

Title	Nursing the individual				
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EPICC Standard Competency	General Teaching & Learning	1 Intrapersonal Spirituality	2 Interpersonal Spirituality	3 Spiritual Care: Assessment and Planning	4 Spiritual Care: Intervention and Evaluation
Teaching Group	Nursing				
Year of Teaching	1				
Learning Objectives	<ul style="list-style-type: none"> Understand the care of persons, which includes the physical, psychosocial and spiritual care provided. 				
Strategy Description	<ul style="list-style-type: none"> Introduce spirituality as a concept in a holistic approach to care. Define spirituality/religiosity in health. Competence in spiritual care: What is it? Domains pertaining to spiritual care. Applying concepts to practice by using various case scenarios (see below). <p><u>Definition of spirituality</u> “Spirituality is about hope and strength, trust, meaning and purpose, forgiveness, belief and faith in self, others, and for some this includes a belief in a deity/higher power, peoples’ values, love and relationships, morality, creativity and self-expression” (RCN, 2011).</p> <p><u>Definition of spiritual care</u> Spiritual care refers to: “that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires” (NHS Education for Scotland 2009, p. 6).</p> <p><u>Scenario 1: Induction of labour against my wishes</u> I was induced much to my disapproval and disappointment, but I felt bullied into following doctor’s orders. I had gestational diabetes which was diet controlled. They said my baby was macrosomic and they did not want me to go past 40 weeks and 2 days. They started my induction by inserting a pessary in my vagina at 4pm, and by 2am they wanted to speed things up so they ruptured my membranes, I was foetal monitored throughout my whole labour and had doctors constantly coming into the room to tell me they were unhappy with my baby's heart beat dropping, as they kept upping the doses of syntocinon!! I moved around as much as I could during my labour and kept asking to go to the toilet as then they had to remove the foetal monitoring. I spent 30 minutes in the shower and thought if the midwives and doctor left me alone I could most certainly birth my baby in the shower but another midwife came into stop my shower as I was connected to a machine and said I wasn't allowed in the shower. Because of it, I cried. At one stage they asked if they could take my babies blood by scraping his head to check his level of oxygen I said no at first and they said my baby could get brain damage or be stillborn. I asked for some time to make my decision and I asked if I said ‘no’ what would be my options? They said I would need a</p>				

C-section if I don't allow this test. My beautiful, Doula explained that every time my contraction finished my baby's heart was galloping and sounded fine and I was very torn with making a decision, but I eventually said 'yes', and they inserted a metal instrument into my vagina, when I began to have a contraction at the same time as this procedure was taking place. The results were positive and Charlie had enough oxygen running through his body.

The doctors came in 30 minutes later asking to do the same test and I refused and asked them to leave the room. I had laboured for 13 hours with no drugs. My contractions were becoming too strong to handle and breathing wasn't helping as I would have 4 to 5 contractions in a row with no break, at this point I started to push, the doctors came in and said I needed to do the scraping test again or agree to a c-section. I couldn't do the scraping test again so I said yes to the c-section.

My baby was born after 13 hours of labouring. He was a completely healthy 3.632kg and 53cm in length. He wasn't over weight or macrosomic!

What do you think of this experience?

Scenario 2

Daniella's first birth experience had ended in a long two-hour second stage and a bad perineal tear, which she remembers two doctors taking two hours or more to suture. She recalls not being able to walk for three weeks, and could not resume sexual intercourse for a year and a half. She felt brutalised, with her sexual identity in tatters. Daniella felt so traumatised by the memory of that second stage that she considered opting for an elective caesarean section for this birth, but decided in the end to have a vaginal birth. The first stage went easily and quickly, and needed no analgesia; then the second stage began, she panicked and it all started to go horribly wrong.

The midwife told Daniella to 'go with her body', which left Daniella confused over whether or not she should push. Yet when she did get an urge to push and tried, the midwife told her not to, which undermined what little confidence she had. Midwives were coming in and out of the room, and Daniella felt that everything was slipping out of control. The midwife was taking charge, Daniella did not feel in control and, importantly, her body was obviously not being trusted. Daniella did not know what to do, whether to push or breathe, and then there was the continuing, excruciating pain. But then came her 'angel'. A second midwife came in after this had been going on for an hour and a half, 'took charge' and assisted Daniella to give birth vaginally by giving clear precise directions. Daniella recalls: 'This midwife came in and took charge, almost like military precision, and you just felt confident with her. She just looked at me and took my arm and she was an angel sent from heaven. I suddenly had a surge of energy. It brings tears to my eyes, because she really did.'

Scenario 3

The woman had conceived this, her much-wanted, eighth child, whilst visiting Mecca to pray for last chance at motherhood. This conception was a 'blessing from Allah'. During a routine ultrasound scan, it was revealed to this woman that her unborn child has congenital heart problems. The effect of this news upon this woman was devastating, 'her world fell apart', and she was feeling that the health service, its personnel and God had failed her. When the child was born he was diagnosed with

severe heart defect and was transferred to intensive care. The mother did not want to visit or learn of the child's problem: all she asked was whether a child with this condition had ever lived.

Scenario 4

Eric Jenkins is a 34-year-old male with a past medical history of depression. He has had some treatment for his depression and prescribed medicine which he is currently not taking. He presents to the Emergency Department with the complaint of wanting to jump off a cliff and kill himself.

