



Sharing Their Stories: Collaborative Journaling to Support Postpartum Spiritual Needs

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Section 1: Project Introduction

Problem Concept Overview

- Population

- Adult women of childbearing age

- Outcome investigated: “Addresses Spiritual Needs”

- Corporate benchmark: 63.4%
- Joint Commission stipulates spiritual needs assessment, consideration during care (The Joint Commission, 2010)

Introduction to Clinical Microsystem

- Setting

- Urban Northeast GA hospital
- 196 beds total
- 22-bed Labor, Delivery, Recovery, and Postpartum (LDRP) unit

- Patient Population

- Approx. 160 deliveries/month during last quarter
- Admissions and postpartum care are standardized per protocol

Problem and Need within Microsystem

- Scope of Problem

- April-June 2019: half of patients surveyed reported their spiritual needs were not addressed during their hospital stay
- Negative impact on patient care satisfaction

- Current Strategy

- Religious/spiritual needs assessed during admission
- No specific interventions programmed into postpartum care

Problem and Intervention within Literature

**In a [P] Labor, Delivery, Recovery, and Postpartum Unit,
does [I] collaborative journaling during postpartum
recovery, compared to [C] standard care, affect [O]
patient perception of Addressing Spiritual Needs?**

Problem and Intervention within Literature

● Search Methodology

- Medline & CINAHL: Postpartum, spirituality, labor and delivery, spiritual care and needs, journaling, birth story and narrative
- 48 articles reviewed; 6 included
- Inclusion criteria: English, full-text, post-2004
- Exclusion criteria: lacking peer-review/correlation, redundant
- Stetler Levels 4 & 6

Problem and Intervention within Literature (Cont.)

● Literature Synthesis Overview

- Spirituality is part of holistic care (Klebanoff, 2013)
- Parents identify birth experience as spiritual (Callister & Khalaf, 2010)
- Journaling effective means of processing childbirth (Callister, 2004)
- Patient-centeredness, communication, healing presence central nursing focus points (Ramezani, Ahmadi, Mohammadi, & Kazemnejad, 2014)
- Presents opportunity to connect-the-dots and fill data gaps

Introduction of Plan

- Plan Overview

- Integrate collaborative journaling tool into postpartum care
- Support spiritual needs & boost patient perception of care

- National Academy of Medicine's Vital Directions

- Better health and well-being (Dzau et al., 2017)
- Advancing health of communities & populations (Dzau et al., 2017)

Section 2: Project Planning and Implementation

Problem & Need Identification

- Problem Identification

- HCAHPS scores
- Press Ganey data
- Hospital PI/QI Coordinator

- Problem Timeline

- Limited data provided
- Data volatile at best

Leadership Planning Involvement

- Unit Director

- Explained process of intervention implementation
- Described budget procedure

- Unit Clinical Educator

- Outlined nurse training approaches and challenges

- Preceptor

- Contributed floor-specific details guiding project development

Interdisciplinary Involvement

- Unit nurses

- Implement intervention, collaborate to complete deliverable
- Integrate with chaplains as necessary

- Hospital chaplains

- Assist in developing deliverable
- Coordinate with nurses to address patient needs

Project Structure

- Project Scope

- Collaborative journaling tool to support spiritual needs

- Objectives

- Develop journaling tool & incorporate into postpartum care
 - Increase patient satisfaction

- Needed Resources

- Current resources + additional printer supplies

Project Structure (Cont.)

● Timeline

- Phase I (January 2020): Project Charter approval
- Phase II (February 2020): Interdisciplinary Team formed
- Phase III (March 2020): Planning and deliverable development
- Phase IV (April 2020): Training session for unit nurses
- Phase V (May 2020): Implementation (day shift only)

Stakeholders & Buy-in Strategy

- Unit Director

- Monitors budget impact, compliance, and efficacy
- Emphasize low-cost, high-reward opportunity

- Unit Clinical Educator

- Plans training sessions
- Focus on clinical care impact

Stakeholders & Buy-in Strategy (Cont.)

● Unit Nurses

- Provide details to patients on request; actively listen
- Emphasize importance of presence, minimal time requirement

● Patients

- Complete journal prompt in collaboration with nurses
- Encourage participation to 'get the details,' file with baby book, use as source for further birth story sharing

Stakeholders & Buy-in Strategy (Cont.)

- Hospital Chaplains

- Collaborate with nurses to personalize care
- Focus on new approach to unmet need
- Emphasize not replacing them, but expanding role

- Unit Secretaries

- Print the deliverable
- Incorporate into existing process to minimize impact

Section 3: Presentation Conclusion

Strengths and Weaknesses of Project

● Strengths

- Utilizes current unit resources
- Minimal impact to current plan of care

● Weaknesses

- Patient participation necessary
- Requires nurse recognition of spiritual needs significance

Importance of the CNL

- CNL Professional Values

- Altruism (AACN, 2007)
- Accountability (AACN, 2007)

- CNL Core Competencies

- Communication (AACN, 2007)
- Assessment (AACN, 2007)
- Provider and Manager of Care (AACN, 2007)

CNL Roles within the Project

- Clinician

- Providing competent care (AACN, 2007)

- Client advocate

- Including patient in care & care planning (AACN, 2007)

Project Evaluation

- Formal Evaluation

- Post-implementation HCAHPS scores

- Informal Evaluation

- Verbal feedback

- Ongoing Process Improvement

- Modification of journal prompt content

Presentation Conclusion

- Spiritual needs **are** health needs (Clark, Drain, & Malone, 2003)
- Innovative, low-cost, evidence-based approach
- “Providing women with the opportunity to share their birth stories is an important nursing intervention” (Callister, 2004, p. 508)

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