



1.2 contact hours

# A CLICK AWAY

## Documenting Spiritual Care

BY LISA BURKHART



*Mr. Smith, a sixty-three-year-old man, was admitted to the medical unit to rule out a left-sided CVA. He was a tall, muscular man and clearly a strong figure in his household. His wife and adult son and daughter followed the stretcher, distraught. Mr. Smith was awake but could not speak. He desperately tried to communicate with his family, partic-*

*ularly his son. He seemed to know it was his time to die.*

*I checked the admission board; he was assigned to me. It was clear that I was not only caring for Mr. Smith, but also for his family. Like every nurse, I knew what I needed to do—have been doing for years: transfer him to the bed, perform the physical assessment, check and carry out the doctor's orders and document the physical care.*

But that is not all there is to it. Nurses spend a great deal of time and energy building a relationship and providing spiritual care. In Mr. Smith's case, this included introducing myself, then gradually and methodically journeying with patient and family as they learned about Mr. Smith's diagnosis and care and worked to cope in this crisis. This aspect of nursing care is the

heart and soul of nursing. It is what we are called to do.

*Mr. Smith deteriorated quickly. On the third day, he lost consciousness. The MRI showed that the majority of the left side of his brain was infarcted; a DNR order was written. Over three days, the family brought in pictures and mementos to decorate the room. A cot was ordered. The family asked for a refrigerator so they could store food. I found one, cleaned it and placed it in the room. Quickly apples, oranges and cans of soda appeared.*

*The family became exhausted. As I continued to assess the situation and offer support, family members casually shared with me their Christian beliefs and faith. One evening it was the daughter's turn to stay overnight. I worked the 3-11 p.m. shift, but the unit was short-handed for the night shift. The charge nurse asked me to work a*



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## Nurses no longer have to formulate long, handwritten notes to record all of their care.

double, and I agreed, believing the time for Mr. Smith's physical death was soon.

Every hour, I stopped by Mr. Smith's room to hold the daughter's hand and to hug her while she cried. Realizing her distress and their faith background, I gently offered to pray with her. She willingly accepted this spiritual support.

About 4 a.m. it happened. I was at the nurses' station documenting with the other nurses. It was so quiet you could hear a pin drop. It's funny how the Lord communicates with us at critical times. I suddenly heard a call for help that no one else heard. I ran to Mr. Smith's room and watched him take his last breath. The daughter was sitting in a chair, holding her father's hand. When she realized what had happened, she started crying uncontrollably. I held her and rocked her. Over the next hour the wife and son arrived. They asked me to stay in the room

while we prayed together and said goodbye to Mr. Smith.

Few people understand this care of heart and soul that nurses give. More tragically, health systems are cutting nursing positions and transferring nursing functions to unlicensed personnel. Yet nurses do more than check and implement physician orders like passing medications or changing dressings. Why do health care decision makers have difficulty understanding what nurses do?

Chief executives and financial officers (CEOs, CFOs) make decisions based on data. The majority of that data comes from documentation reports. Nurses primarily document physical assessments, medication administration and technical skills.<sup>1,2</sup> We have had little or no time to document spiritual care

(it is more important to *provide* spiritual care, than to document it, right?). Historically, spiritual care could not be summarized for statistical reports. Therefore, CEOs and CFOs have had no information related to spiritual care or its impact on health outcomes beyond anecdotal evidence.

### DOCUMENTING WITH A MOUSE

With the movement toward computerized health records, nurses now have the capability of documenting not only physical care but also spiritual care, quickly and effectively. Computerized documentation systems are replacing the familiar paper charts with a laptop or palmtop computer. Kardex information, flow sheets, doctor's orders, lab, procedure and progress report data are

## @-A-GLANCE

- Spiritual care**, although at the heart and soul of nursing, has been difficult to document
- Spiritual care has not been included** when accounting for nursing practice or outcomes
- Computerized documentation systems** make it easier to document spiritual care
- To create data linking spiritual care to outcomes**, NANDA, NIC and NOC terms must become a part of computerized documentation systems

all available at the click of a button. Computerized documentation systems also are making it easier to document by eliminating long SOAP, PIE, DAR or narrative charting. With the click of a mouse or the touch of a screen the appropriate documentation is recorded. Nurses no longer have to formulate long, handwritten notes to record patient care.

