

**NURSES' PERSPECTIVES ON SPIRITUAL CARE
AND ITS CONNECTION TO HEALING**

Honors Thesis

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Abstract

A holistic centered approach to nursing emphasizes the importance of involving the individual's psychological health, physical well-being and spirituality. Specifically, spiritual care is commonly overlooked by nurses during the care of their patients. Excluding a patient's spirituality can impact their recovery and inhibit their return to full health. The purpose of this study is to identify nurses' perceptions of spiritual care and its connection to healing. Based upon the HOPE and FICA spiritual assessment tools, a survey was sent to nursing faculty at a state university which asked them to reflect on their perceptions of spirituality and healing. The response rate was 38%. Both qualitative and quantitative methods were applied, making this a mixed study. Themes were identified through the application of thematic analysis. The most common theme was the perception that spiritual care is acknowledging and respecting a patient's beliefs and religious practices when providing care. The next predominant themes were the need to work with the patient and/or their families to provide care in line with their beliefs and the importance of addressing the individual holistically. Results also revealed that while a majority of nurses practiced spiritual care and related it to healing, they did not inquire how they could meet their patients' spiritual needs while providing care. A unifying definition of spiritual care among nurses was not identified. These findings show that nurses do not include patients and families in providing for their spiritual needs. As a result of this, patients are not receiving the personalized holistic care necessary for healing.

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Introduction

Spiritual care is a topic that is rarely given attention in the nursing world today. It is often designated a paragraph in nursing textbooks and given a metaphorical “thumbs up.” As a result, few professors, nurses, clinical educators, and other nursing personnel truly delve into the resources and research that link spiritual care to health promotion. Studies have shown that spirituality is related to physical and mental health and that effective spiritual care is connected to physical healing (Singh, 2012). If this is true, then why is spiritual care often forgotten and marginalized in nursing practice? If there is a way that patients could be positively impacted by spiritual care, why is it not included in care plans and treatments? The exclusion of spiritual care may be because of the nurse's perspective on spiritual care and its effect on patients. Incorporating spiritual care into practice will allow nurses to assist patients in achieving complete wellness in addition to physical healing

The study of nurses' perspectives play a big role in predicting nurses' behaviors. Through studying nurses' perspectives of how they define spiritual care and if they believe it to be effective, may not only explain why it's scarce in nursing practice, but also predict the likelihood of change and transformation of nurses spiritual care. The Health Belief theory includes a psychological model that proposes a relationship between perspective and behavior (Hartley, 2018). The theory hypothesizes that an individual's perception is part of predicting the likelihood of action . Researchers are studying nurses' perspectives on topics such as competence and level of education surrounding spiritual care. These studies explore better and realistic ways to achieve effective spiritual care. This study will investigate what kinds of perspectives that nurses have concerning spiritual care and its connection to healing. From this study, further research will be

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able to more comprehensively predict likelihood of action and implement how to improve nurse's understanding and practice of spiritual care.

Background

Learning to assess the needs of a patient is the duty and responsibility of all nurses. A patient may communicate mental, emotional, or spiritual needs, needs that a nurse should be expected to meet as they would with a physical ailment. Physical assessments of a patient are often made by observing and analyzing the patient. An example of this is to think of a patient who is bleeding. The nurse can identify the threat to the patient's circulatory system and overall health by merely looking at the patient. While assessing the bleeding patients' needs seem uncomplicated because you can use your immediate senses like vision, a nurse must also learn how to deliver efficient care for *all* patient's needs. While common sense dictates to assess and treat the bleeding *first*, that doesn't mean that the assessment of the patient's health should stop. Far too many times, nurses stop assessment at observable deviations from a patient's health. However there are additional needs that must be met for this patient that cannot be determined by simple observation. And while in the assessment process, certain needs such as stopping a patient's bleeding may trump a patient's spiritual needs, that does not mean that a spiritual need should never be addressed.

