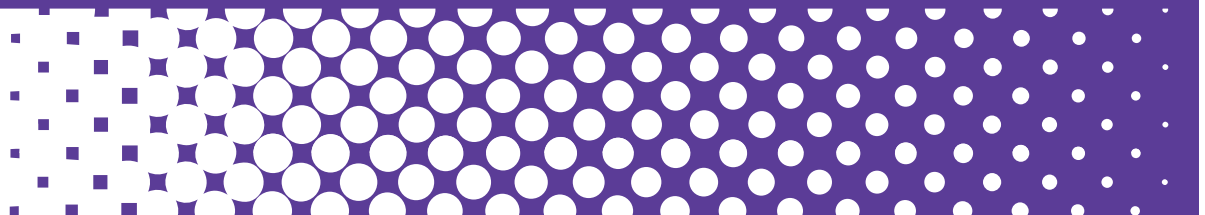


*When you **believe** in your work!*

Attention of nurses for the Christian faith of patients within mental health care

Dr. AE Schep – Akkerman
12 May 2016 Gdansk Poland




Background

Religion, spirituality and mental health

- Important in times of disease and suffering
- So, it is also important in nursing
- Improving spiritual care is improving quality of life

However, little research about
how mental health care nurses respond to spiritual
needs and needs in faith of their patients



Aim

To explore what kind of 'attention' nurses give to the Christian faith of patients within mental health care, next to the effects of it on patient and nurse.



Method

Interviews with twenty Christian and twenty non-Christian nurses: *“describe a case with respect to the Christian faith of a patient, out of your own experience”*.

Description of:

- the cause of the attention
- the actual care or attention provided
- what this attention brought the patient and the nurse
- whether this care was discussed with other nurses

Results

Two specific cases and overview of all forty cases

- **Citations**
- **Overview** (with percentages)
- **Comparison**
 - Christian and non-Christian nurses



Case A – cause attention

Miss Converse

- *A nurse tells: “There was an older patient on our ward who believed in God. She really liked it when there was someone who want to read the Bible with here sometimes.”*



Case B – cause attention

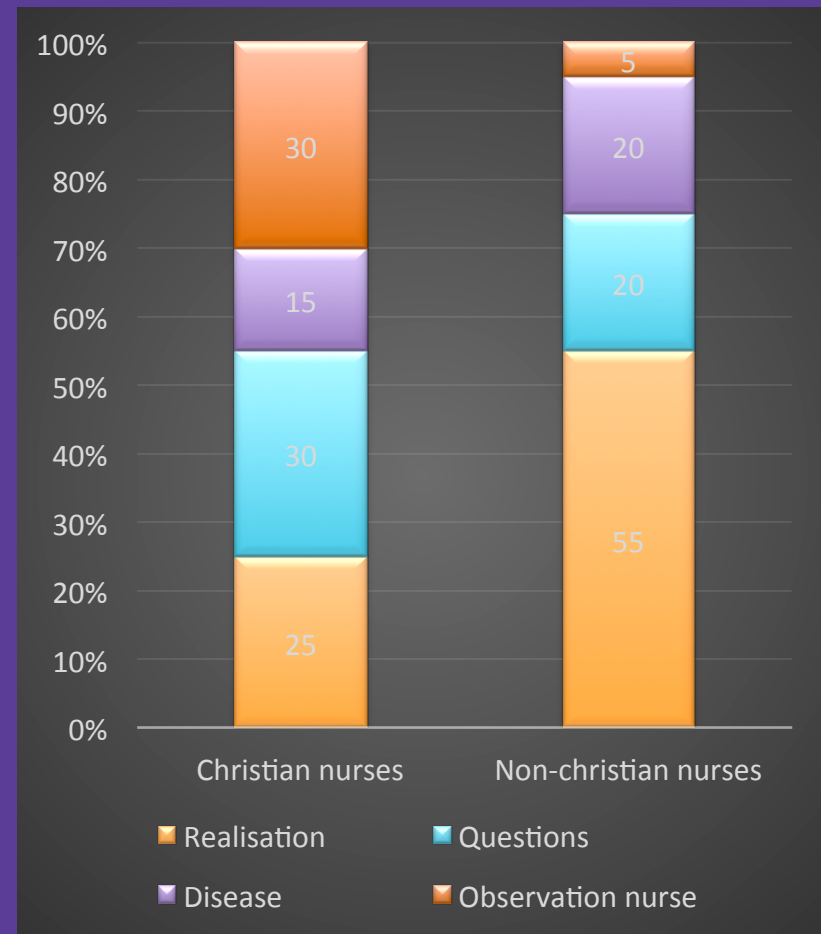
Miss Build

- *Another nurse: “There was a woman who liked to go to church. But, she was admitted in our hospital and had nothing with her; only a T-shirt and trousers. She said: ‘and now I have to go to church and I do not have a coat and I do not know were to go’.”*