However, computer programmers need a database of health terms or a common set of health-related words when designing documentation systems. The content of this database can play a key role in communicating the spiritual dimension of care.

Historically, only physician procedures and medical diagnoses were tabulated and analyzed by computer, primarily because physicians and hospitals have been reimbursed based on physician procedure codes and medical diagnostic codes. There was no incentive for nursing data to be collected in a computerized format. Basing health care decisions on physician procedure and medical diagnosis codes supported the growth of the physical, medical model of health care.

Until now, nurses have tried to communicate the depth of practice using stories. Stories are effective in

communicating spiritual care but are limited in that they do not lend themselves to statistical aggregation. How many times do nurses provide spiritual care? How long does it take to provide spiritual care? What is the impact of spiritual care? Computerized documentation systems can help answer these questions.

The computerized health record provides an opportunity to collect and aggregate data related to the spiritual dimension of care and link spiritual care to health outcomes. The current

database of health care terms now includes more than physician procedures and medical diagnoses. The database endorsed by the Department of Health and Human Services is called the Systemized Nomenclature of Medicine, Clinical Terms (SNOMED-CT).<sup>3</sup> All health care terminologies accepted by professional health care associations are included in SNOMED-CT, includ-

ing nursing terminologies. Three widely used nursing terminologies are the North American Nursing Diagnosis Association (NANDA) diagnoses, Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC).<sup>4</sup> All of these systems include spiritual care terminology.

The spiritual terms are not based on specific faith traditions but are generalized and broad, allowing for documentation of standardized spiritual issues (e.g., spiritual distress, hopelessness) and specific care related to any religious belief system (i.e., religious ritual enhancement, cultural brokerage).

Some might criticize that this approach promotes an anything goes view of spirituality. However, these terminologies facilitate valuable spiritual care documentation and prevent exclusion of any particular faith tradition—including Christianity. Furthermore, because of the way the terms describe and record care, these systems can help promote quality spiritual care that is offered appropriately.

For the Christian nurse, this care is offered and led by the Holy Spirit. For an excellent example, note the story

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(JCN, Sumer 2003) by Kimberle Deller, who provided whole-person care to a Muslim woman experiencing a second-trimester miscarriage. Kimberle prayed for wisdom and then gently offered respect and culturally sensitive care, without creating spiritual barriers. Her care opened opportunities to connect spiritually with this woman, and later with others in the Muslim

community, reflecting the love of Jesus Christ.<sup>5</sup>

How could Kimberle's care have been documented in a computerized

accepted related to religiosity issues. *Religiosity* refers to the expression of one's religious beliefs and/or rituals of a particular faith tradition. Although

Religiosity, Readiness for Enhanced Religiosity (see table one)—allow nurses to recognize care that promotes a patient's chosen religion. Now, offering Communion, transporting a patient to the chapel or obtaining a kosher diet are recognized as legitimate areas of care.

Not only does NANDA offer several diagnoses related to spiritual issues, but it also allows nurses to recognize spiritual wellness. For example, in Mr. Smith's case, there was no spiritual *problem*, but clearly there were spiritual issues. The family was grieving but not dysfunctionally, so I diagnosed Readiness for Enhanced Grieving and Risk for Spiritual Distress. Nurses spend a great deal of time journeying through

**Religiosity refers to the expression of one's religious beliefs and/or rituals of a particular faith tradition.**

system? Using the NANDA, NIC and NOC nomenclatures (see table one), the woman was experiencing Spiritual Distress (NANDA), and Kimberle intervened with Spiritual Support, Religious Ritual Enhancement and Cultural Brokerage (NIC). Outcomes of care were Spiritual Health and Client Satisfaction: Cultural Needs Fulfillment (NOC).

spirituality and religiosity are related, *spirituality* is a broader term that focuses on the person's spirit, not their religious beliefs. These new diagnoses—Impaired Religiosity, Risk for Impaired