Florence Nightingale, an acclaimed nursing theorist who paved the way for high quality care, once said: "The sick body is something more than a reservoir for storing medicines." (Kramer, 1957, p.36) This quote has been revered for over a century and has been condensed in today's age as a concept known as holism. The World Health Organization (2004) defines holism as: "an approach based on the integration of a person's mind, body and spirit, and which emphasizes the importance of perceiving the individual in a 'whole' sense in the provision of

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healthcare to the person” (p. 32). Contrary to popular belief, a holistic centered approach associated with the nursing care of patients, is not a new idea. While western medicine has greatly advanced over the past thousand years, it has unfortunately lost some of the crucial pillars of health in the process . One of these crucial pillars is holism, and more specifically the branch of holism that addresses “spirituality”. Historically, spiritual imbalance was commonly linked to disease and illness. The treatment for disease included treating the spirit, and not just addressing the observable, physical ailment. The Western World has lost a concept crucial to providing holistic care: that the measurement of an individual’s health explores not solely the physical, but includes the emotional, mental, and especially, the spiritual health of that individual. In today’s society, because of the advancements in western medicine, many nurses and other healthcare providers can overlook spiritual care because of their lack of spiritual knowledge and their unease addressing spiritual topics..

Literature Review

In the past decade, the study of spiritual care, health, and intelligence has been rapidly increasing (Martins, 2017). A study done in 2015 by researchers Mohammad-Elyas Amirian and Masoud Fazilat-Pour explored the relationship between spiritual intelligence and health care workers, and its correlation with general health and happiness. Spiritual intelligence has been defined as “the capacity of utilization and incidence of spiritual values to improve the daily operation and physical and mental health of the individuals (Amram 2005)”. A qualitative method was employed and three different questionnaires were given to participants. These questionnaires included: “General Health and Happiness Scale”, “Oxford Happiness Inventory”, and “King’s Spiritual Intelligence Scale”. After analyzing the results, researchers concluded a positive correlation between those participants who reported high spiritual intelligence and

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higher levels of health and happiness (Amirian, 2015). These results relate to my current study on nurse's perspective on spiritual care and its connection to healing because it concludes that spirituality can be associated with good health outcomes. While correlation does not indicate a cause and effect relationship between spiritual intelligence and increased health and happiness, it does indicate that there is an association between the two. This study indicates that there is a positive correlation between spiritual intelligence and increased health and happiness

In another study, researchers sent a two-part questionnaire to a sample of health care providers that inquired about their specific outlooks when it comes to spiritual care competency for hospitalized patients. Competence is defined as: 'functional adequacy and capacity to integrate knowledge and skills to attitudes and values into specific contextual situations of practice (Meretoja, 2004, pp. 330-331).' The questionnaire included demographic information, as well as measuring spiritual care competency by using a self-scored scale. Results indicated that nurses reported self-competency scores came out as overall average. The results also conclude that the parts of the scale where most nurses' rated themselves the highest, and the parts that they rated themselves the lowest, were the same for most of the participants. Using the spiritual care competence scale, results showed that nurses perceived their care as most competent when it came to "providing individual support and consulting with patients" (Areshtanab, 2017, pp.58). The nurses' perceived their spiritual care as weakest in the area of "reference to experts on spiritual care". The results relate to the current study, because it provides preliminary insight into how nurses perceive their ability to address spiritual needs and spiritually care for their patients (Areshtanab, 2017). This insight addresses why nurses may not be providing spiritual care for their patients, as well as what they feel comfortable with and what they are uneasy with when providing spiritual care. My research will explore how nurses

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perceive spiritual care, which may contribute another reason why spiritual care is not readily used in current practice.

The third study delves into exploring how nurses identify, understand, and put spiritual care into practice. This study also examines what entails effective spiritual care. Focus groups with intentional discussion established that nurses' main concerns for their patients was: "how to assist the patient to alleviation". The study took this finding a step further, and sought to identify how to assist the patient to alleviation by discerning the healing path. Merriam Webster Dictionary defines 'alleviate' as "to make something (such as suffering) more bearable." The study concluded that to discern the healing path you would have to: tune in on spirituality, uncover deep concerns, and facilitate the healing process (Giske, 2015). These are ways in which nurses can efficiently and effectively provide holistic care to facilitate healing. It is worth noting that this study researches nurses attitudes in a diverse healthcare setting, separate from palliative care. Most spiritual care research that I have found is centered on spiritual care associated with palliative and end-of-life patient care. Because this study specifically focuses on "non-palliative" patients, it provides a fresh and different perspective. This new perspective can provide an increased depth and understanding into a nurse's perspective and ability to provide holistic care.

