Spirituality In Nursing: Case Study Report

'Spirituality can be defined as anything or anyone who in one's life gives ultimate meaning and purpose, inviting particular ways of being in the world in relation to others, oneself and the universe' (Canadian Nurses Association, 2010). Themes linked to the understanding of spirituality include, among others, significance, intention, hope, faith, existentiality, transcendence, sense of peace and connectivity. Spiritual care is continually accepted as an integral part of the worldwide health care systems. Everyone has at one point in time spiritual needs, whether during emergencies or diseases. Patients who are admitted to hospitals or at the end of their lives have spiritual needs that nurses and other health care workers should take into account. Being attentive to the spirituality of a patient is part of a holistic assessment of nursing and clinical practice. As a nurse, our task is to provide holistic care to patients, which is only possible if we understand all facets of the needs of the patient.

It is difficult to assess the spiritual needs of patients because of the understanding of religion and spirituality of the individual patient. According to Forouzi, Tirgari, Safarizadeh & Jahani (2017), spiritual needs are defined as needs and expectations that humans have to find meaning, purpose and value in their lives, but even people who have no religious faith or are not members of an organized religion have beliefs that give meaning and purpose to their lives. Assessing patients ' spiritual needs is a key component in the cycle of nursing.

A compassionate and thoughtful nurse can make a patient feel safer, making expressing his spirituality easier for him. Patient and health care provider participation is vital to the promotion of spiritual health. A religious evaluation's main focus is to collect information about the spiritual needs of the patient in order to integrate them into the care plan. The essay would discuss further a case study focused on the patient's spiritual needs, assessment, diagnosis, and interventions.

The case study that our group has selected for this assignment is about a sixty five year old, Itaukei female, Miriam who was newly diagnosed with end stage breast disease. Three months ago, she developed left breast pain and a palpable breast mass. Mammogram and ultrasound revealed a 5.2-cm left breast mass with an enlarged axillary lymph node. Core biopsy of the mass showed invasive ductal carcinoma. Fine needle aspiration of the axillary lymph node was positive for adenocarcinoma. The patient presents to ward feeling a slight pain in her breast. She denies shortness of breath, pain, or fatigue. She is a retired school teacher and has good energy at home. Her husband died 2 years ago in the car accident. There is no family history of breast, ovarian, or other cancers. She has no medical problems and takes no medications. Menarche was at age 11 and menopause was at age 50. There is no history of hormone replacement therapy. She has one daughter, with her first pregnancy at age 29. She was a smoker and enjoyed few drinks on Fridays. She lives with her daughter who is unmarried and unemployed.

On physical exam, her height is 62 inches (157 cm), and her weight is 148 lbs (67 kg). Her body mass index is 27. A large, 6-cm left breast mass is palpable with some overlying skin puckering. Nipples are everted bilaterally with no nipple discharge. Enlarged left axillary lymph nodes are also palpable. Lungs are clear to auscultation. Otherwise, results of the exam are unremarkable.

The nursing profession has given us so many lessons on the fragility of life and the importance of being aware of the way we live, the need to recognize the beauty and wealth of life while you are still alive, and perhaps most importantly the quality of unconditional positive care, which is the way patients are treated. (Elizabeth Berg, RN). Palliative care is characterized as treatment that relieves pain and other symptoms and supports the quality of life of seriously aged patients and their families. Palliative care is primarily concerned with the perspective of the patient/caregiver, and patient and/or caregiver accounts are the best way to evaluate these domains. Holistic nursing is responsible for the care of clients and families, from birth to death, at all stages of prevention, through the assessment, treatment and care of the emotional bio-psycho-social responses to actual and potential health problems.

'Building a relationship with your patients can offer great benefits with the level of contact you have; including helping you improve their quality of care and facilitating your job' (South University, 2014). We introduced ourselves as we approached the patient for interview while ensuring the curtains were drawn to ensure privacy. Miriam was lying with an elevated head on the mattress. Daughter was there and we invited her to build a good friendship with her. Building trust and familiarity with your patients will make them feel more relaxed and honest about their health when they talk to you.I explained why we were there to Miriam and her daughter and I made sure that everything discussed among us remained confidential. We also took their permission as we will ask personal questions and Miriam agreed. As a nurse, our job is to provide patient support by encouraging words, showing compassion and listening carefully to their thoughts and interactions. Using our communication skills, we asked open-ended questions to learn more about our client. During the talk, we also included the daughter as this seems to make our client more accessible and relaxed. Assessing the person from head to toe using verbal and non-verbal techniques as well as extracting the subjective and objective information using the expertise that we had. In order to better understand the patient and what she is going through, establishing the relationship with the client is very important in getting the details out of the patient.

