



# Using Prayer to Decrease Nurses' Stress Levels and Improve Patient Outcomes

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## Background and Problem

### Internal/External Stressors

- Merger between two metropolitan hospitals in October 2018.
  - **Confusion of nurse's roles and changes in policies/procedures**
- COVID-19 pandemic 1<sup>st</sup> reported case in the United States January 2020 (Mayo, 2022).
  - **Daily in education, Lack of resources, sickness, total patient care**
- RaDonda Vaught- guilty of criminally negligent homicide and gross neglect of an impaired adult as a result as a medication error; goes against the non-punitive Just Culture (Brusie, 2022; BWH, 2023).
  - **Fear of errors and lack of reporting, distrust in the company**
- Social issues in the United States- murder of George Floyd by Minnesota police officer Derek Chauvin.
  - **Erasing history, diminishing BiPoc contributions, LGBTQ,**
  - **Staff having to absorb political viewpoints and bias of patients and co-workers during care**

### Prayer

A spiritual communion with God or an object of worship (Tambagahan, 2016). Eckerd describe prayer as a request for spiritual, emotional, and physical needs of self (2019).

In the Pre-Nursing Stress scale 1/20 participants identified themselves as a religious individual.

Prayer moments are **NOT** currently offered at the healthcare organization via the PA system.

The Manager of Pastoral Services periodically emails words of encouragement to all the hospital staff.



## Purpose of the Project

- To determine if thrice weekly prayers help to decrease nurses' stress levels and improve patient outcomes.

## Clinical Question

- **Primary question**
  - In nurses at a metropolitan acute care hospital, (P) how does thrice weekly prayer provided to the nurses (I) compared to no prayer (C) affect nurses' stress levels (O) within five weeks (T)?
- **Secondary question:**
  - At a metropolitan acute care hospital, (P) how does thrice weekly prayer provided to the nurses (I) compared to no prayer (C) affect patient outcomes (patient falls) (O) within five weeks (T)?

## Methods

The project design is quasi-experimental, consisting of a one-group pre/post-test design. In this design, the outcome (nurses' stress levels) is measured twice using the Nursing Stress Scale at the beginning and after exposure to the intervention (prayer). Nurses who consented to participate in the study were required to create a six-digit numerical code. The nurses used their numerical code to access the thrice weekly prayers.

## Prayers

### Prayer aligned with Factor 1: Death and Dying



As a nurse, I see people when they are at their worst and when they are at their best. When patients are at their best, they treat us nurses with kindness and respect. But when the patients are at their worst, they can sometimes take their anger out on us nurses. We must remember that their anger could be a coping mechanism for someone in a vulnerable position. Think about how I would feel if my independence and privacy were temporarily taken away from me. The scriptures tell me that a soft or gentle answer turns away anger. Lord, enable me to be empathetic towards others. Amen

### Prayer aligned with Factor V1: Workload



Dear Lord Jesus, you came to earth to serve, not to be served. Help me as a caregiver to serve others with the same heart and mindset that you have. Lord, teach me to serve my patients with respect, dignity, and without any biases. Let my service be sincere. Amen

### Prayer aligned with Factor V: Conflict with other nurses



Heavenly Father, thank you for surrounding me with the AWESOME nurses I work alongside. I am grateful for my co-workers who are willing and able to lend me an "extra set of hands," who are there to hold my hand when I need support, who are there to cheer me on, and who are there when I need a shoulder to cry on. I am blessed to work with nurses who make sure to take my badge to the cafeteria to get me a meal because I am busy with a patient. I cannot forget about the nurses, who remember everyone on the unit's birthday. Or the nurse who brings me Starbucks and Uber EATS. Thank you to my Nurse Support Network. NURSES ROCK!!!!

Click on the QR code to request a paper copy of the "Nurses Prayers."



## Nursing Stress Scale

The following responses for each item are: never (0), occasionally (1), frequently (2), and very frequently (3).

### Scoring: 0-102

**\* Items were identified as the highest rankings areas**

#### Factor I: Death and dying

Performing procedures that patients experience as painful

**\*Feeling helpless in the case of a patient who fails to improve**

Listening or talking to a patient about his/her approaching death

The death of a patient

The death of a patient with whom you developed a close relationship

Physician not being present when a patient dies

**\*Watching a patient suffer**

#### Factor II: Conflict with physicians

Criticism by a physician

Conflict with a physician

Fear of making a mistake in treating a patient

Disagreement concerning the treatment of a patient

Making a decision concerning a patient when the physician is unavailable

#### Factor III: Inadequate preparation

Feeling inadequately prepared to help with the emotional needs of a patient's family

Being asked a question by a patient for which I do not have a satisfactory answer

Feeling inadequately prepared to help with the emotional needs of a patient

#### Factor IV: Lack of support

Lack of an opportunity to talk openly with other unit personnel about problems on the unit

Lack of an opportunity to share experiences and feelings with other personnel on the unit

Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients

#### Factor V: Conflict with other nurses

Conflict with a supervisor

**\*Floating to other units that are short-staffed**

Difficulty in working with a particular nurse (or nurses) outside the unit

Criticism by a supervisor

Difficulty in working with a particular nurse (or nurses) on the unit

#### Factor VI: Workload

**\*Breakdown of computer**

**\*Unpredictable staffing and scheduling**

Too many nonnursing tasks required, such as clerical work

Not enough time to provide emotional support to a patient

Not enough time to complete all of my nursing tasks

**\*Not enough staff to adequately cover the unit**

#### Factor VII: Uncertainty concerning treatment

Inadequate information from a physician regarding the medical condition of a patient