While it is essential to provide spiritual care to patients in all stages of life, it is not practiced more than it is in patients with terminal diagnosis. Unlike the last study, in this study participants were patients that considered to be in end-of-life stages because of their dementia diagnosis, and that can affect a nurse's perspective. In this study, researchers studied patients in dementia care and aimed to study the different perspectives and outlooks of their faith and religiosity. Researchers had many different healthcare setting options, but chose to conduct

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research in four different nursing homes. Research methods that were used included conducting eight different focus group interviews that included 16 nurses and 15 care workers. After analyzing the answers given by the research subjects (care workers and nurses), three main ideas emerged. It was concluded that embarrassment versus comfort, unknown religious practice vs known religious practice, and death vs life were the three different conflicting attitudes that all nurses' and care workers associated with religiosity and faith when caring for their patients. Nurses and care workers were uncertain and lacked knowledge when it came to the function and substance that surrounded patient's expressions of their faith. This study of healthcare workers researched attitudes toward religiosity and devotion in their patients that exposed certain nursing attitudes when it came to providing spiritual care. The study suggests that nurses find themselves uneasy with their patients expressions of faith and belief, which offers another reason why healthcare workers may not be providing spiritual care when attending to their patients (Ødbehr, 2014).

Methods

Aim

The aims of the study are to (1) explore nurses perspectives on spiritual care and (2) explore if nurses perceive a connection between spiritual care and healing. The study further explores if nurses provide spiritual care and if they inquire of their patient's spiritual needs.

Design and Sample

This is a pilot cross-sectional survey study. It is a pilot study because results will contribute to the all-encompassing study of spiritual care and how it can be better implemented in the nursing process. Survey questions were developed by myself, as well as stem from the HOPE and FICA spiritual assessment tools. These questionnaires are used in practice to assess and incorporate a

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patient's spiritual needs into their care. The HOPE spiritual assessment tool evaluates the source of a patient's hope, their organized religion, their personal spirituality and practices, and its effect on their medical care (Anandarajah, 2001). The FICA spiritual assessment tool inquires of the patient's faith and beliefs, its importance or influence in their lives, if they're apart of a spiritual community, and how they would like their provider to continue to address their spirituality (Puchalski, 2000). Although these assessment tools are typically used on patients to determine their spiritual ideas and needs, the questions that stem from these assessment tools in the current survey study lead nurses' to assess their own thoughts on spirituality and spiritual care. This developed survey¹ was sent out to 50 faculty nurses at a state university. The survey sent out was composed of 23 questions, with 9 of the questions asking about demographic information. Questions asked nurses to report their demographic information but also asked them to reflect back on their views of spirituality. By using state university faculty as the participants of the study, it granted an easily accessible population of nurses, as well as a reliable and educated group of individuals.

Qualitative results were interpreted through the use of thematic analysis. Thematic analysis was applied to pull out themes from results. Thematic analysis has been described as a "translator", interpreting themes from sets of qualitative data. It "identifies, analyzes, organizes, describes, and reports" themes and main ideas from a group of results. While this approach to analyzing data can be used over a wide range of research, it provides understandable and detailed data. This study on nurse's perspectives, participants responses were charted and through the use of thematic analysis, themes were pulled out through identifying key words and were generated from participants responses. This specific approach to thematic analysis is also known as the

¹ Survey questions found in Appendix A.

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“inductive approach” (Norwell, 2017). The inductive approach develops themes from raw data, theory, and prior research. Qualitative data from the survey has been charted, analyzed, and concluded in table 2.

Results

The sample population was 50 faculty nurses at a state university. Out of the fifty university nurses that the survey was sent to, nineteen completed the questionnaire (38%). The mean age of the participants was 52, and 100% (n=19) of the participants were female. The mean number of years of clinical experience is 32 years. Concerning religious identification, 68% of participants identified as Catholic. 42% of participants reported that they have gotten a Master's degree in nursing (MSN). 37% of participants report obtaining their Doctorate in nursing (DNP). 68% of participants still work with patients in a clinical setting. For those who do not currently work in a direct patient care setting, they reported that they currently are working in nursing education, work as a clinical instructor, or work as a Director of Nursing. These results show that participants are educated, experienced, Catholic, and the majority of participants continue to work directly with patients in a clinical setting. Additional demographic information can be found in appendix B.