We could tell from observation that Miriam appeared tired, nervous and worried. During talks, she sometimes drifted out as she seems to be in deep thinking. She was terrified and exhausted. While taking history, the patient said she would like to learn more about the disease and treatment. She also said she's already lost her husband and since then she's been able to take care of herself and her daughter and she also had the courage to fight this disease.

Family conference was held with her daughter to explain expectations. The daughter was discussed in this conference about the client's condition and what all the appropriate steps were taken to save this client from dying. The patient asked questions, and her daughter and doctors tried their best to respond to it all. Counselors have also been involved in this because the daughter needs to be consoled and encouraged to remain strong. On hearing the news, the daughter was clearly devastated. As Miriam asked, she agreed she had the right to know what was happening to her health at the moment. The daughter was also in agreement with the decision. Then the doctors went ahead and explained to the patient everything. Spirituality can affect the quality of life and patient change by providing a sense to extract hope and meaning. A cancer diagnosis, like any serious disease, raises profound existential questions: Why me? Where you are now? Why is God going to make me live this way? Who happens to me after I die? Such questions are not answered directly, nor are they apparent. Nevertheless, patients may turn a negative experience into one with a potentially positive therapy sense. Patients think about an illness as a gift or an opportunity to see life differently, perhaps more meaningfully. It's

not uncommon for people with cancer to make major changes in their lives— changing jobs, engaging in a relationship or deciding to leave a relationship, making lifestyle changes— as they start to consider what's important when faced with what might be a terminal disease.

There were three components of the inner nature of the spiritual development of the nurse: spiritual self-awareness, communication facilitation, and peace. The internal essence of the spiritual development of the patient was exposed in 11 components: love, happiness, hope, acceptance, tolerance, remedy, change, seeing the illness as normal, gaining confidence, decreasing the sense of isolation and psychological distress. The experience with cancer provides the patient and the nurse with an opportunity to think about the meaning of life and spirituality and to change their life aspirations.

Miriam's response was breaking her heart as first; she was just staring at the doctor, but she seemed to understand what the doctors had told her. We've been there for her and the family as nurses. According to the response of the client, Miriam clearly showed the response chain of a person who doesn't have to live long. According to Morrow (2018), when dealing with inevitable death, people often go through predictable stages. It's denial, anger, negotiation, depression, and acceptance. Miriam was stunned, denied that she was ill, was furious with everyone, even challenged god and finally accepted that she had breast cancer at the end of the stage. Miriam was also upset because she knew she would not be able to afford the doctors ' treatment options. She also said that in the moment of need, the lord abandoned her.

The feeling of client was clearly visible to all in the hospital. She still cries and is spaced out. She began to interact with everyone in the ward who had been admitted to her, but sometimes she looked worried and sad. Sometimes, while weeping, she prays to god. Slowly the patient begins to cope with everything that happens in her life, but it has been a bit difficult for her in the beginning. When speaking to her, Miriam said she was concerned about her daughter. He said she'll look after her daughter if anything happens to her. The daughter has been very helpful throughout this experience with the concerns of the client. The treatment options were explained to Miriam. For end-stage breast cancer, her three treatment plans are chemotherapy, radiation therapy, and hormaonal therapy. Miriam has opted for chemotherapy and after her chemo she still wants counseling service.

Using the spiritual evaluation scale (SAS), Miriam expressed that she believes that god is very far away and in this time of need is not listening to her. She said she felt really lonely, though the daughter and nurses are always around. She also said she hasn’t lived her entire life yet. She said she'd like to see her daughter get married and have their own children. She looked anxious, worried and very saddened. Miriam said she is afraid that god may not take care of her now or maybe god is dissatisfied with her behaviour. One might say, observing Miriam that she constantly prays to god and negotiates with him. She asked to pray for her with her friend.

