



# Family Practice Physicians', Nurse Practitioners', and Physician Assistants' Spiritual Care

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## OBJECTIVE

To determine how primary care providers incorporate spirituality into their practice.

Significant Statements	Formulated Meanings	Clusters of Themes	Emergent Themes
<p>"If there is particularly a grief issue, I think, it is probably when I'm most aware of the need for a spiritual or faith connection"</p> <p>"...Certainly chronic conditions...when it gets to this potentially mortal, morbid sorts of situations...you do see a lot more of that "why me?..."</p> <p>"...if they are obviously in crisis, depression, domestic abuse..."</p>	<p>The need to discuss spiritual issues is obvious in the presence of a chronic disease or grief process.</p>	<p>Patient's presentation with chronic diseases enabled providers to readily discern the need for spiritual assessment</p> <p>Patients presentation with mental health and grief issues provided a milieu that facilitated spiritual assessment</p>	<p>Discerning instances for overt spiritual assessment</p>

Significant Statements	Formulated Meanings	Clusters of Themes	Emergent Themes
<p>"If they are talking about prayer, meditation and going to church I think that is fine."</p> <p>"Spiritual techniques, again as I said, based on the patients background... If not religious, we could use exercise, yoga technique..."</p> <p>"If they have an organized path that they have followed their life through, I would encourage them to go along there...talk to your pastor and talk to your priest and talk to your church leaders..."</p>	<p>Providers often encourage patients to incorporate spiritual practices that are helpful to them.</p>	<p>Providers can meet patients' spiritual needs by encouraging them to use existing spiritual practices which are important to them, and have been effective in the past.</p>	<p>Encouraging use of existing spiritual practices.</p>

## METHODS

### Qualitative Descriptive Phenomenological Research

- **Selection of Participants**  
Non-random selection of key informants based on their lived experiences
- **Interview**  
Face-to-face, semi-structured interviews, continued until data saturation obtained
- **Data analysis**  
Rich narrative taped and transcribed, analyzed using Colaizzi method independently by multiple researchers. The iterative process resulted in emergent themes.

## ABSTRACT

**TITLE:**  
Family Practice Physicians', Nurse Practitioners', and Physician Assistants' Spiritual Care

**BACKGROUND:**  
An expanding body of literature supports primary care providers incorporating patients' spiritual practices into their care, but there is a lack of qualitative studies that have investigated how an array of primary care providers support their patients' spiritual needs. Additionally, numerous studies agree that patients want their providers to address spiritual issues.

**OBJECTIVE:**  
To determine how primary care providers incorporate spirituality into their practice.

**METHODS:**  
Face-to-face semi-structured interviews were conducted with ten Primary Care Family Practice Providers, including three medical doctors (MDs), five nurse practitioner (NPs), and two physician assistants (PAs), to investigate how they incorporate spirituality into their patient care.

**RESULTS:**  
Five major theme clusters emerge which support how family practice MDs, NPs, and PAs address their patients' spiritual needs: (1) discerning instances for overt spiritual assessment; (2) displaying genuine and caring attitude; (3) encouraging use of existing spiritual practices; (4) documenting spiritual care for continuity of care; and (5) managing barriers to spiritual care.

**IMPLICATIONS:**  
This is the first study of its kind to investigate an array of primary care providers in family practice. Findings support that patients' spiritual needs can be addressed in primary care in spite of documented barriers. Techniques to assist primary care providers in providing spiritual care are discussed and directions for future research are suggested.

Significant Statements	Formulated Meanings	Clusters of Themes	Emergent Themes
<p>"... it's only the decision that I am going to make spiritual care as part of my practice has to get made and the rest just comes naturally."</p> <p>"If you feel that this is something important in your practice, you'll do it ..."</p>	<p>Making a decision to incorporate spirituality into practice will advance spiritual care</p>	<p>Providers who recognize the importance of spiritual care in their patients health and healing will find time to incorporate it in their practice</p>	<p>Managing barriers to spiritual care</p>

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## RESULTS

### Emergent Themes

- Discerning instances of overt spiritual assessment
- Displaying genuine and caring attitude
- Encouraging use of existing spiritual practices
- Documenting the spiritual care for continuity of care
- Managing barriers to spiritual care

Significant Statements	Formulated Meanings	Clusters of Themes	Emergent Themes
<p>"I may comment that I have encouraged the patient to seek connection with the church or other faith connection or spiritual connection"</p> <p>"...maybe once in a great while I have – just saying that their faith is important to them."</p> <p>"...I say feelings of worthlessness or hopelessness or things like that that kind of convey where that patient is at that time."</p>	<p>By indirectly documenting spiritual care, providers can convey to their colleagues what patients' spiritual beliefs and values are.</p> <p>Providers document patients' spiritual practices to ensure that other providers incorporate patients' spiritual practices when caring for them.</p>	<p>Providers can meet patients' spiritual needs by encouraging them to use existing spiritual practices which are important to them, and have been effective in the past. Providers can meet patients' spiritual care by communicating to their colleagues patients' spiritual beliefs and values, thus fostering continuity of spiritual care.</p>	<p>Documenting the spiritual care</p>

Significant Statements	Formulated Meanings	Clusters of Themes	Emergent Themes
<p>"I do this by trying to remain non-judgmental and open to whatever their concerns are."</p> <p>"I think the laying of hands and empathy."</p> <p>"I try to treat them fairly and honestly, and I think it is important to be a good listener."</p>	<p>Remaining non-judgmental, treating patients fairly, honestly, and listening to their concerns are integral in providing spiritual care.</p>	<p>Providers can meet patients' spiritual needs by being good listeners, honest, remaining non-judgmental and treating patients fairly.</p>	<p>Displaying genuine and caring attitude</p>

## IMPLICATIONS

- Spiritual care is important to patients and primary providers, and can be incorporated into primary care in spite of documented barriers.
- The results of this and other qualitative research could be built upon to create a grounded theory of the provision of spiritual care and support in primary care.
- These current findings provide direction for quantitative research to investigate the relationship between the provision of spiritual care by family practice practitioners, and health outcomes evidenced in their patients.
- Development of solid theories of practice would help practitioners understand the basis of spiritual care in primary care practice and assist them with techniques for providing spiritual care.