

Spirituality and its effect on Terminal Restlessness

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Why Topic Was Chosen:

- i. Improve our sense of spirituality and empathy towards those entering terminal illnesses
- ii. Explore spiritual interventions that can provide easement of spiritual distress
- iii. Examine spiritual preferences through spiritual assessments
- iv. Evaluate the effectiveness of spiritual interventions on those terminally ill

Spirituality Defined:

Latin Origin: "Spiritus" meaning breath essential to life

Spirituality is the search for ultimate meaning within life experiences and illness and thus concerned with meaning and purpose of life, connectedness with higher self, and harmony with others (Young, C. & Koopsen, C., 2011)

What is Terminal Restlessness?

- i. Diagnosed when illness is seen as irreversible
- ii. Medical care is typically withdrawn and palliative care and comfort measures are initiated
- iii. Preparation for death begins

So the question is:

Do Spiritual Interventions
Impact Terminal
Restlessness?

Literature Review

1. Terminal Restlessness as perceived by hospice professionals.
2. Perceptions of spirituality and spiritual care among older nursing home residents at the end of life.
3. Determine to what degree the spiritual needs of patients near the end of life are met.
4. Comfort for the dying.

Study:

Terminal Restlessness as perceived by hospice professionals

Purpose:

1. To compare the perceptions of practicing hospice clinicians with the literature released to terminal restlessness.
2. To determine if their experience with terminal restlessness agreed with the components of the one established scale for terminal restlessness found in the literature.

Method:

- Survey scale of 5 questions based on the components of terminal restlessness.
- Participants were from 3 major hospice facilities similar in size.
- Physicians, nurses, social work & pastoral care were included.
- Surveys were compiled and analyzed.

Study Continued: Terminal Restlessness as perceived by hospice professionals

Findings:

- Correspond to the literature in regards to frequency, definition, causes & behavioral manifestations of terminal restlessness.
- The clinicians supported the impact of psychosocial & spiritual causes of terminal restlessness.

Critique of this study

- Did not support the inclusion of impaired consciousness and withdrawal as comprised in terminal restlessness scale.
- Further research is needed to support the spiritual and psychological effects of terminal restlessness.
- Need to develop methods for identifying and ameliorating spiritual and psychological causes.

Study:

Perceptions of spirituality and spiritual care among older nursing home residents at the end of life.

Purpose:

Investigate perceptions of spirituality and spiritual care among older nursing home residents at the end of life.

Method:

- 26 older residents from 2 facilities.
- Used spirituality and spiritual care rating scale.
- Surveys were analyzed.

Study continued: Perceptions of spirituality and spiritual care among older nursing home residents at the end of life

Findings:

- All had broad perspectives on how the felt nurses could help promote their spiritual health.
- Moderately liberal perspectives on how nurses could promote spiritual health by personalizing car.
- Positive responses of the residents to instrument items focusing on nursing interventions to promote spiritual health.
- Residents perspectives on their spirituality was high.
- Residents perspectives on their religiosity was low.
- Results indicate that the older adult nursing home residents had moderately high views of general aspects of spiritual and spiritual care.

Critique of this study

- Study is limited in size.
- Varying spiritual beliefs & lack of education and experience with spiritual care are barriers to implementing spiritual interventions.
- Future research is needed sampling both religious and non-religious facilities; validating the use of spiritual assessment scales; measuring outcomes of interventions; providing spiritual care in-services for staff; and conducting long term follow up studies

Study: Determining to What Degree Spiritual Needs are Met with Patients Near End of Life

Purpose:

Assess each patient using Spiritual Needs Inventory and rated life satisfaction to determine spiritual needs at the end of life

Examine the effects of those that felt that their spirituality needs were not met, and how this impacted their perception of death

Method:

- i. Using SNI to assess spiritual needs in one inpatient and five outpatient hospice settings; average age 67 years. Conducted over 6 months.
- ii. Cantril Ladder used to measure patient's perception of quality of life and life satisfaction

Results

- Women indicated a higher degree of need for spiritual care than men
- Life satisfaction scores did not vary from men or women
- Praying was perceived by 95% of all individuals interviewed as a need that must be met
- Socioeconomic status did not affect spiritual needs
- Those that felt their needs were met were more relaxed and prepared for death

Critique of the study and Nursing Implications:

- SNI is newly developed and indicates good reliability, however due to being a new instrument it has created limitations recommending further testing
- Majority of the subject group were women; 62 female, 38 male hospice patients

Implications:

- i. Nurses must be aware of the broadness of spirituality
- ii. Be aware that patients have different spiritual needs depending on support, care setting, and functional status
- iii. Utilize other members of healthcare team i.e. chaplains

Hermann, Carla P. The degree to which spiritual needs of patients near the end of life are met. (Clinical Report). *Oncology Nursing Forum* 34.1 (January 2007):p70(9).

Study: Comfort for the dying

- 5 year retrospective, 1 year prospective study, published in 2009
- King's College Institute of Psychiatry, UK
- 38 participants
- Nurses, physicians and chaplains included as interviewees
- Some experiences were transcendent and include visions, transit between realities including love and light, others more substantive included reconciliation, moments of lucidity in the confused and coincidences including apparitions

Methods

- Data collection consisted of recorded interviews and a questionnaire on experiences
- Participants from 2 hospices and 1 nursing home

Findings

- 62% reported patients experienced profound dreams that comfort and prepare people for death
- 70% indicated end of life experiences held profound personal meaning for dying person
- 92% agreed end of life experiences offered spiritual comfort to patients

Implications

- End of life phenomena appears to be extremely important and helped the dying resolve inner conflict and released them from anxiety and restlessness
- Changes in mood were observed from agitation and distress to peaceful acceptance
- Health care professionals should take seriously these spiritual events that can help decrease terminal restlessness
- Further study is needed to encourage evidence based practices

Critique of study

- This was a small study
- Did not discuss spiritual backgrounds of caregivers or patients themselves
- Results seem to be subjective, lack of control group
- No mention of cases where spiritual interventions or phenomena did not work to bring peace to the restless

Conclusion & Implications:

Terminal restlessness is a distressing phenomena that occurs in the immediate period prior to death. Nurses caring for patients near end of life need to be aware of interventions supported by research in order to provide competent evidence based care. Research specifically dealing with spiritual interventions for terminal restlessness is limited, but there is much research related to spiritual care of the dying, and this research supports the theory that spiritual expression, care and phenomena are contributors to a peaceful death.

As spiritually aware and culturally competent nurses, we can be confident in supporting our patients spirituality, particularly during the end of life period. We can encourage spiritual support as an intervention for those suffering terminal restlessness, in combination with pharmacotherapy and other evidence based practices to provide holistic care that is meaningful to the patient.

References

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