Cause/ stimulus attention

- **Observation nurse**
 - Guild towards God
- **Disease**
 - Thoughts or behavior
- **Questions of meaning in life**
- **Practical questions**
 - realisation rituals of faith



Case A – action from nurse

Miss Converse

- Nurse: *“And I did. As a result of this reading in the Bible, we talked about faith. She asked things about what we read, or how to deal with specific texts in the Bible, and also personal questions with respect to what I think about certain things or how I am used to deal with specific circumstances.”*



Case B – action from nurse

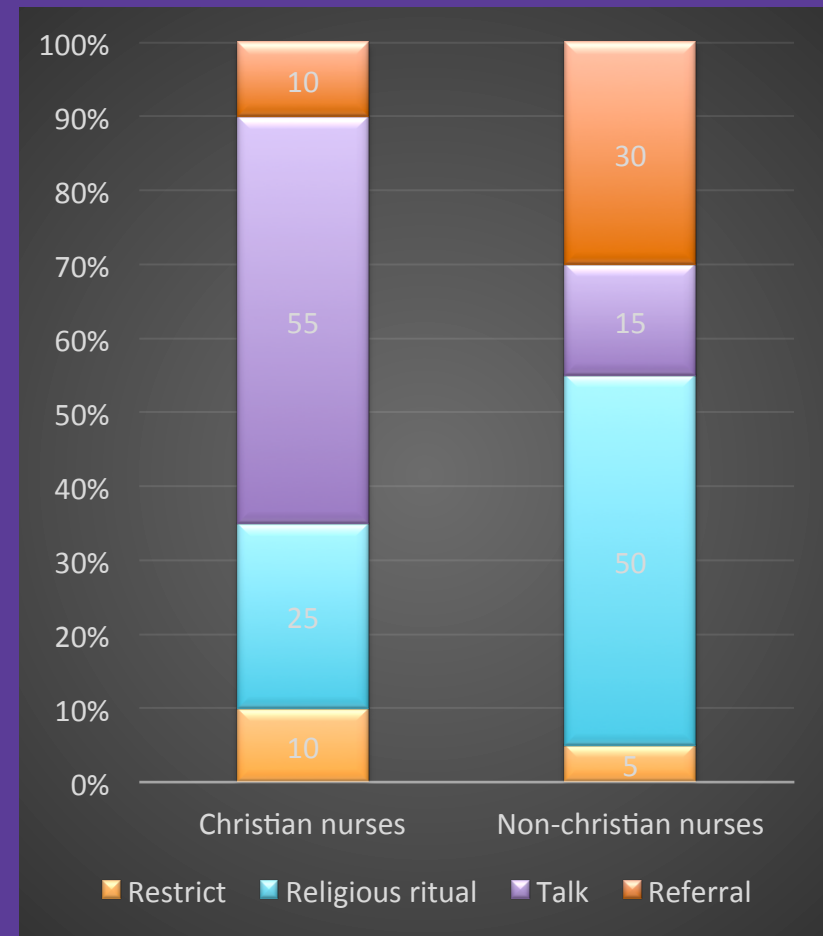
Miss Build

- Nurse: “I told her how to go to the church. Is was not warm outside, so she needed a coat. A practical solution: my wife has enough coats at home. So, if this patient benefit from going to church and she feels happy to do that, than it is a little effort for me to solve her problem.”*



Action of nurse

- **Referral to chaplain**
- **Talk**
 - About faith
- **Realize religious ritual**
 - Prayer or reading Bible
 - Switch on tv or music
 - Help to go to church
- **Restrict behavior**



Case A – effect on patient

Miss Converse

- Nurse: *“She liked it if you came near at this level. At the end of our conversation she said: ‘It was real nice to talk with you’.”*



