Exploring Facilitators and Barriers to Conducting Spiritual Histories in Older Adults

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Nurses can relieve spiritual suffering in older adult cancer patients through spiritual histories, yet may be reticent to engage in spiritual conversations. The qualitative aim of Lift the Spirit, a pilot feasibility and acceptability study, was to explore factors affecting cancer nurses’ perceptions of the barriers and facilitators to conducting spiritual histories in clinical practice. Lift the Spirit, an enhanced educational communication intervention, was designed to equip nurses with the knowledge, skills, and attitudes to conduct spiritual histories. A purposive sample of nurses (n = 17) independently engaged in an online multimedia course, Spiritual Assessment in Clinical Practice, then synchronously role-played conducting a spiritual history in dyads (nurse/patient), engaged in a skills performance, and participated in Debrief Interviews. Qualitative data were collected during Debriefing Interviews using the Debrief Interview Guide. Interpretive description guided the qualitative content analysis of Debrief Interview data. Structural coding was used to sort data into barriers and facilitators on the first pass.
that rely on the function of numerous brain networks. This
IN OLDER ADULTS
TOOL TO UNDERSTAND AND ENHANCE MOBILITY
TRANSCRANIAL ELECTRICAL STIMULATION AS A
interventions to prevent progression to dementia.
and brain substrates of MCR; paving the way for future
world have helped to elucidate the epidemiology, biology,
plaints. MCR is a simple and easily accessible clinical de
Motoric Cognitive Risk (MCR) is a pre-dementia
syndrome characterized by slow gait and cognitive com
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Standing and walking are complex cognitive-motor tasks
Emerging evidence indicates that non-cognitive manifest
Motor IE PATHWAYS TO DEMENTIA
within each structural code, data fitting the definition of barrier
Participants described barriers and facilitators at the levels
of institution/profession (lack of education and training), self
(vulnerability, perceived riskiness), and patient (cultural dif
ference) that were similar to barriers already noted in the
literature. Facilitators included feeling equipped and supported and having external cues as reminders. The degree of
angst, fear, and vulnerability expressed towards conducting spiritual histories was surprising. Equipping nurses with the
knowledge, skills, and attitudes is essential to reduce spiritual suffering in older adults.

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