When asked how they defined spiritual care, participants' answers varied. Through thematic analysis, five themes were derived from all nineteen responses. Themes can be found in Table 1. The most common theme was: acknowledging and respecting a patient's beliefs and religious practices when providing care (32%), followed closely by: providing care based upon the patient's definition of their needs (26%), providing care of the mind, body, and soul (26%), working *with* the patient and/or family so that they can receive care that is in line with their

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beliefs (26%), and integrating a patient's belief in and their identified purpose in life into their care (21%).

The survey also asked the participant if they have provided spiritual care in their direct practice. Significantly, all of respondents answered that they have provided it. This shows that at one point in their career, while it may not be every day, each nurse is faced with the task of providing spiritual care. While 100% of participants reported that they have provided spiritual care, only 47% of participants reported that they ask their patients how they could meet their spiritual needs in direct practice. So while all nurses reported that they provide spiritual care in practice, less than half of them reported that they ask their patients how they could help meet their spiritual needs.

Participants were also asked to reflect back upon if they have spiritual beliefs outside of their organized religion. Results revealed that 53% of people said they do have beliefs separate from their organized religion, and 47% don't. Regarding any previous training or education in incorporating spiritual care into practice, 79% of participants reported that they *have not* had any previous training or education regarding incorporating spiritual care, while only 21% of participants have. It was also asked if nurses feel comfortable with providing spiritual care. 84% of participants answered that they do feel comfortable with providing spiritual care. While the majority of participants responded that they do feel comfortable providing spiritual care, the majority of patients have not been trained or educated in spiritual care. While this may contribute to the high experience level of participants, it also raises the question of how participants feel so comfortable providing spiritual care if they haven't been educated in the topic. It also raises the question if they feel so comfortable providing care why don't they ask their patients how they can help meet their spiritual needs during care?

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Participants were also asked if they refer their patients to spiritual or community spiritual resources. 79% of participants reported that they did refer patients to these resources, which is the majority of the sample. However, all of the participants reported that know how to refer patients to spiritual care resources. While 100% of participants know how to refer patients to spiritual resources, 21% of them do not refer. Other results indicated that 58% of participants have felt conflict between their beliefs and the care they provide and 42% have not.

Participants were also asked to report if they find meaning in their work directly related to their own spirituality as a nurse. 100% of participants responded that they did. Nurses in the study were not only asked about if they believe that their work is related to their *own* spirituality, they were also asked if they believed that spirituality is related to the healing process. The majority of participants reported that they do believe that spirituality is related to healing. Although a mere 16% of participants responded that they did not believe that spirituality relates to healing, the majority of participants have seen the connection. When asked if the participant had ever experienced spiritual encounters in practice, 58% of participants responded that they had. And when asked if their *patients* ever told them of spiritual encounters they've had in the healthcare setting, 58% of participants responded that they did

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[TABLE 1] **Thematic Analysis of Nurses' Definitions of Spiritual Care**

Providing care based upon the patient's definition of their needs (5 responses)	Providing care of the mind, body, and soul (5 responses)	Acknowledging and respecting a patient's beliefs and religious practices when providing care (6 responses)	Working <i>with</i> the patient and/or family so that they can receive care that is in line with their beliefs (5 responses)	Integrating a patient's belief in a higher power and their identified purpose in life into their care (4 responses)
"as caring for the spiritual needs of a patient."	"Faith based care that links spiritual beliefs with physical and emotional ailments."	"cultural and religious practices are taken into account when caring for patients and families."	"cultural and religious practices are taken into account when caring for patients and families."	"Hope and belief in a higher power and the ability of the body and mind to find peace and understanding of themselves and their purpose and meaning in this life."
"assessing ones spiritual needs and offering them what they need. Faith based."	"addressing the needs of the soul."	"Ensuring that the patient has access to spiritual resources, and is able to receive care in line with their beliefs."	"caring for the spirit and mind of a person including emotional care, family, religious observances, beliefs and rituals of a patient."	"Defining spirituality is like defining pain- it is whatever the patient says it is. It is their connection to a purpose or concept bigger than themselves i.e. God, Universe, Nature, etc"
"providing care on patients' spiritual needs."	"caring for the spirit and mind of a person including emotional care, family, religious observances, beliefs and rituals of a patient."	"assessing ones spiritual needs and offering them what they need. Faith based"	"respecting and valuing the spiritual beliefs of the patient."	"addressing a patient's need for a religious figure to be supportive of them and working within the patient's reality of spiritual observances"
"Addressing the spiritual needs of the patient as part of holistic care."	"Addressing the spiritual needs of the patient as part of holistic care."	"care that respects patients spiritual beliefs and needs and that is considered part of regular nursing care"	"addressing a patient's need for a religious figure to be supportive of them and working within the patient's reality of spiritual observances."	"Belief in God or a higher power."
"Defining spirituality is like defining pain- it is whatever the patient says it is. It is their connection to a purpose or concept bigger than themselves i.e. God, Universe, Nature, etc"	"Caring for the mind, body, and soul. The entire patient not only their diagnosis, but comorbidities."	"Caring for the individual patient according to their beliefs"	"Coming alongside patients to support them with their belief system"	
		"respecting and valuing the spiritual beliefs of the patient"		