"What am I living for? I went from being an 'A' student to a loser. There is nothing more for me" he whispers softly between tears. He tells his nurse that he has been drinking gin. He stopped a by passer who brought him to hospital before he acted on impulse.

Eric is an only son and has been the sole caregiver of his elderly mother and father for about 10 years. He tells his nurse that taking care of his parents has been 'his life'. His father died about 4 years ago. He continued taking care of his mother after his father died but was devastated 6 months ago when his mother died. He is now saying "I have no purpose to my life." He looks very sad and continues to gaze downward. When he looks at you his eyes clearly show that he is asking for help. Eric believes in God, reads the Bible regularly, thinks that if you "live a good life according to the Bible then things will go well for you". He belongs to a non-denominational Christian church, use to go to church regularly, not so much lately.

Scenario 5

One afternoon when I had about seven weeks left of my pregnancy, I suddenly realised that my baby hadn't moved all day. I had a job at the time that kept me very busy and I hadn't been paying that much attention to my pregnancy except that I had an exceptionally active baby; she seemed to wiggle all the time. So when I didn't feel her move for a whole day, got a sort of sick, scared feeling in my stomach. I called my midwife and she told me to come over to hospital. When I reached hospital, Claire, the midwife explained that she knew of cases when the mum did not feel movements and the baby was still alive. She quickly took me to the ultrasound department. Everyone encouraged me not to give up hope so I tried to think that way, but it felt really heavy. Michael my husband managed to it together somehow that day even though I cried and cried. I felt an anguish and pain I'd never felt before. I tried to keep up hope that the baby was alive. As soon as I got in the room I felt a clear aura of Truth. In the room there were 2 persons wearing white coats looking at the screen as the scan proceeded. Claire looked at the screen and then we looked at each other long and strong. We both knew my baby had died.

Scenario 6

Christina is a 54-year-old married woman, mother of four children. The oldest daughter is 29 years old, married and has 1 child and the youngest daughter is 14 years. Christina has been diagnosed with brain tumour after experiencing severe headaches with vomiting. Christina's main thoughts are, "What have I done to deserve this?" and "Why me?" Christina a devoted Catholic feels angry at God and as a result she finds it hard to pray and meditate, although she still attends mass regularly. She also feels incredibly helpless which is making her more and more frustrated. Apart from this, Christina also feels a strange guilt regarding her illness

	<p>which she attributes to her diet, her work and her lifestyle. She feels depressed and isolated from her loved ones. She feels afraid of the pain she is likely to go through, of losing her hair due to chemotherapy and death which she claims to be at her doorstep. Members of the church community have also come to visit her at her home. They have encouraged Christina to come to their meetings which include a talk, prayers and meditation. Family members encourage her to attend and promise to accompany her to these gatherings.</p> <p><u>Scenario 7</u> Jane is the mother of 10 year old John and 6 year old Mark. Jane is a qualified nurse. John her eldest son, has been diagnosed with acute Lymphoblastic Leukaemia and is currently receiving chemotherapy. Although Jane is a Roman Catholic, she perceived herself more as a spiritual person rather than a religious one. She attends church every Sunday and prays only when faced with a problem. She is also very well supported by her husband, family and friends. Like other parents, when Jane was faced with her child's devastating illness, many times asks herself "why did this happen to me and why to my child?" Jane felt punished for her wrong doings, felt lost and unable to pray. Her life transformed into anger, frustration and irritability.</p>
Educator's Role	<ul style="list-style-type: none"> • Lectures.
Resources	<ul style="list-style-type: none"> • Case scenarios.
Learner Assessment	<p><u>Scenario 1 and 2</u></p> <ul style="list-style-type: none"> • What are the spiritual needs of the clients (and their family) in these stories? • What does the midwife need to know, be able to do, or think, in order to meet these needs?
Additional Comments	
References	<p>Barnum, B. S. (1996). <i>Spirituality in nursing: From traditional to new age</i> (2nd Ed.). New York, NY: Springer Publishing Company, Inc.</p> <p>Cobb, M., Puchalski, C. M., & Rumbold, B. (2012). <i>Oxford Textbook of spirituality in healthcare</i>. Oxford: Oxford University Press.</p> <p>Gaskin, I. M. (2002). <i>Spiritual Midwifery</i>. Book Publishing Company, London.</p> <p>Hall, J. (2001). <i>Midwifery, mind and spirit: Emerging issues of care</i>. Oxford: Books for Midwifery.</p> <p>Taylor, E. J. (2007). <i>What do I say?: Talking with patients about spirituality</i> (1st Ed.). Philadelphia, PA: Templeton Foundation Press.</p> <p>O'Brien, M. E. (2014). <i>Spirituality in nursing: Standing on holy ground</i> (6th Ed.). Burlington, MA: Jones & Bartlett Learning.</p> <p>Giske, T., & Cone, P. (2012). Opening up to learning spiritual care of patients: A grounded theory study of nursing students. <i>Journal of Clinical Nursing</i>, 21, 2006-2015. doi: 10.1111/j.1365-2702.1011.04054.x</p> <p>McSherry, W. (2006). <i>Making sense of spirituality in nursing and health care practice: An interactive approach</i> (2nd Ed.). London: Jessica Kingsley Publishers.</p> <p>Westera, D. A. (2016). <i>Spirituality in nursing practice</i>. New York, NY: Springer Publishing Company, LLC.</p>