A physician ordering what appears to be inappropriate treatment for a patient

A physician not being present in a medical emergency

Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment

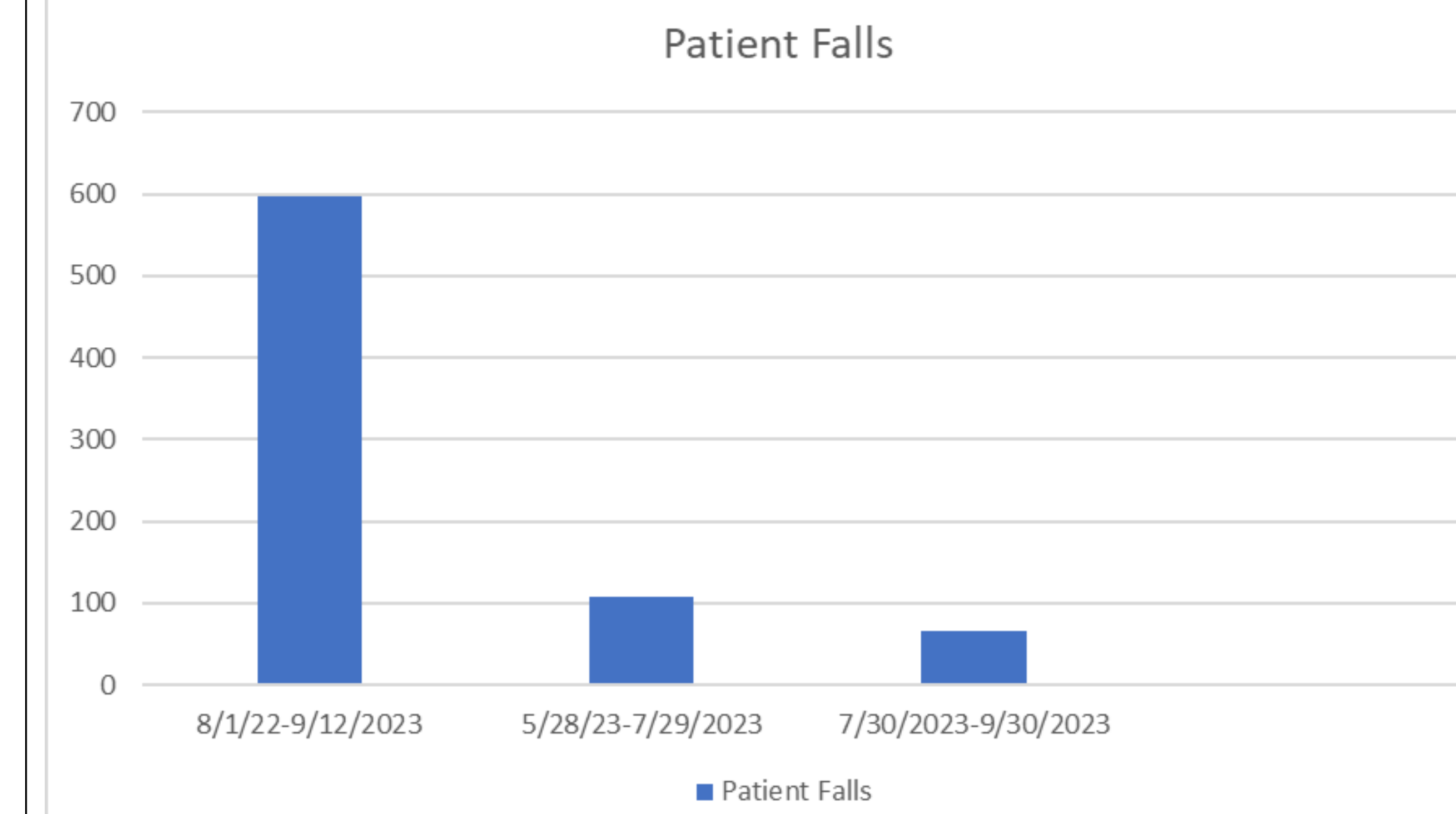
Uncertainty regarding the operation and functioning of specialized equipment

## Results/Data Analysis

### Nursing Stress Scale Scores by Phase

	Pre-Phase M (SD) 21	Pre-Phase M (SD) N=2	Post-Phase M(SD) N=2
Average Score	40.9(13.8)	28.5 (7.78)	22.5 (4.94)

### Patient Outcomes (Falls)



## Conclusions

Did not demonstrate statistical significance in determining if thrice weekly prayers helped decrease nurses' stress levels and improve patient outcomes.

### Limitations

- Non-compliant participants.
- Lack of methodology to capture patient outcomes.
- Variability to patient outcomes related to improved nurse stress level.
- No reminder created to notify the nurses when the prayers were changed (Monday-Wednesday-Friday) and to complete the post-Nursing Stress Scale survey.

## Recommendations and Implications for Practice

Healthcare organizations could provide prayers to the nursing staff via a QR code, PA system, intranet, and email. Further research is needed to determine whether prayer effectively lowers nurses' stress levels. Healthcare organizations could measure the nurses' stress levels on a routine basis.

## References

Click on QR code to view the references.

