PATIENT Dilemma

Anxiety or Spiritual Distress

John James, 77 years old

Answer Key

Clinical Dilemma Activity: ANSWER KEY

Anxiety or Spiritual Distress

I. Scenario

History of Present Problem:

John James is a 77-year-old man who had coronary artery bypass graft (CABG) x 4 vessels three days ago for multi-vessel coronary artery disease. He lost over 1000 mL of blood shortly after surgery due to a bleeding graft site and almost died as a result. He is currently off all vaso-active drips, his arterial line has been discontinued and he is clinically stable. John is scheduled to transfer to the cardiac step-down unit later today.

Personal/Social History:

John's wife died six months ago after fifty years of marriage. He lives alone in his own apartment. He has one son who lives in the area and checks in at least once a week to see how he is doing. He is a Vietnam War veteran who has not been active in his church since he returned from the war over forty years ago.

What data from the histories is important & RELEVANT; therefore it has clinical significance to the nurse?

RELEVANT Data from Present Problem:	**Clinical Significance:**
He lost over 1000 mL of blood shortly after surgery due to a bleeding graft site and almost died as a result.	*The volume of blood loss is clinically significant. That he had a near-death experience as a result will likely result in psychosocial implications that must be noted by the nurse.*
He is currently off all vaso-active drips, his arterial line has been discontinued and he is clinically stable. John is scheduled to transfer to the cardiac step-down unit later today.	*This cluster of data makes it clear that although he had a critical event, he is currently clinically stable and there are no physiologic red flags regarding his physical status.*
RELEVANT Data from Social History:	**Clinical Significance:**
John's wife died six months ago after fifty years of marriage. He lives alone in his own apartment.	*The death of a spouse is one of the most significant psychosocial stressors that a person will experience. This loss was recent. That he is living alone after 50 years of marriage is another psychosocial piece of data that must be noted by the nurse.*
He has one son who lives in the area and checks in at least once a week to see how he is doing.	*Though he is alone, it is important to note that he does have family involvement in his care.*
He is a Vietnam War veteran who has not been active in his church since he returned from the war over forty years ago.	*Though the chart does not suggest a reason why he has not been active in his church, any combat war veteran will likely have some psychosocial distress or PTSD as a result. This is true especially if they have seen active combat.*

II. The Dilemma Begins…

Current Concern:

John puts on his call light and as you enter the room, he states that he feels short of breath and is visibly anxious. His breath sounds are clear and his O2 saturation is 98% on 2 liters n/c. His respiratory rate is 20/minute and his heart rate is 78/minute-sinus rhythm. He acknowledges that he is anxious and feels like he is having a panic attack. He has never felt like this before. When you ask him if there is anything that he may be anxious about, he shares the following, "I used to go to church when I was little, but when I saw so many of my friends die in Vietnam and was helpless to save them, how could I believe in a God who allowed such horrible things to happen? Before the war I could not even kill a cat or dog. In Vietnam I killed so many people. How can I be forgiven for what I have done?"

What data from the current concern is important & RELEVANT; therefore it has clinical significance to the nurse?

RELEVANT Data from Current Concern:	**Clinical Significance:**
He states that he feels short of breath and is visibly anxious.	*This data must be taken at face value as a physiologic concern and a possible complication that can represent a pulmonary embolus because of his recent surgery. The nurse must conduct a thorough assessment to determine if this is a possible problem.*
His breath sounds are clear and his O2 saturation is 98% on 2 liters n/c. His respiratory rate is 20/minute and his heart rate is 78/minute-sinus rhythm.	*This cluster of clinical data does not suggest a physiologic problem. The nurse would expect to see an elevated heart rate and elevated respiratory rate with a chief complaint of shortness of breath. Though a physiologic problem still needs to be considered, the nurse must also consider the more likely possibility of anxiety as the primary problem.*
He acknowledges that he is anxious and feels like he is having a panic attack and has never felt like this before.	*This statement by the patient makes it apparent that this problem of shortness of breath is more likely related to anxiety and not a physiologic problem. Therefore, the nurse must explore and ask an open-ended question to determine the cause of his anxiety.*
When you ask him if there is anything that he may be anxious about, he shares the following, "I used to go to church when I was little, but when I saw so many of my friends die in Vietnam and was helpless to save them, how could I believe in a God who allowed such horrible things to happen. Before the war I could not even kill a cat or dog. In Vietnam I killed so many people. How can I be forgiven for what I have done…"	*This admission is extremely significant as well as tragic. The relationship of this clinical data, when combined with the near-death experience, is a psychosocial as well as spiritual concern. The primary problem is more than just anxiety but spiritual distress. He clearly is in despair and looking for forgiveness. This reflection is not uncommon for patients who are dying or are facing the possibility of an adverse outcome based on their current problem. The nurse must be prepared to respond in a caring, therapeutic, and empathetic manner that will provide support, especially when a chaplain is nowhere to be found!*

III. Resolving the Dilemma

1. Identifying data that is RELEVANT, what is the essence of this current dilemma?
Though NANDA nursing diagnostic statements do not always capture the essence of a patient care priority, in this scenario, spiritual distress captures the essence of what the nurse is encountering in this scenario.