Discussion

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When addressing what nurses' perspectives of spiritual care were in this survey, the most common theme that was pulled out was acknowledging and respecting a patient's spiritual beliefs and practices. This was followed by providing care based upon the patient's definition of their needs, providing care of the mind, body, and soul, and working *with* the patient and/or family so that they can receive care that is in line with their beliefs both with five responses. Lastly, integrating a patient's belief in and their identified purpose in life into their care had four responses. The most common theme, being acknowledging and respecting a patient's spiritual beliefs and practices, implies that nurses are relying on their internal thought process and internal reasoning when providing this specific type of patient care. The verbs "acknowledge and respect" do not necessarily warrant a call for outward, physical action. For example, one can acknowledge and respect someone's belief and practice of prayer, but not take action to accommodate for it.

While the theme to acknowledge and respect a patient's beliefs and religious practices is most commonly recognized in participants responses, it is not identified as a *prominent* theme. Meaning, there was not a majority of participants that concurred with any one of these themes. This concludes that among the participants perceptions of spiritual care, there was an absence of a unifying answer or theme identified. The most common theme identified was only seen 6% more than the other themes, while three of the themes were seen equally in the participants responses. Without unity, it is impossible in any situation for a team to work together efficiently and for goals to be achieved. The results show that nurses do not share a unified perspective on spiritual care which may contribute to why spiritual care is commonly overlooked in practice. With different definitions on one thing, nurses may be practicing their own interpretation of spiritual care instead of all practicing a unified version of spiritual care. If nurses have differing

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views on the basic definition, then there is no way that a team of nurses can commonly deliver effective, consistent spiritual care to the patient population.²

All participants answered that they have provided spiritual care in their nursing careers. This result proves that, while it may not be every day, each nurse is faced with the task of providing spiritual care at some point in their careers. This unanimous response of 100% of participants providing spiritual care was unexpected considering the predisposition that spiritual care is commonly overlooked. Although this was initially shocking, other participant responses strongly support this predisposition.

Less than half of participants do not ask their patients how they can help meet their spiritual needs in practice. This result raises the question of if 100% of participants report that they provide spiritual care, how is it that less than half of these nurses report asking patients how they can help meet their spiritual needs? The answer: nurses are not involving patients in their spiritual care practice. Involving the patient by assessing and asking about their individual needs before providing treatment has proven to be an effective way of providing excellent individualized outcomes. For example, you need to know the diagnosis and the patient before you can start determining the treatment plan. If nurses are claiming that they provide spiritual care, yet over half of them aren't asking their patients about their individual spiritual needs, they are not involving the patient in the care and thus not effectively assessing the patient. Without the correct assessment of these needs, it is impossible for the nurse to provide effective spiritual care, concluding that nurses should, indeed, be inquiring of how they can help meet their patients spiritual needs. One respondent who did not inquire of their patients spiritual needs, additionally stated that they experienced that "patients are forthcoming" when it comes to their spiritual

² To this point, spirituality is broad, and is individual to each patient and nurse. I will acknowledge and offer my perspective on this in the conclusion of this paper.

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needs. While this may be part of this individual nurses experience, this is a significant assumption to make of every patient. Through thematic analysis the theme that the majority of participants who responded that they *did* ask their patients about how they can help meet their spiritual needs, asked their patients directly about their needs and asked if their patients wanted to be referred to a spiritual care experts (i.e; hospital chaplain, spiritual counselor, etc).