## HOW DO THE SYSTEMS WORK?

**NANDA Diagnoses.** North American Nursing Diagnosis Association diagnoses are defined as "a clinical judgment about individual, family or community responses to actual or potential health problems/life processes."<sup>6</sup> NANDA International classifies diagnoses as actual-, risk- or wellness-focused issues. Actual diagnoses are issues that currently exist and include Spiritual Distress, Hopelessness, Decisional Conflict and Dysfunctional Grieving. Risk diagnoses are issues that may develop in vulnerable individuals, families or communities, for example, Risk for Spiritual Distress and Risk for Loneliness. Wellness diagnoses are used when patients are uncompromised but wish to enhance their level of health, for example, Readiness for Enhanced Spiritual Well-being.

At the NANDA International meeting in 2003, three new diagnoses were

### SPIRITUAL HEALTH NURSING OUTCOMES CLASSIFICATION (NOC)<sup>1</sup>

*Spiritual health* (as defined by NOC): Connectedness with self, others, higher power, all life, nature and the universe that transcends and empowers the self.

	Severely Compromised	Substantially Compromised	Moderately Compromised	Mildly Compromised	Not Compromised	Not Applicable
Overall spiritual health	1	2	3	4	5	n/a
1. Quality of faith	1	2	3	4	5	n/a
2. Quality of hope	1	2	3	4	5	n/a
3. Meaning and purpose in life	1	2	3	4	5	n/a
4. Achievement of spiritual world	1	2	3	4	5	n/a
5. Feelings of peacefulness	1	2	3	4	5	n/a
6. Ability to love	1	2	3	4	5	n/a
7. Ability to forgive	1	2	3	4	5	n/a
8. Ability to pray	1	2	3	4	5	n/a
9. Ability to worship	1	2	3	4	5	n/a
10. Spiritual experiences	1	2	3	4	5	n/a
11. Participation in spiritual rites and passages	1	2	3	4	5	n/a
12. Participation in meditation	1	2	3	4	5	n/a
13. Participation in spiritual reading	1	2	3	4	5	n/a
14. Interaction with spiritual leaders	1	2	3	4	5	n/a
15. Expression through song/music	1	2	3	4	5	n/a
16. Expression through art	1	2	3	4	5	n/a
17. Expression through writing	1	2	3	4	5	n/a
18. Connectedness with inner-self	1	2	3	4	5	n/a
19. Connectedness with others	1	2	3	4	5	n/a
20. Interaction with others to share thoughts, feelings and beliefs	1	2	3	4	5	n/a

<sup>1</sup>Sue Moorhead, Marion Johnson and Meridean Maas, *Iowa Intervention Project: Nursing Outcomes Classification* (St. Louis: Mosby, 2004).

Figure 1

SPIRITUAL TERMS AND DEFINITIONS IN NANDA,<sup>1</sup> NIC, AND NOC<sup>2,3</sup>

NANDA DIAGNOSES	DEFINITION
Decisional Conflict	Uncertainty about course of action to be taken when choice among competing actions involves risk, loss or challenge to personal life values
Dysfunctional Grieving	Extended, unsuccessful use of intellectual and emotional responses by which individuals, families, communities attempt to work through the process of modifying self-concept based upon the perception of loss
Readiness for Enhanced Grieving*	A pattern of feelings and behaviors pertaining to loss that is sufficient for recovery and can be strengthened
Hopelessness	Subjective state in which an individual sees limited to no alternatives or personal choices available and is unable to mobilize energy on own behalf
Readiness for Enhanced Hope	A pattern of expectations and desires that is sufficient for mobilizing energy on one's own behalf and can be strengthened
Risk for Loneliness	At risk for experiencing vague dysphoria
Impaired Religiosity	Impaired ability to exercise reliance on religious beliefs and/or participate in rituals of a particular faith tradition
Risk for Impaired Religiosity	At risk for an impaired ability to exercise reliance on religious beliefs and/or participate in rituals of a particular faith tradition
Readiness for Enhanced Religiosity	Ability to increase reliance on religious beliefs and/or participate in rituals of a particular faith tradition.
Spiritual Distress	Impaired ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself
Risk for Spiritual Distress	Risk for an impaired ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature or a power greater than oneself
Readiness for Enhanced Spiritual Well-being	Ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature or a power greater than oneself

\*Currently under development

<sup>1</sup>North American Nursing Diagnosis Association, *Nursing Diagnoses: Definitions & Classification* (Philadelphia: NANDA International, 2003).

