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Attendance at ECRSH 2014: Students' development in understanding spirituality in healthcare

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Co-authors

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Background

- Despite the evidence and guidance available regarding religion, spirituality and health, discussing spirituality is still difficult for HCPs
  - personal discomfort, in particular when the practitioner is not religious or spiritual themselves,
  - lack of time
  - Lack of confidence (Curlin et al., 2006)
  - Lack of training (Ross et al., 2015)
- It is important to develop spiritual care confidence and confidence within HCP student training
- The last ECRSH in 2014, in Malta, provided an opportunity to for healthcare students in gain greater understanding of this area
- We evaluated the impact of this

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Aims

- To investigate, change in student perception of the importance of religion/spirituality (R/S) in healthcare, their confidence to address it and their level of comfort to do so.
- To explore students' reflective experience of ECRSH 2014; what it meant to them and how it will impact their patient care.

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Methods

- 30 undergraduate health care students (17 dietetic students)
- Students rated themselves on likert scales from 1 – 10, before and after the trip, on the following:
  - The importance they placed on R/S in healthcare.
  - Their confidence to address R/S.
  - Their level of comfort to do to address R/S.

  Students were also asked to keep reflective diaries.
- Ethical approval was obtained from Coventry University Ethics committee.

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Analysis

- Paired samples t- test was used to investigate change in:
  - Student perception of the importance of R/S.
  - Student confidence in addressing R/S.
  - Student comfort in addressing R/S in healthcare.
- Linear regression models used to adjust for baseline levels to explore the association of a student's own religiosity/spirituality on the outcome variables.
- Qualitative data was entered into data management software Nvivo 10, and analysed using thematic analysis, following the steps recommended by Braun & Clarke (2006).

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Results

Table 1: Paired Samples T-test displaying changes in pre and post trip reflections.

Outcome Variable	Mean Change	95% Confidence Interval	
		Lower	Upper
Importance	1.1	0.54	1.6
Confidence	1.8	0.9	2.7
Comfort	1.7	0.7	2.8

These changes were also not associated with students own religiosity or spirituality.

Baseline characteristics	Mean	SD
age in years	28.6	10.6
year of study	1.7	0.8
self-rated spirituality (0-10)	5.6	2.6
self-rated involvement in religious/spiritual (R/S) community (0-10)	3.7	3.0
perceived importance of R/S in healthcare (0-10)	7.7	1.8
self-rated confidence to address R/S in healthcare (0-10)	5.9	2.4
personal level of comfort to address R/S in healthcare (0-10)	5.9	2.3
		%
Female		83
Religious		68

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Findings from students' personal reflections

- Four key themes emerged from the reflective diaries:
  - What is spirituality and religion?
  - From interference to importance in clinical practice.
  - Filling the hole in holistic care.
  - The conflict between science and religion: the challenges that lie ahead.

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What is spirituality and religion?

Religion is a label given to the beliefs that are held by a group of people often derived from obedience to a god or writings in a holy book. Spirituality refers to the other realm of this world which isn't physical.

I believe religion and spirituality provides guidance in life, helping to make informed decisions on life choices according to faith. It also determines one's outlook on life helping to make sense of situations and how to deal with difficulties.

Both have to have a faith [in a] higher power or deity. Religion seems to involve money and handing out baskets at church, give percentage of wages, or paying to get into cathedrals whereas spirituality just wants you to believe and have faith.

Religion involves the acts or practices based on defined beliefs in the supernatural God and spirituality is concerned with the inner emotive experience of meditating praying reflection on your faith where your spirit part of the body is fed.

From interference to importance in clinical practice.

Religion often effects what people eat and drink different religions may have different ideas about feeding at end of life or if they will allow amputations or blood transfusions.

… I also learned how religion can be negative in relation to health for e.g., people may think they're ill as a punishment from God.

For example; many Hindus don't eat eggs and Muslims have foods that are forbidden and also needs to be halal. Religion comes into play when it comes to value of human life and ethics.

This week has made me think that R/S are more important and more definitive of health outcomes than I had realised.

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Filling the hole in holistic care

The key thing about R/S and healthcare that I have learned is the consideration of spirituality in achieving holistic care by conducting spiritual; screening, history taking and assessment.

It may be too often that healthcare professionals focus on improving the patient's physical ability - providing necessary measures to enhance recovery such as nutrition, walking aids and medicine. ECRSH 2014 has identified that one's R/S needs can open an umbrella of healing methods, providing wholeness and meaning to their situation, for the mind controls the body.

I have learned the importance of addressing R/S in a health care setting to provide the best patient centred care. The UK lacks this implementation unlike other countries.

Your R/S can affect your health how you see your health and your attitudes about what is healthy. That is a major part of holistic care that in the UK we are not so comfortable talking about.

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The conflict between science and religion: the challenges that lie ahead

It's challenging detaching the religious beliefs and convictions of yourself from the patients and their healthcare.

There are many variances as to the extent to which certain individuals follow their religion so you can't paint everyone from a particular religion with the same brush.

I think it will end up on the tick box forms with a question like 'has spiritual and religious beliefs been taken into account?'

I feel challenges to address R/S in healthcare will be the technology driven practice where emphasis is on evidence-based and practice-based evidence.

I do not think these concepts will be adopted within the NHS as the UK does not consider religion e.g. not a religious country like Malta.

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Conclusions

- This was a novel learning experience which exposed students to several new learning environments and had a positive influence on learning outcomes.
- Conference attendance enabled participants to consider their own spirituality and gain further appreciation for the importance of R/S in healthcare.
- Defining R/S was identified by students as an important part of students learning in this area.
- Meeting R/S spiritual needs of an individual and addressing these during consultations was considered important, however students identified that significant challenges lie ahead.

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Limitations

- The sample size was limited by a convenience sample of those who chose to come on the trip.
- The sample may have been dominated by those already interested in the topic and baseline scores on religiosity and spirituality support this.
- Only 60% (18/30) of the students responded by giving us their reflective diaries, so the results may not capture the full experience of the trip.

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