Case B – effect on patient

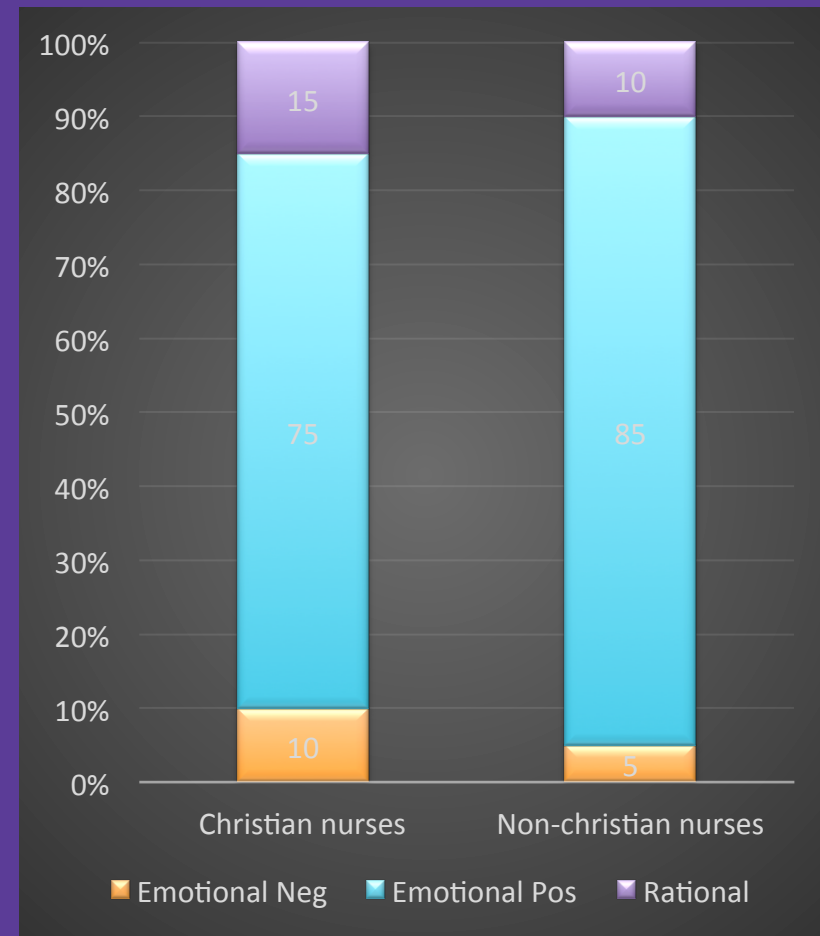
Miss Build

- Nurse: *“That evening, she thanked me four or five times: ‘oh, lovely you like to do this’, and so she said the next day. She went to church and enjoyed it. After that, she returned the coat of my wife. She was really thankfull.”*



Effect on patient

- Rational
- Emotional
 - Positive (*recognition, calming down, feeling heard, trust, etc*)
 - Negative (*disappointment, irritated*)



Case A – effect on nurse

Miss Converse

- Nurse: *“I was glad it matters to her. As a nurse, I like to offer the patient as much as possible within my limits. And if I can do this by reading the Bible, it satisfies me and it is a pleasure to do that.”*