<sup>2</sup>Joann M. Dochterman and Gloria Bulechek, *Iowa Intervention Project: The Nursing Interventions Classification* (St. Louis: Mosby, 2004).

<sup>3</sup>Sue Moorhead, Marion Johnson and Meridean Maas, *Iowa Intervention Project: Nursing Outcomes Classification* (St. Louis: Mosby, 2004).

Table 1a

the normal process of grieving. A new diagnosis currently under development, Readiness for Enhanced Grieving, allows nurses to recognize the normal grief process as a legitimate issue that requires nursing interventions.<sup>7</sup> Without these spiritual diagnoses, spiritual care can be considered a time-consuming luxury. Use of diagnoses empowers nurses to communicate the nature and prevalence of spiritual issues.

**NIC Interventions.** The Nursing Interventions Classification system is a list of terms describing what nurses do. There are 484 terms in the latest version of NIC.<sup>8</sup> NIC includes terms related to physical, psychological, social, administrative and community care. NIC is also replete with terms that

describe spiritual care, including Spiritual Support, Spiritual Growth Facilitation, Dying Care, Hope Instillation, Presence, Grief Work Facilitation, Guilt Work Facilitation and Forgiveness Facilitation. For Mr. Smith, appropriate NICs included Presence, Grief Work Facilitation, Dying Care and Spiritual Support.<sup>9</sup> Using computerized health records, these interventions can be documented—not with long narrative notes—but with a click on the appropriate term.

Several research studies have shown that NIC accurately and adequately captures hospital-based care.<sup>10</sup> My research demonstrated that NIC also captures the spiritual dimension of care. I mapped into NIC 170 parish nurse

narrative documentation records from seven sites across the country representing urban, suburban and rural ministries of practice. All documented spiritual interventions could be captured in NIC, demonstrating that NIC could adequately record spiritual care.<sup>11</sup>

**NOC Classifications.** The Nursing Outcomes Classification (NOC) is a list of nursing-sensitive patient outcomes measured on a five-point scale.<sup>12</sup> It is a book of assessment tools or surveys. Examples of spiritual concepts in NOC include Spiritual Health, Grief Resolution, Hope, Acceptance: Health Status and Comfortable Death. Each outcome concept in NOC also includes a list of indicators, or sub-questions, under the overall concept. For example, as shown

<b>NIC INTERVENTIONS</b>	<b>DEFINITION</b>
Bibliotherapy	Use of literature to enhance the expression of feelings and the gaining of insight
Cultural Brokerage	A deliberate use of culturally competent strategies to bridge or mediate between the patient's culture and the biomedical health care system
Decision-making Support	Providing information and support for a patient who is making a decision regarding health care
Dying Care	Promotion of physical comfort and psychological peace in the final phase of life
Forgiveness Facilitation	Assisting an individual to forgive and/or experience forgiveness in relationship with self, other and higher power
Grief Work Facilitation	Assistance with the resolution of a significant loss
Guilt Work Facilitation	Helping another to cope with painful feelings of responsibility, actual or perceived
Hope Instillation	Facilitation of the development of a positive outlook in a given situation
Music Therapy	Using music to help achieve a specific change in behavior, feeling or physiology
Presence	Being with another, both physically and psychologically, during times of need
Religious Ritual Enhancement	Facilitating participation in religious practices
Simple Guided Imagery	Purposeful use of imagination to achieve relaxation and/or direct attention away from undesirable sensations
Simple Relaxation Therapy	Use of techniques to encourage and elicit relaxation for the purpose of decreasing undesirable signs and symptoms such as pain, muscle tension or anxiety
Spiritual Support	Assisting the patient to feel balance and connection with a greater power
Spiritual Growth Facilitation	Facilitation of growth in patient's capacity to identify, connect with, and call upon the source of meaning, purpose, strength and hope in his/her life
Values Clarification	Assisting another to clarify her/his own values in order to facilitate effective decision making
<b>NOC OUTCOMES</b>	<b>DEFINITIONS</b>
Acceptance: Health Status	Reconciliation to significant change in health circumstances
Client Satisfaction: Cultural Needs Fulfillment	Extent of positive perception of integration of cultural beliefs, values and social structures into nursing care
Decision Making	Ability to make judgments and choose between two or more alternatives
Dignified Life Closure	Personal actions to maintain control during approaching end of life
Grief Resolution	Adjustment to actual or impending loss
Hope	Optimism that is personally satisfying and life-supporting
Loneliness Severity	Severity of emotional, social or existential isolation response
Spiritual Health	Connectedness with self, others, higher power, all life, nature and the universe that transcends and empowers the self