Spirituality is a topic many are uneasy discussing, even in daily life. While one participant may have observed patients being forthcoming about spiritual needs, it does not mean that everyone who has a spiritual need will feel comfortable communicating with a nurse who they may have only met hours before. It is important to additionally note that even with a high average year of experience (30 years), the majority of participants are not inquiring of the patient about their spiritual needs. This high level of experience in participants, yet low number of nurses inquiring about their patients spiritual needs, proves that this inconsistency can not be accredited to novice. These findings allude to the fact that nurses are not including patients and families in providing for their spiritual needs. As a result of this, patients are not receiving the personalized holistic care necessary for healing.

Participant nurses were also asked to reflect back upon their own personalized spiritual beliefs. 53% of participants said they do have beliefs separate from their organized religion. Part of providing spiritual care, is first assessing your own spiritual beliefs. This question asks nurses to reflect upon if nurse's beliefs line up with their identified religious doctrine. This result gives insight into the fact, that a person's beliefs are not always just their religion. It is common for people to have beliefs that don't line up exactly with their religious doctrine. When providing spiritual care it is important to be aware of this. Just because someone states they identify as a follower of a specific religion, it does not mean that they automatically believe and abide by the

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exact doctrine of that religion. This further adds to the fact that nurses should be asking and identifying their patients individualized spiritual needs, and how they can help to meet them while providing care. This aids the nurse from unintentionally stereotyping patients and peers according to their identified religion

The majority of participants also reported that they have not received training or education in spiritual care. An individual's educational level and amount of training effects their efficiency and confidence level when it comes to performance. This is significant to studying nurses perceptions on spiritual care because a lack of proper training and education can contribute to why spiritual care is commonly overlooked, and to why nurses may have dis-unifying perceptions of spiritual care. With education and training, nurses would know to inquire of how they could meet their patients spiritual needs while providing care. It may also provide a unifying definition of spiritual care is, so that nurses could provide consistent care. With a lack of education and training, one may assume that participants may be uneasy or not confident when providing spiritual care but, surprisingly, 84% of participants responded that they were comfortable providing spiritual care. This result that the majority of nurses feel comfortable providing spiritual care may be linked the fact that 100% of participants have provided spiritual care in their careers, or that the median number of years of experience is high. Looking back on the analysis, that there was no unifying definition of spiritual care by participants, this means that while this sample of nurses may feel comfortable providing spiritual care, they don't all define spiritual care the same. Each participant may feel comfortable providing their own version of spiritual care, but not at practicing a unifying perspective of spiritual care where nurses are all seek to involve patients and families to achieve effective and individualized care.

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Another significant factor in providing spiritual care to patients is referring them to spiritual care experts and resources. All of the participants answered that they knew *how* to refer patients to spiritual care experts, but 21% of them don't actively refer patients to spiritual resources in practice. Although all of participants claim to have provided spiritual care, there was the small portion of participants who do not refer patients to spiritual resources as part of their practice. This result refers back to the question of how nurses perceive spiritual care. If nurses do not value or perceive spiritual care experts as an integral part of their patients care, than they will not actively use their skill of referring them to these experts. This again supports why perspective is so important to outcomes and to the likelihood of action. In this instance, all nurses report that they have the knowledge of how to do something, but you see that a portion of them don't actively practice that skill. This may attribute to their perspective on spiritual care and if spiritual care experts assist the patient to healing.

More than half of participants have felt conflict between their personal beliefs and the care they have provided for their patients. If a nurse has experienced this before, it is probable that they have had a personal conflict with accommodating for a specific type of spiritual consideration for a patient. When there is conflict between a nurse's own spiritual beliefs and the care they are required to give, if they do not put aside bias, it can contribute to the level of the care they provide. Without clear understanding of what spiritual care is and without proper training and education, nurse's own spiritual bias can easily impact if a nurse provides their patient with the spiritual care they need.

