illness. Objective: This project focused on the development of a curriculum for education of health care professionals in spiritual care. It was based on a consensus-derived generalist-specialist model of spiritual care, with all clinicians providing generalist-spiritual care and trained chaplains providing specialist spiritual care. Design: The curriculum was designed for classroom and online learning. Setting: The curriculum is appropriate for all clinical settings in the United States and internationally. Measurements: Needs assessment surveys and course evaluation data have provided a basis on which to develop and refine the curriculum. This curriculum is built on a pilot Interprofessional Spiritual Care Education Curriculum (ISPEC) course held at the Veterans Administration, DC. Results: Needs assessment and course evaluation data support the ISPEC course content. Conclusions: The ISPEC curricula serve as a much-needed training resource to improve spiritual care for all people with serious illness.

Database: PubMed

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*This is how the Reflective Reading Club works:*

**Individual Learning – 1.5 hours CPD**

1. You let us know you are interested.
2. We send you a short journal article and a small checklist of points to consider when reading it. Make notes as you read the paper in your own time and this earns you one and a half hours CPD time!

**Participatory Learning – 1.5 hours CPD**

Our meetings take just 1.5 hours
3. We meet for the club and discuss the article in a small group, reflecting on points whilst working our way through the checklist. Participate in both sessions will count for a total of 3 CPD hours!

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We will be provide tea, coffee and biscuits too 😊
Learn to Tweet

Social Media Training at East Lancs Hospitals NHS Trust Library Services for staff and students

To Tweet or not to Tweet! Here are just some of the reasons why you may want to consider how to use Twitter. We can help. Book with the library staff Library.Blackburn@elht.nhs.uk

- Let us show you how to promote all the amazing things that you and your teams do for patient care.
- Let us show you how you and your teams can keep up-to-date
- Let us show you how you and your teams can network, regionally, nationally and internationally
- Let us show you how you and your teams can learn from others too.

Follow us on twitter
ELHT Library @elhtlibrary Abbas - @bazzie1967

Safe | Personal | Effective

Did you know... that we have staff who can help support you in finding the evidence for General Interest and Personal Development, Writing for Publication and Presentation, Research or Assignment, Education and Training, Evidence Based Practice for Patient Care, Service Management, Up-to-date Protocols and Guidelines. If you require a literature search, then please do ask us. We can save you the time. Please share with your colleagues.

Disclaimer: The Library cannot guarantee the correctness or completeness of the information in this bulletin. The information is subject to change and we cannot guarantee it will remain up-to-date. It is your responsibility to check the accuracy and validity of the information.

Library and Knowledge Services Team

Abbas Bismillah Head of Library and Knowledge Services
Clare Morton Library Operational Services Manager
Patrick Glaister Clinical Librarian
Judith Aquino E-Resources Librarian
Sarah Glover Library Services Officer
Charlotte Holden Library Services Officer
Lauren Kay Library Services Officer

This is a good library service. In 2018/19 our Library was accredited as 92% compliant in the Library Quality Assurance Framework (LQAF)
Performance Indicators – In Q2, we have increased delivery on many of our training programmes. This includes literature searches and our social media training. User of our services tell us that our library induction is the best induction that they have ever had at any Trust (FY2s). In addition to this, our social media training questionnaire has received very favourable comments, including “the training received has been brilliant and I can’t wait to use this to promote all the things that we do”.

Education @ELHT is produced every two months and it highlights all the wonderful work that the department does. Our Library Guide highlights all the services that we offer. Click on the Bulletin or Guide and find out more about how we can support you, whether you are staff, student, or volunteers.
Thank you to all our customers