Spirituality during the Dying Process in the ICU: Findings from the 3 Wishes Project

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Background: The fast-paced technological ICU environment may limit acknowledgement of the role of spirituality during the dying process. Little is known about clinicians' experiences with, and perspectives about, the role of spirituality during the dying process for critically ill patients.

Objective: To explore ICU clinicians' understanding about the role of spirituality in the 3 Wishes Project.

Methods: We enrolled 56 ICU patients in the 3 Wishes Demonstration Project with the aim of improving the dying process for the patients and their families. We conducted semi-structured interviews with 136 clinicians who cared for these patients to learn about their experiences with the project, including questions about the role of spirituality in the 3 Wishes Project. Interviews were digitally recorded, transcribed verbatim and anonymized. Interview transcripts were analyzed using conventional content analysis where codes were derived directly from the data. Two investigators analyzed a subset of transcripts in duplicate and through consensus the code list was developed.

Results: We interviewed 136 clinicians (69 physicians [staff, fellows and residents], 41 nurses, 8 chaplains and 18 allied health professionals). Four main categories and associated themes emerged from the data: (1) Spirituality is Important at the End of Life (EOL). (2) Clinicians' Hold Variable Definitions of Spirituality. (3) Clinicians' Spirituality Influences Their Practice. (4) The 3 Wishes Project Facilitates Spirituality through: (a) creating a space (b) changing the focus, (c) providing spiritual care, (d) nurturing peace for patients and families and (e) the implementing the wishes.

Conclusions: Spirituality is an important dimension of EOL care. Critical care clinicians value the role of spirituality during the dying process, for patients, family members and for themselves. The 3 Wishes Project supports the expression of spirituality during the dying process in this institutional setting.