2. What additional information is needed by the nurse that would help clarify the current dilemma?
The patient has already disclosed an adequate amount of information based on his combat experiences in Vietnam. He has expressed a crisis in his belief in God as well as anger at God for not being able to save his friends. He also is expressing regret over the human beings he killed in combat and a need for forgiveness that he has not been able to experience. To obtain additional information to clarify spiritual needs or assessment, here are some practical guidance for students:

How to practically assess spirituality at the end of life.
This patient is at the end of life and spiritual issues often surface at this point, though they may not be readily apparent. Spiritual assessment for this patient might be explored with the FICA acronym. This model is useful for any faith belief system. FICA acronym represents:

- ***F-Faith or beliefs:*** *What are your spiritual beliefs? Do you consider yourself spiritual? What things do you believe in that give meaning to life?*
- ***I-Importance and influence:*** *Is faith important to you? How has your illness or hospitalization affected your personal belief practices?*

- ***C-Community:*** *Are you connected to a faith center in the community? Does it provide support/comfort for you during times of stress? Is there a person/group who assists you in your spirituality?*
- ***A-Address:*** *What can I do for you? What support can health care provide to support your spiritual beliefs/practices? (Dameron, 2005).*

These questions would naturally explore this patient's spirituality. It is always best if the nurse has some comfort with the exploration of spirituality. Patients can sense discomfort or anxiety in approaching this portion of the assessment. The FICA model offers some open-ended questions to make spiritual assessment a natural part of the conversation. Use this spiritual assessment tool to make caring for the spirit an essential component of your nursing practice!

3. What additional members of the healthcare team could be used in this situation? Why?
A chaplain would be the most obvious and best outside resource. But with matters of faith and religion, the nurse must first obtain the patient's consent for a chaplain visit. If the patient does not want this visit, even though the nurse knows that it would likely have benefit, the autonomy of the patient must be respected and the referral should not be made.

4. What is the nursing priority?
Spiritual distress.
Identifying the essence of the patient scenario and correctly determining the nursing priority is a foundational aspect of clinical reasoning. In any clinical scenario, the nursing priority may or may NOT be a NANDA nursing diagnosis. The following NANDA nursing diagnostic statements capture the essence of this scenario include:

- *Hopelessness*
- *Grieving*
- *Ineffective coping*

5. What nursing interventions and/or principles can the nurse use to successfully resolve this clinical dilemma?

Nursing care for a patient in spiritual distress involves the following foundational aspects:

1. *A caring, nurse-patient relationship. Patients report that their distress was relieved when the nurse cared for them holistically, provided freedom of choice when possible, and when the nurse simply listened and gave the patient a chance to talk (Creel, 2007; Sellers, 2001).*
2. *Spirituality is a coping mechanism that can be used by patients to transcend their current illness and suffering and provide meaning (Emblem & Halstead, 1993).*
3. *Active listening and facilitating the patient's verbalization of concerns are foundational to spiritual care.*
4. *Nurses do not need to know about specific beliefs, religions or spiritual practices to provide effective spiritual care (Martin, Burrows and Pomillo, 1983).*
5. *Spiritual care involves communicating respect for the patient, listening and appropriate self-disclosure (Sellers, 2001; Taylor, 2003).*

The essence of spiritual care is providing hope when life appears hopeless. There are numerous caring interventions that the nurse can use to actively demonstrate support and care for this patient in a time of crisis. These interventions comprise the essence of the "art" of nursing and could include the following:

- *Respect and support the patient's faith and religious belief system by making appropriate referrals.*
- *Acknowledge the patient's suffering and act to ease suffering by showing compassion.*
- *Allow the patient to verbalize anger and fear.*
- *Help the patient deal with feelings of guilt and instill hope (Villagomeza, 2005).*

Additional principles that are foundational to spiritual care include:

Nurse presence.
When the nurse is present and with the patient in a non-hurried manner, this clearly communicates caring and support. Presence for the nurse is being present in the moment with the patient and his moment which is happening now. The emotional breakthroughs don't last long, but are critical for nurses to connect with the patient. Patients sense whether

the nurse is willing to "go there" or not. If they sense you are not willing to be in the moment with them, they will pull back and the moment ends. If the nurse fiddles with the computer or indicates nonverbally a discomfort with what is happening, it will decrease trust in the nurse.

Patients don't care how much you know until they know how much you care. *This is about focusing on the patient and giving caring responses to build trust. It truly is a privilege for the nurse to have a patient share the "tough stuff" in life with you. Generally, the patient will not share like this unless they trust you or they are in an affective domain crisis. This patient is in crisis of belief and ready for a breakthrough moment. The question is, will the nurse be willing to go there with him?*

Silence. *It is important to recognize that there are situations where no words are needed. Sitting in silence with a patient in this context does not need to be awkward but indirectly communicates presence as well as caring. Pauses can be productive. They allow patients to process what is happening to them. After the silence, be willing to listen and go where the patient takes you.*

Touch.
Reaching out and touching the patient's hand or shoulder and assessing the response to this intervention also communicates caring and support in this scenario.