The majority of participants (84%) responded that they believe that spirituality is related to healing. Some of the participants commented on why they believe that spirituality is related to healing. Thematic analysis was applied to pull out a couple of common themes throughout

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responses. A few of the participants relayed that spirituality having an impact on healing depends on the patient. One participant commented “If it is important to the patient, it plays a role in their healing.” On the contrary, the majority of those who agreed that it had a connection to healing, accredited spirituality as being essential for patients to reach full health. Going to the extent of stating: “caring for the mind and the soul is *just as important as caring for the body.*” and “people *cannot heal to their full potential* if they are suffering spiritually.” While the participants have proven that they do not have a unifying definition of spiritual care, the majority of participants believe that spirituality does connect to healing and the care they provide does relate to their own spirituality . This may explain why although there are disunifying definitions and a lack of education and training, all nurses have attempted to provide spiritual care in their practice and the majority of them feel comfortable providing it. As previously stated, perspective plays a big role in the chance for change to occur. With a majority of participants having a perspective that spirituality does connect to healing, there is a possibility for there to be an increased focus on spiritual care through increased education and training about what spiritual care is and how to deliver it.

54% of participants responded that they have had spiritual encounters while providing care to their patients. In the survey, spiritual encounters were defined as “support from the nurse, feeling the presence of a greater being in the room, and seeing, hearing, and sensing things that are unexplained with logic.” One may assume that if a nurse has a spiritual encounter it will influence their decision to ask how they can meet their patients spiritual needs while in their care. Analysis showed that 37% of the participants who *have* had a spiritual experience while providing care, *did not* ask how they could meet their patients spiritual needs during care. 21% of participants said that they have had a spiritual encounter while providing care, also asked how

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they could meet their patients spiritual needs. This suggests that there may be a negative correlation between the nurse having spiritual encounters and asking their patients how they can meet spiritual needs while providing care. Further research of spiritual encounters and spiritual care would explore this correlation. Participants were also asked if a patient had ever had a spiritual encounter and shared it with them. 54% of participants answered that patients had shared their spiritual encounters with them. One participant responded “Lots of patients choose to share their spiritual understanding of illness and health.” This suggest that patients who have had spiritual encounters may readily share this with the nurse. While the majority of participants have experienced the patient sharing spiritual experiences with them, they still are not asking the patient how they can meet their spiritual needs. 37% of participants who have had patients share spiritual encounters with them, *did not* ask how they could meet their spiritual needs. 21% of participants that had patients share spiritual encounters with them, also asked how they could meet their spiritual needs.

Overall, survey questions ask the participants to assess their own spirituality as well as how they asses their patients spirituality. The survey also asks the participants to define how they perceive spiritual care and if it relates to healing. Thematic analysis of the survey results revealed that when asked how participants define spiritual care, although a there was a common theme, a prominent theme did not emerge. Without a unifying definition of spiritual care, it is not possible that nurses are delivering efficient and consistent spiritual care to patients. Results also revealed that although 100% (n=19) of participants have provided spiritual care at some point in their nursing careers, only 47% of them ask their patients how they, as the nurse, can help meet their spiritual care needs while providing care. If the nurse is not involving the patient in their own care and not assessing their needs, it is impossible that they can provide complete spiritual care.

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The participants' divided perceptions of spiritual care provides a reason behind why these nurses are overlooking spiritual care for their patients and not asking how they can meet their patients' spiritual needs. While these results may seem negative, results also indicate that the majority of nurses do believe that spirituality is connected to healing. This nursing perspective suggests that there is a chance for change. With a greater level of education and training in what spiritual care is, there is hope that nurses can improve in their ability to deliver complete and consistent spiritual care.

Limitations

Although this research is well thought out and presented, I am aware that even with excellent research there are limitations. One of the limitations of this study is the sample size. While I sent out the study to 50 nurses, I only received 19 responses. This is a small population size and may not represent the majority of nurses. I had a small sample size, because there were only a specific amount of faculty at the state university that I sent my research to. When trying to explore perspectives and draw conclusions of the nursing population and their opinions, I would have liked to have a larger sample size. In the future, I would send out the survey to a larger population, with hopes of getting more responses back. Now having the experience of conducting research that was dependant upon the participants, I will be able to adjust and modify for further research. Another limitation of this study is that on some of the survey questions, not all participants expressed why they answered a certain way in the text box provided. Looking back, I should have formed these questions as open ended questions, and not just asked the participant to comment on why they answered "yes" or "no", because many participants considered it proficient enough to just simply pick one of those options and not explain themselves. I could have had much more data and identified nursing perspectives if I asked those

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questions in an open ended format, only providing a text box for responses. Another limitation of the study was my personal bias. We all have personal bias, and it would be ignorant not to admit that bias does affect how we go about our research. My bias of believing that spiritual care does connect to healing could have had an effect on how I analyzed the results of participants and formed my survey. That is why I had an advisor and second party observer read through my work to make sure that my bias wasn't distorting how I posed my survey questions, as well as the analysis of the results.