Table 1b

in figure one, Spiritual Health can be measured globally, or the nurse can look at more specific aspects of spiritual health, such as ability to love, ability to forgive, ability to pray, quality of faith or quality of hope. Spiritual NOC terms appropriate to Mr. Smith and his family were Spiritual Health and Comfortable Death.

In computer systems, NOC terms are a form of assessment. When nurses perform the *head-to-toe assessment*, they

not only document physical data (e.g. lungs clear, heart rate regular and strong bowel sounds x 4, palpable pedal pulses), but they also can document spiritual health or journey in the grieving process. In parish nursing, NOC has been used as a pre-test/post-test for group programs or support groups. For example, in a grief support group, members of the group can complete the Grief Resolution NOC to help them explore their grief journey. This

can empower members to facilitate that journey and can stimulate discussion.<sup>13</sup> NOC can be a strong system to measure the impact of spiritual care for both nurses and patients/clients.

To support the use of NOC, the federal government (through the National Institute for Nursing Research) supported a study to measure how well NOC captures spiritual and wellness outcomes.<sup>14</sup> Researchers visited clients with parish nurses for about twenty

minutes to an hour, then parish nurse and researcher independently completed the Spiritual Health NOC (see figure one). In all cases, the parish nurse knew the client well, while the researcher had previously never met the client. Results revealed that the parish nurse and the researcher chose the exact same NOC measurement (or within one point) 92.2 percent of the time, supporting the reliability of the Spiritual Health NOC in measuring spiritual health.<sup>15</sup>

Historically, outcomes have been measured in terms of physical or financial measurements, for example,

## We can tell the story of spiritual care with a new tool.

infection rates, readmission rates, emergency room visits, length of stay, morbidity or mortality. With the use of NOC, nurses can document spiritual issues and link changes in spiritual outcomes to physical and financial outcomes.

### TELLING THE STORY

For nurses to accurately document spiritual care, computerized documentation systems must offer the option to choose spiritual diagnoses, interventions and outcomes. The majority of systems offer the flexibility of allowing health care institutions to choose what NANDAs, NICs, and NOCs appear on the screens. It is critical that nurse leaders and staff nurses know this opportunity exists and utilize it fully to include spiritual care terms when designing the assessment and care plan documentation screens and also in aggregating data from the systems for productivity, related outcomes and other measurements.

Parish nurses have provided much

leadership and momentum in defining and measuring the impact of spiritual care. Many of these spiritual diagnoses, interventions and outcomes came out of research at Advocate Healthcare, originally funded through a Kellogg grant.<sup>16</sup> As part of that research, a parish nurse documentation system, called *Integration*, was developed. *Integration* uses NANDA, NIC and NOC in a check-off, paper/pencil system. The manual, *Integration: A Documentation System Reporting Whole Person Care*, can be purchased through the International Parish Nurse Resource Center at [www.parishnurses.org](http://www.parishnurses.org). *Integration* is

free to use, but parish nurses need to obtain permission from the author prior to using the system ([eburkha@luc.edu](mailto:eburkha@luc.edu)).

The work in spiritual care has impacted all of nursing. Health systems, particularly faith-based health systems, are searching for ways to provide and measure spiritual care. The Center for Spiritual Leadership in Health Care, Marcella Niehoff School of Nursing, at Loyola University Chicago, is currently involved in research to study spiritual leadership in health care and measure the impact of spiritual care. The school has also redesigned the undergraduate nursing curriculum based on these standardized terminologies.