Case B – effect on nurse

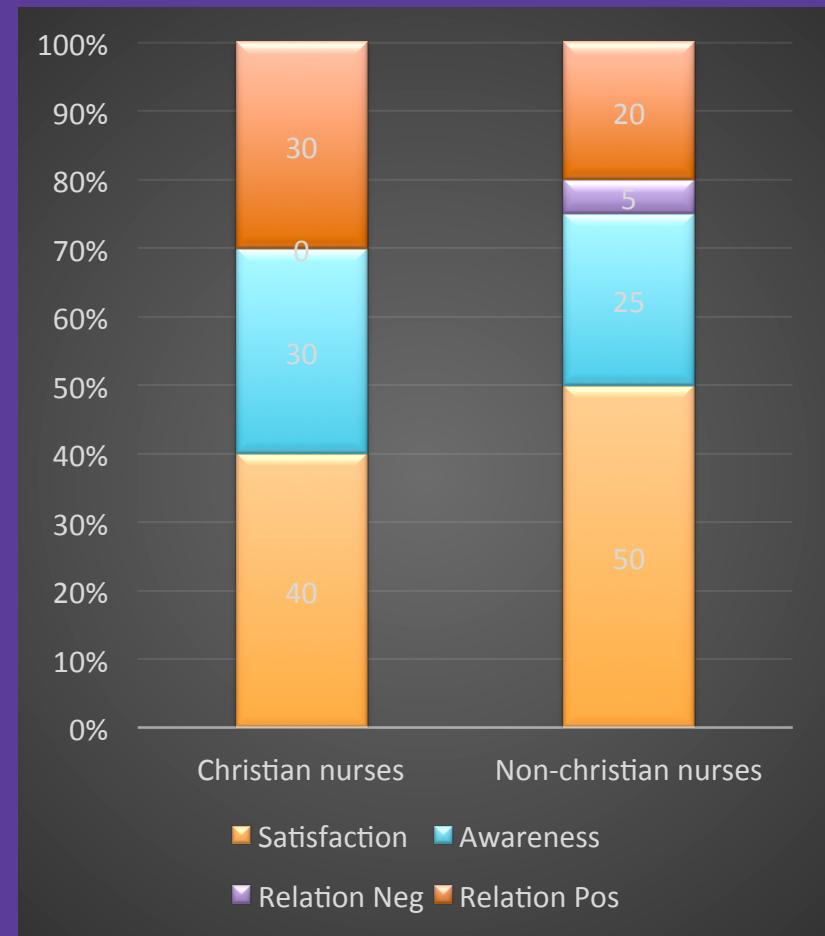
Miss Build

- Nurse: *“It is of value for me that people feel heard, feel that their questions will be answered seriously, and I thought ‘this is something small’. It belongs to hospitality. Next to this, it gives me a good feeling that I made someone happy.”*



Effect on nurse

- **Relation nurse – patient**
 - Positive
 - Negative
- **Awareness**
 - of relation faith and mental health
- **Satisfaction**
 - by giving ‘good’ care



Cases – care discussed?

Miss Converse

- Nurse: *“During the shift of teams we talked about it and in the discussion of the plan of care. Next to this, many times there are chaplains on the ward and they are asked to talk with that patient, because we know she appreciate that.”*

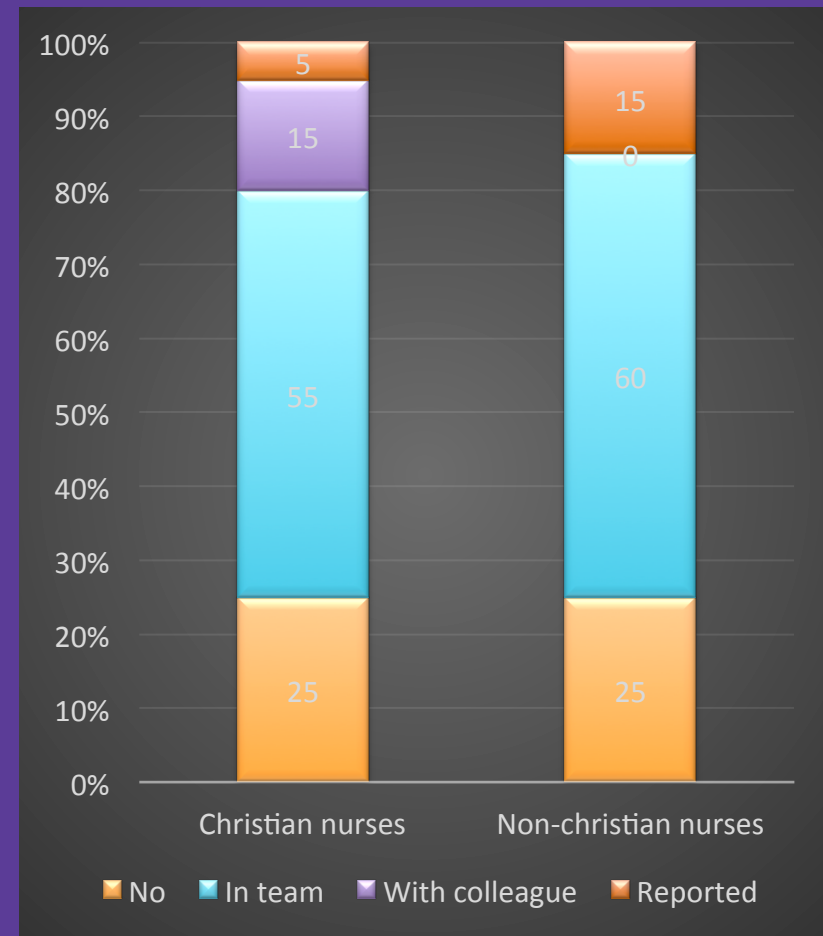


Miss Build

Nurse: *“I named it, but did not talk about it or discussed it.”*

Care discussed

- Reported in plan of care
- Discussed with colleague
- Discussed in team
- Not mentioned or discussed



Conclusion

Exploration of attention to Christian faith patient

- **the cause of the attention** : most of the times (practical) questions of the patient, sometimes observations of nurse
- **the actual care or attention provided** : to talk with the patient (Christian nurses), helping with realize religious rituals (non-Christian nurses) or refer to chaplaincy
- **what this attention brought the patient and the nurse** : positive emotions, like peace, trust, and satisfaction
- **whether this care was discussed with other nurses** : most of the times nurses talk about the care provided in their team

DISCUSSION

When you believe in your work!

Should it be better...

- Should the cause or stimulus of the attention be more often because of the observation of the nurse instead of a question of the patient?
- Should the care provided / the attention given to the patient be more the same from Christian and non-Christian nurses?