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Development of a Cultural and Spiritual Toolbox: A High Impact Interprofessional Project

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Abstract

Healthcare providers may not be prepared to incorporate cultural and spiritual aspects of patient care within their practice. The cultural and spiritual toolbox project will increase the opportunity for those working in a local three campus hospital system to deliver patient-centered care at the bedside by helping them recognize the nuances of various cultures and religions. An interprofessional team convened over a one year period to explore how these aspects of care could be met.

To this end, the team researched and developed a “Cultural and Spiritual Toolbox” which offers information in an online format. This project will be fully implemented in late 2015. It was designed and approved for use in a large non-religious affiliated hospital system with three campuses. The software program provides healthcare workers with a diverse cultural and spiritual reference to assist patient-centered bedside care. Faculty and students from Rutgers and the Rowan University School of Osteopathic Medicine collaboratively developed a comprehensive guide which addresses religions, cultures and practical strategies for healthcare providers.

This computer-based system was accepted by the ethics board on December 5, 2014. The toolbox modules were designed by an interprofessional team and reviewed by religious experts and ordained religious leaders from various faiths. It will be implemented once the computerized integration is completed. The program will be available to patients, families, caregivers, physicians, and staff members who seek assistance.

The Issue

Cultural competency is considered critical to reducing health disparities and improving access to high quality healthcare. Care that is respectful of and responsive to the needs of diverse patients enables systems, agencies, and groups of professionals to function effectively and to understand the needs of others. Applying multiple aspects of health information allows providers to meet the patient on a common ground (NIH, 2015).

Prior to the development of this project, the healthcare workers in a large hospital system expressed concern regarding hospital resources available to guide healthcare professionals in providing culturally and spiritually competent care. Although there were religious leaders on call, immediate access to needed care information was not readily available. Anecdotal evidence indicates health care workers often have trouble accessing spiritual leaders to provide care at the bedside. This project helps the unmet need to provide spiritual interventions in a timely manner by offering an immediate 24-hour resource for those caregivers. The content domains include identification of communications, customs, beliefs, values, and implications that are often specific to ethnic, racial, religious, geographic, or social groups (NIH, 2015).

Background to the Project

The framework for this was first developed during an interprofessional workshop offered by the Thomas Jefferson University Center for InterProfessional Education (JCIPE). Under the advisement of Dr. Elizabeth Speakman, Co-Director of JCIPE, the phases of the project were first conceptualized and organized. In addition, Dr. Speakman has continued to guide a group of southern NJ professionals through the steps needed to bring this project from concept to implementation.

The premise that people are spiritual by virtue of their humanity speaks to the importance of honoring this aspect of the human dimension in a medical care setting. As bio-psycho-social-spiritual beings with cultural influences, it becomes critical that healthcare providers recognize this aspect of care while caring for patients. Widespread evidence shows that interest in spirituality is not just for church goers. Today many believe their spirituality helps promote healing (Koenig, King and Carson, 2012). Therefore, the importance of acknowledging the spiritual and cultural aspects of care is essential to restoring health. The contents of the toolbox module system are:

- Strategies to enhance cultural and spiritual care of patients.
- Resources for spiritual and cultural aspects of care.
- Information for further exploration of these topics.

Project Development

The goal of the project is threefold. In the development phase, it provided the groundwork for students from varied cultural and religious backgrounds to discuss how spiritual and cultural factors affect care. It also gave students an opportunity to explore how this aspect of care leads to provisions of improved quality of care at the bedside. Team members learn from one another, collaborate and discuss the implementation of this project. It is viewed as a culturally sensitive intervention important in providing a high quality of patient care (AACN, 2011). Lastly, the project, once implemented, will cast a wide net of information to future health care providers.

The development of this project was accomplished in four phases:

- **Phase 1: Recruitments, orientation and planning.** In this phase the medical school and nursing school faculty solicited volunteers from the third year medical and nursing students. The student and faculty team met to discuss the project, projected timelines and roles, and conducted a brief review of related literature on this topic.
- **Phase 2. Content development, review and editing.** The team researched various aspects of care and developed the content to be offered in the program. The content was constructed to reflect current trends in cultural and spiritual focused literature. Thus each module contains information such as: overview of religion or culture, prayer practices, dietary needs, end of life issues, gender considerations, medication beliefs, and other special considerations. A consistent standard for each toolbox module was formulated.

- **Phase 3. Organizational-wide support.** In order to attract organizational-wide support, the hospital ethics committee was engaged. The goal was to seek support for the implementation of this project. This committee has representation from religious groups, providers, and hospital administration. All embraced the idea of making a commitment to provide excellent patient service by including the toolbox project within the hospital system. The faculty team spent time presenting information to the committee about the use and content presented in the toolbox resource. There was no funding for this project and the hospital system agreed to use current computer resources to use the modules developed by the interprofessional team.
- **Phase 4. Implementation and evaluation.** The implementation phase includes developing a format with the information technology department and posting the toolkit on the electronic hospital system in a quick and easy to use format. The program introduction to hospital staff will include administration of a pre- and post-survey. The evaluation instrument is adapted with permission from Georgetown University Mind, Body and Spirit National Center for Cultural Competencies.

Discussion

The implementation of this project is projected to have a significant impact on the providers' awareness of specific cultural and spiritual implications of care. Although the modules are not intended to be all inclusive, the information offers a comprehensive resource for health care professionals. The toolbox modules offer more involved information as a link which can be explored at a later time, or from home.

This toolbox offers nurses, doctors and social workers added information about various cultures and religions. If the health care providers are not aware of these implications, patient care can be compromised. For example, patients of Muslim origin may not want end of life care until their family has had an opportunity to offer prayers at the bedside. In this instance a provider can quickly access information about specifics of care.

Although it is impossible to predict how any one patient or family member may understand or apply religious guidelines, this toolbox gives the practitioner a starting point to have conversations and enhance the spiritual dimension of the human experience while in the hospital. The project highlights how a hospital system that is committed to meeting the needs of all people, regardless of cultural or religious backgrounds, can be equipped to do so.

Conclusion

This toolbox project provides pertinent information to the healthcare team. It explores and enhances the interaction of health, faith and culture to improve the lives of individuals. The project is slated to begin in a local hospital system later in 2015. This project could not have been possible without the expertise and guidance of Dr. Elizabeth Speakman, Co-Director of JCIPE.

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