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A systematic review Protocol to determine interventions that are used to support the spiritual well-being of nurses

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Review question

What spiritual care intervention(s) or spiritual practice(s) are used by, or provided to nurses for their own psychological and spiritual support and what benefits are subsequently reported?

Searches [1 change]

The SPIDER (sample, phenomenon of interest, design, evaluation, research type) search tool will be used to identify relevant search terms.

The electronic databases of; PubMed, Web of Science, PsycINFO (via OVID), CINAHL (via EBSCO), British Nursing Index, OVID (Social Policy & Practice) will be searched. Additionally, we will search Google Scholar (if the search string is <35 search terms as this is the limiter on Google Scholar), ProQuest (for dissertations and thesis) and Ethos. Additionally, the reference lists of all relevant studies, reviews and reports will be searched.

Articles and reports related to nurses receiving of or self-administering spiritual interventions or practices will be identified through searching identified electronic databases. Therefore, all existing literature will be included, e.g., primary research studies, systematic reviews, meta-analyses, and grey literature such as letters, guidelines, websites etc.

The search will be limited to literature published in English but will not be restricted by geographic location. Searches will be limited to 2008 - present.

Types of study to be included [1 change]

Articles and reports related to nurses receiving of or self-administering spiritual interventions or practices will be identified through searching identified electronic databases. Therefore, all existing literature will be included, e.g., primary research studies, systematic reviews, meta-analyses, and grey literature such as letters, guidelines, websites etc.

Inclusion criteria

- Relate to nurses (as defined above) working in a caring role/capacity
- Relate to a spiritual intervention/practice that is used by the nurse to support their spiritual self and psychological wellbeing
- Report on outcomes of the nurse's perceptions or experience following use of the aforementioned spiritual intervention/practice

Exclusion criteria

- Does not relate to nurses (as defined above)
- Does not relate to delivery or receipt of a spiritual care intervention/practice by the nurse

- Does not report on the spiritual intervention/practice given
- Does not include the nurses outcome perceptions or experience after using the spiritual intervention

Condition or domain being studied

Delivering spiritual care in nursing and health care is frequently mentioned in practice but is poorly understood in real terms (Ellis & Narayanasamy, 2009; Lalani, 2020). Modern healthcare requires measurable and evidence-based care, but spirituality is a dimension of individuals' experiences that is not easily defined, measured or analysed (Murgia et al., 2020; Pike, 2011). Arguably, spirituality is central to human experience (to varying degrees) and can be evidenced throughout history, with writings from as early as ancient Greece to date (Lomas, 2019; Pike, 2011). In healthcare, nurses and other health professionals use person-centred approaches to address an individual's holistic needs, and these include religion, faith and/or spiritual needs (Clarke, 2009). However, in recent times there have been cases of nurses being reprimanded by the UK nursing regulator (Nursing and Midwifery Council), accused of imposing their own religious and spiritual ideas on others. Consequently, nurses have struggled to respond appropriately to spiritual needs and may mask their own religious or spiritual ideas, resulting in protracted delivery of spiritual care in practice and not delivering holistic care in the truest sense (Hawthorne & Gordon, 2020; Ross, 2006).

Participants/population

Eligible participant populations include:

- Individuals who are identified as nurses, nursing students, nursing associates, healthcare workers, health professionals.
- Nurses working in any setting (e.g., hospital, acute, intensive-care, palliative care, community, parish nursing, voluntary sector)
- There are no restrictions to the field of nursing practice

Intervention(s), exposure(s)

Phenomenon of Interest

- Spiritual support or spiritual intervention or spiritual practice whether received by another individual or organisation or self-administered as a self-care intervention/practice
- Support is given to and/or their own perceptions of, or experience of, developing or utilising
 - Spiritual intervention/practice to improve psychological wellbeing
- What was the intervention that was offered, whether it was taken (yes/no), and why/why not?