Open-ended spiritual assessment questions.
There are a number of questions that the nurse can ask a patient in spiritual crisis. At times, asking one question will open up the conversation and the patient will begin to share openly.

- *Are you connected with a faith community?*
- *What is your source of strength, peace, faith, hope, and worth?*
- *What spiritual practices are important to you?*
- *What can I do to support your faith?*

Though each of these questions are effective tools to make a quick spiritual assessment for most patients, in this scenario most of these questions are not relevant because John does not have a faith community that he identifies with. But there is one question that should be considered: What is your source of strength or peace? He may have some personal strategies or approaches that he has drawn upon in the past.

Prayer.
Just as there are moments where nothing can be said, there are times where it is equally apparent that the most effective and appropriate nursing intervention is to pray. To do this, the nurse must recognize the value of faith and spirituality in his/her own life and have something to offer and give.

My faith is an essential component of who I am. I am comfortable addressing matters of the spirit when they arise in caring for others. Do not underestimate the power of prayer and the comfort it can provide to patients. I have yet to have a patient decline an offer for prayer when I sensed it was appropriate to go there.

A response I frequently use is, "God is waiting for you. He cares about you."

The follow-up could be "Would you like me to pray with you?"

"How would you like me to pray?" Only if the nurse is comfortable with prayer, pray with the patient. JACHO recognizes that it is ok for nurses to pray with patients as long as they have permission from the patient and are attentive to pray in a way that is meaningful to the patient.

In my practice, when I ask a patient about their source of strength and hope, after they have answered, they will sometimes turn the question back to me and ask what is MY source of strength and hope? If the nurse has a faith tradition that is meaningful and relevant to them and if the nurse is comfortable sharing, it is appropriate to share and assess the patient's response. If the patient begins to inquire and ask questions of religion and faith to the nurse, it is not inappropriate or proselytizing to share your faith in response. This must be done carefully and respectfully. As long as the

patient is initiating the dialogue and the nurse remains patient-centered in what is disclosed, this sharing and disclosure can benefit and comfort the patient who clearly is in spiritual distress.

Pitfalls to avoid in addressing issues of spiritual distress include:

- *Trying to solve the patient's problems or resolve unanswerable questions.*
- *Going beyond the nurse's role or expertise or imposing personal spiritual beliefs on the patient.*
- *Providing premature reassurance to the patient (Lo, B. et al., 2002).*

6. What is the expected response of the patient that indicate that the nursing interventions were effective?
Because the patient is clearly anxious and even has the physiologic complaint of shortness of breath, the alleviation of shortness of breath, and relaxed affect would be the most obvious assessment findings that the nursing interventions of caring, empathy, and support were effective.

7. What response by the patient would indicate that a change in the plan of care and nursing interventions are needed?
If the patient continued to be visibly anxious, in distress, or short of breath, this would indicate that the support and care that was offered was not effective. It would be appropriate for the nurse to look at pharmacologic interventions such as lorazepam (Ativan) to decrease anxiety as needed if this is not ordered in the medication record.

8.What is the patient and family likely experiencing/feeling right now in this situation?
John's experience of spiritual distress is clearly evident. What is not known is how his John's son is processing this current situation. If he come to visit, it would be appropriate to clarify how he is doing and answer any questions he may have.

9.What can I do to engage myself with this patient's experience, and show that he matters to me as a person?
The essence of empathy is to put oneself in the shoes of those you are caring for or the family and how they are responding. If the nurse can consciously make this transition, it becomes much easier to be moved with a heart of compassion for those that one cares for.

Swanson (1991) identified the following caring interventions in the practice setting that have relevance in this scenario to engage with this patient's experience and support both the patient and family in this crisis:

Family caring interventions
- *Maintain a hope-filled attitude*
- *Offer realistic optimism*
- *Support the family*
- *Explain all that is taking place and answer any/all questions*
- *Convey availability to the family*

Patient caring interventions
- *Preserve the dignity of the patient*
- *Anticipate needs*
- *Comfort the patient in any way*
- *Seek cues by paying close attention to the patient's response and anticipate her expected response*
- *Perform competently and skillfully as a nurse. This communicates caring to your patient!*
- *Convey availability to the patient*

10.What was learned from this case study that you will incorporate into your practice?
Content knowledge without personal application will not be fruitful. Reflection is an essential professional behavior that can also be practiced! I have added this question to allow students to intentionally reflect on what they have learned so that they can integrate this essential content into their practice and fully develop the ethical comportment of the professional nurse. This question will facilitate rich dialogue in whatever context you choose to use this case study. If there is not enough time to discuss this question, consider having students write a one-page reflection paper.

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