In addition, we have developed a web-based certificate program in spiritual care. For more information about these programs, visit the Marcella Niehoff School of Nursing home page on the Loyola web site at [www.luc.edu](http://www.luc.edu).

As Christian nurses, we are called to

do Christ's work. Part of this work is telling the story of nursing to those who do not understand what we do, especially in the area of spiritual care. In a health care environment that may seem dark and trying, God gives us direction. It is our choice to recognize and to hold up spiritual care with the tools that are available. Now, in addition to rich narrative stories, we can tell the story of spiritual care with a new tool: computerized documentation systems using spiritual NANDAs, NICs and NOCs. ■JCN

<sup>1</sup>Kathleen McCormick, Norma Lang, R. Zielstorff, et al., "Toward Standard Classification Schemes for Nursing Language: Recommendations of the American Nurses Association Steering Committee on Databases to Support Clinical Nursing Practice," *Journal of the American Medical Informatics Association* 1, no. 6 (Nov/Dec 1994): 421-27.

<sup>2</sup>Harriett Werley and Norma Lang, *Identification of the Nursing Minimum Data Set* (New York: Springer, 1988).

<sup>3</sup>National Library of Medicine, "HHS Launches New Efforts to Promote Paperless Health Care System."

Accessed at

[http://www.nlm.nih.gov/news/press\\_releases/paperlesspr03.html](http://www.nlm.nih.gov/news/press_releases/paperlesspr03.html) on November 3, 2003.

<sup>4</sup>Joanne McCloskey Dochterman and Dorothy Jones, eds., *Unifying Nursing Languages: The Harmonization of NANDA, NIC and NOC* (Washington: nursesbook.org, 2003).

<sup>5</sup>Kimberle Deller, "A Prayer for Sarah: Crossing Cultures with a Tender Heart," *Journal of Christian Nursing* 20, no. 3 (Summer 2003): 18-19.

<sup>6</sup>North American Nursing Diagnosis Association, *Nursing Diagnoses: Definitions & Classification* (Philadelphia: NANDA International, 2003), p. 263.

<sup>7</sup>*Ibid.*, p. 247.

<sup>8</sup>Joann M. Dochterman and Gloria Bulechek, *Iowa Intervention Project: The Nursing Interventions Classification* (St. Louis: Mosby, 2004).

<sup>9</sup>*Ibid.*

<sup>10</sup>Susan Henry, Judy Warren, Linda Lange and Patricia But-ton, "A Review of Major Nursing Vocabularies and the Extent to Which They Have the Characteristics Required for Implementation in Computer-based Systems," *Journal of the American Medical Informatics Association* 5, no. 4 (July/August 1998): 321-28.

<sup>11</sup>Lisa Burkhart and Ida Androwich, "Measuring the Domain Completeness of the Nursing Interventions Classification System in Parish Nurse Documentation," *CIN: Computers, Informatics, Nursing* 22, no. 2 (March/April 2004): 72-82.

<sup>12</sup>Sue Moorhead, Marion Johnson and Meridean Maas, *Iowa Intervention Project: Nursing Outcomes Classification* (St. Louis: Mosby, 2004).

<sup>13</sup>Lisa Burkhart, "Integration: A Documentation System Reporting Whole-Person Care," in *Iowa Intervention Project: Nursing Outcomes Classification*, S. Moorhead, M. Johnson and M. Maas, eds. (St. Louis: Mosby, 2004), pp. 796-802.

<sup>14</sup>Moorhead, Johnson and Maas, pp. 49-65.

<sup>15</sup>Lisa Burkhart, "NOC in Parish Nursing: Reliability, Validity and Utility in a Community-based Setting," presented at *NANDA, NIC, NOC 2002: Developing, Linking and Integrating Nursing Language and Informatics*, Chicago, IL, April 12, 2002.

<sup>16</sup>Lisa Burkhart, *Integration: A Documentation System Reporting Whole Person Care* (Evanston: author, 2002).