Study aim

- to identify the role of SC in Dutch adult ICUs from the perspective of intensivists, ICU nurses, and spiritual caregivers;
- to identify the similarities and differences in the perspectives of these three disciplines.

Research and Results

Intensivists
- Patient/relatives satisfaction
- Prevention disorders
- Reduction disagreement between HCW and ICU staff

ICU Nurses
- Literature study
- Development research plan
- Reviewers questionnaire
- Digital questionnaire

Spiritual Caregivers
- Review
- Research plan
- Guidance committee
- Subsidy
- Time: May – October 2013
- Reminders
- Analysis using SPSS Statistics

Steps of the research process

- Development research plan
- Reviewers questionnaire
- Digital questionnaire

Purposes Questionnaire

- Mapping the current state of spiritual care in the ICU for adults
- Deploy determinants from quantitative data for qualitative follow-up research

Methods

- Digital questionnaire
- Time: May – October 2013
- Reminders
- Analysis using SPSS Statistics
Population and units

Population
- Intensivists; (I)
- ICU nurses; (ICU N)
- Spiritual Caregivers (SCg)

Units
- 92 hospitals (100%):
  - 91 general hospitals
  - 1 specialist oncology hospital

Results Questionnaire

Invitation 92 hospitals (h)(100%)
Participation 85 hospitals (92.3%): 
- 8 university
- 44 teaching
- 33 non-teaching

Total respondents n = 487

66 h / 78% 99 Intensivists
77 h / 91% 290 ICU Nurses
79 h / 93% 98 SCgivers

Design Questionnaire

1. SC support, coping, spiritual needs, ethical aspects
2. HCW Competency and time investment
3. Communication and interventions (interdisciplinary cooperation)
4. SC effects, support and implementation at policy level

1a. SC information supply

Measuring SC information supply:
- through ICU Nurses
- by means of brochure
- ICU patients and/or relatives were not offered any information about SC supply

1b. Request - preference

Request for SC
- Patient
- Relatives
- ICU N
- Intensivists

Preference for SCg
- Regarding the meaning of illness and existence
- Ethical issues

1c. Importance SC - practice

Communication
- No questions
- Importance of signalling meaning of illness and existence issues
1d. Perception of SC support

- Discrepancy in perception in relation to
  - Information SC supply
  - Initiative to call in SCg

Calling in SC for I + ICUN
  - important / - not important

I + ICUN no attention for emotional problems of HCW

1e. Consulting SCg

- The role of the philosophy of life/spirituality of the patient in the way the patient copes with his/her illness is important to very important

Reasons to consult SCg
  - Questions regarding the meaning of illness and existence
  - Lack of community support
  - Problems with image of God
  - Ethical questions concerning withdrawing treatment

1f. SC supply

- Conducting interviews
- Attendance
- Working with rituals

Significantly differently: the use of SC by HCW

2a. Competence

I and ICU N think themselves capable of going into questions regarding the meaning of illness and existence

Significant difference in perception ‘Who does what?’ (in relation to I)
No significant difference (in relation to ICU N)

2b. Time investment

HCW needs 20 to 30 min to discuss existential questions

Honouring SC request
  - within 1 to 2 hours
  - 3 consultations of 15 to 30 minutes

Reasons insufficient time
I: too many other tasks
ICU N: patient complexity
SCg: too few permanent positions

3a Communication, intervention

I: Important

ICU N:

SCg: Implement SC in daily ICU care
### 3b. Conditions integrated SC

- Sufficient knowledge of SC supply
- HCW’s attention to signals of spiritual needs
- Binding agreements in relation to SC in accordance with protocol

### 3c. SCg Report – Protocol

- I + ICU N hardly ever make a written request for SC
- SCg report their findings in a patient file and orally
- SCg report orally to ICU N twice as often as to I

Majority of respondents is in favour of a SC protocol

### 4a. SC effects

SC effects
- Positive contribution to mental well-being of the patient
- Processing and channelling emotions
- Increased patient and family satisfaction in crisis situations

### 4b. Phenomena SC supply

- Despair at the lack of grip
- Vain search for hope and perspective
- Questions about making choices regarding treatment in the light of moral conviction

### Support and implementation

- Support at IC policy level: a majority of all respondents
- ICU N: no support at IC policy level
- A majority of all respondents: Boards of participating hospitals give attention to the well-being of patients through active SC Supply

### Conclusions

- SC is not yet an integrated part of daily ICU care at a national level
- Determinants from quantitative data for qualitative research among patients and their relatives:
  - I and ICU N Support SC
  - Patient sharing their philosophy of life/spirituality with I and ICU N
  - Findings of patients and their relatives in relation to SC in the ICU: * positive values SC
    * Phenomena with SC supply
Questions / remarks
Exchange of experiences

Special thanks to:
VieCuri Medical Centre
IQ Healthcare Radboudumc
Suzan Willems
Spiritual caregiver
Radboudumc

Thanks for your attention