Comparator(s)/control

Not applicable

Context

Inclusion criteria

Studies will be included if they meet all the following criteria:

- Relate to nurses (as defined above) working in a caring role/capacity
- Relate to a spiritual intervention/practice that is used by the nurse to support their spiritual self and psychological wellbeing
- Report on outcomes of the nurse's perceptions or experience following use of the aforementioned spiritual intervention/practice

- Is published in English
- Published between 2008 to present

Exclusion criteria

Studies will be excluded if they meet any of the following criteria:

- Does not relate to nurses (as defined above)
- Does not relate to delivery or receipt of a spiritual care intervention/practice by the nurse
- Does not report on the spiritual intervention/practice given
- Does not include the nurses outcome perceptions or experience after using the spiritual intervention
- Are not published in English
- Pre-2008

Main outcome(s)

The primary outcomes of interest are:

- ii. Their wellbeing (including psychological), depression, anxiety, physical
- i. Their perceptions around benefits or pitfalls of utilising spiritual care interventions
- ii. Their identified spiritual needs
- iii. If and how spiritual intervention/practice enhance their caregiving practices or relationships with others

While it is understood that spiritual care is integral to the healthcare experience, and argued to be central to wellbeing, much less is known in respect of the impact of spiritual care on the nurses' wellbeing (Ausar et al., 2021). This systematic review aims to determine interventions that are used to support the spiritual wellbeing of nurses and understand known interventions to further suggest how to improve nurses' wellbeing.

Additional outcome(s)

Secondary outcomes of interest are:

- iv. Retention in nursing work

Data extraction (selection and coding)

Initially, titles and abstract screening will identify duplicates, excluded and potential inclusion papers will be conducted by all reviewers. Consensus and agreement will be sought on a sample of 20% of the papers to ensure consistency and reliability between the reviewers using the inclusion/exclusion criteria. Next, potential inclusion papers will be full text reviewed by the reviewers to further identify included/excluded/maybe papers using a pre-identified tool (CASP) (Critical Appraisal Skills Programme, 2019). The researchers will use an inclusive approach and review the full text where necessary to ensure ambiguous papers are not erroneously excluded. Records of the process will be made and an adapted PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) flow-process will be included showing the final review decisions (Knobloch et al., 2011).

Data extraction will be undertaken independently by one reviewer and the relevant data entered into the developed Excel spreadsheet. Any disagreements between the reviewers will be resolved by discussion with all reviewers. 10% of the identified papers will be reviewed by all reviewers to ensure consistency and reliability in the approach. If there are any uncertainties, study authors will be contacted to resolve any

outstanding queries. The researchers will extract data on the sample, phenomenon of interest, design, evaluation, and research type. In addition, data extraction will include included study authors, year of study/report, aim/purpose, type of paper (e.g., journal article, report, thesis etc), geographical location, key findings that relate to the systematic review question and study limitations.

Risk of bias (quality) assessment

To reduce any potential bias in selection or reporting, two reviewers will independently assess the risk of bias by implementing the Cochrane risk of bias tool (Cochrane Collaboration, 2021) which includes the following domains: random sequence generation, allocation concealment, blinding of outcome assessors, completeness of outcome data, and selective outcome reporting. We also plan to assess the following additional sources of bias: baseline imbalance and inappropriate administration of an intervention as recommended by the Cochrane Handbook for Systematic Reviews of Interventions [27]. Studies will be judged at high risk of bias if there was a high risk of bias for 1 or more key domains and at unclear risk of bias if they had an unclear risk of bias for at least 2 domains. Authors of papers will be contacted if the information is missing.

Strategy for data synthesis

The findings from the review will be subject to narrative synthesis. The researcher will use the 'Guidance on the Conduct of Narrative Synthesis in Systematic Reviews' to inform the synthesis (Popay et al., 2006). Initially, a primary synthesis will be undertaken to develop an initial description of the findings and to organise the descriptions such that patterns may be identified between the records. Next, themes will be identified to analyse the findings further following these steps; a) Familiarisation with the extracted data, b) Generation of initial codes, c) Searching for themes, d) Reviewing themes, e) Defining and naming themes (Kiger & Varpio, 2020).

Analysis of subgroups or subsets

Not applicable

Contact details for further information

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Organisational affiliation of the review

The Open University

Review team members and their organisational affiliations

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Type and method of review

Narrative synthesis, Systematic review

Anticipated or actual start date

01 February 2022

Anticipated completion date

31 July 2023

Funding sources/sponsors

Small scale funding from The Open University allowed us to engage a researcher to support our work on this systematic review

Conflicts of interest

Language

English

Country

England

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Humans; Spirituality; Surveys and Questionnaires

Date of registration in PROSPERO

09 May 2022

Date of first submission

05 May 2022

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

09 May 2022