The spiritual diagnosis of this patient can be classified as spiritual alienation and spiritual anxiety from all the information gathered about this patient. These are the two very best conclusions that can be drawn on the basis of the patient's evaluation of spirituality and observations. Patient has continuously shared emotions and feelings linked to loneliness and anxiety. Patient felt lonely and said she was not helped by the god. Such emotions were not good for the health of the patient as it discouraged the patient from concentrating on improving. Depending on these findings, changes in nursing care can be made to provide the patient with spiritual treatment. Anxiety, death anxiety, fatigue, fear, predicted sorrow, chronic sorrow,

ineffective social adaptation, social isolation, disappointment, loneliness, vulnerability, self-care inability, ineffective rejection, being offensive to self or others, disturbed protection, disturbed identity, disturbed role playing, disturbed self-confidence, disturbed self-perception, and spiritual distress, a number of religious evidence based diagnosis.

Some of the treatments that can be provided to the patient depending on the diagnosis of nursing are, first of all, patient therapy sessions. This will allow patients to discuss and open up more about how they feel, as well as finding solutions to solve these issues with the help of councilors. Providing different treatment and feeling advice to patients will help patients to recognize their current situation and actively participate in treating their condition. As far as religion is concerned, encouraging patients to pray whenever they want with the family and if they want a priest to come and pray with them, it can be arranged so that they can feel connected to the lord and relieve the feeling of loneliness. Involving the family in therapy sessions to avoid feeling alone and knowing like her husband is there for her anytime she needs them. They need to bear in mind the religious affiliation of the client as a nurse when delivering these therapies. Although there is a need for therapy, counseling, educating, and caring for the patient, caution and maturity in the choice of words appropriate to the client. All nursing treatment and care will include therapy, counseling, instruction, meditation, spiritual literature distribution, and religious caregivers visiting, but the quality of what is offered or said will vary depending on the client's religious background. We all have certain values, beliefs and customs and these are usually associated with our cultural backgrounds. It’s important that you let the palliative care team know about any specific cultural practices that are important for you and your relative. These may include matters of diet, personal hygiene, clothing, special national or holy days, or other important rituals. If your loved one is dealing with a serious illness or approaching the end of life, it is important that cultural values and needs are respected. A person-centred approach means you and your loved one are entitled to be treated with respect, whatever your cultural background, religion or sexual orientation.

As a nurse, our job is to provide patients with quality treatment and to ensure that the patient receives sufficient information about the care. This also includes advice on how to take care of them when they are discharged. They need to make sure that the patient and family are conscious of how to look after the patient at home. Patient to be referred to home visiting zone nurses and advised on compliance with the procedure if she is required to attend special outpatient clinic. Nurse also to ensure that dietician and physiotherapist visit the patient to make sure the patient knows what to do to manage their symptoms. When Miriam has any treatment options, nurse will ensure that the patient and family are aware of it and are free to make informed choices. Spiritual needs of patients should be addressed from time to time as this will make it possible for patients to be healthy and bear the burden of this disease. Patient should also be advised on signs of personal hygiene, hydration, mobility and hazard. The nurse will make sure that the patient complies with the medications. Among patients with advanced disease, fewer symptoms of anxiety and depression are associated with greater spiritual well-being consisting of meaning, happiness, and purpose in life. The role of nursing in the provision of spiritual care requires assessment, preparation, implementation and evaluation.

When evaluating Miriam's treatment, it can be said that the therapies will help the client conquer their religious concerns and focus on improving. The treatment will also make it possible for patients to become self-reliant and provide for themselves. The client and her family will benefit from teaching, counselling and therapy sessions. There is a common feeling of sadness, hopelessness, and anxiety as patients face these ordeals in life. As nurse, to direct them and

provide efficient nursing care, we need to be there for the patients. Spirituality is a patient's dimension along with the body and mind that nurses need to take care of. For order to be truly holistic, nurses must incorporate spiritual treatment into their practice. Plans for nursing care should be made according to the needs and diagnosis of the patient. Empathy, integrity, tolerance, and sincerity in palliative care are important qualities in the care of patients with life-threatening diseases and are strongly associated with the behavior of the clinicians (Doyle et al, 2004; Speck et al, 2004).Various authors define components of the core professional attitude or values in medical ethics, including respect, truthfulness and dignity (Boyd et al, 1997; Beauchamp and Childress, 2001).

Ultimately, it can be concluded that in a frenetic world, spirituality is a way to find hope, meaning and purpose. It is particularly important when people feel vulnerable, for example as a patient or nurse while experiencing illness and crisis. Good practice suggests that to satisfy all the patient's needs, spirituality should be incorporated into nursing care. Patients usually talk things out in times of hardship that they like they're going through. As nurses, we will ensure that the patient can address his / her emotional problems and focus on improving.

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