Conclusion

It is a privilege to be able to assist a person in achieving an individual to a state of full wellness. As a nurse, you are given that privilege and honor. Throughout history, the view of health has evolved, and we are finally approaching a time where a person's physical, mental, emotional, and spiritual beings are considered in wellness. A focus of mental and emotional health is being increasingly considered in healthcare, and through an increasing amount of research in the past decade, it is hopeful that spiritual health will start to be increasingly considered as well (Martins, 2017). While this is the hope for *future* nursing, current nursing education and nursing practice commonly overlook and exclude spiritual care as part of practice. At the beginning of this paper, I posed the question: if spirituality has been proven to be related to healing, then why is spiritual care often forgotten and marginalized in nursing practice? Through studying nursing perspectives I have attempted to explore a connection between nursing perspectives of spiritual care and why it's not being practiced regularly in nursing. When asked how they defined spiritual care, participants' answers varied and were conclusively dis-unified*. Without a unified definition of spiritual care, it is not possible for nurses to provide effective and consistent spiritual care to their patients. It was also discovered that less than half of the

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participant nurses asked their patients about their spiritual needs. This showed that the majority of the participants were not involving their patients in their spiritual care practice. Through these results, it was proven that patients' spiritual needs are not being assessed and, consequently, they are not receiving the personalized holistic care that is necessary for healing.

The majority of participants also reported that they had not received any training or education in spiritual care practice. Even with the high level of education that the participants possessed, their high level of education did not address how to administer spiritual care. It is through education, that there is hope for nurses to be able to achieve a unified definition, and perspective of spiritual care, and learn how to involve their patient in practice. In addition to this, the majority of participants reported that they do believe that spirituality is related to healing. In the beginning of this paper, it was stated that there has been a proven correlation between perspective and likelihood of action. *In this study, the majority of participants who answered, agreed that spirituality is related to healing. This suggests that it is more likely for nurses to act upon improving the practice of spiritual care, through increasing their awareness of the misconceptions directed towards spiritual care practice.* Through this study these misconceptions have hopefully been brought to light, allowing for effective conversation and further research.

Further Discussion

On the concept of the broadness of Spirituality:

It is true that the definition of spiritual care may be broad. For example, for one patient spiritual care may mean to pray or worship with a chaplain, while for another it may simply be the nurse employing therapeutic touch in a moment where they desire comfort. While I acknowledge this to be true, I believe that this view of spiritual care must be shared by nurses. One of the themes identified in participant responses was: integrating a patient's belief in a higher power and their identified purpose in life into their care. This view of spiritual care only keys in on the patient's beliefs of a higher power and purpose when addressing spirituality. From the vast religions and belief systems around the world it is seen that humans define spirituality individually. Spirituality is broad and is a facet of humanity that is still scientifically inconclusive in terms of finding a strict definition. This may raise the question of: If spirituality and spiritual care is so individual, how will nurses be able to deliver a version of spiritual care that is unified? To this, I say that it is not the definition of spirituality that needs to be unified, but the perception of spiritual care. While the mode of spiritual care from patient to patient may differ, the perception on spiritual care should be the same among nursing staff. While in my survey, I asked participants to define spiritual care, most of their answers were not centered around physical actions. They did not respond with: praying with the patient, reading religious texts to the patient, etc. Their responses reflected their perceptions *on* spiritual care itself. Words that were used included: "acknowledge, respect, valuing, and ensuring". To put it simply, these words do not imply specific actions and leave room for the nurse to decide their mode of providing spiritual care. As discussed in the introduction of this paper, perspective will lead to

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the likelihood of action and change. Translating to, nurses perceptions of spiritual care will determine how they provide spiritual care. Perspective needs to be unified, and through unified perspective, these nurses definition of spiritual care may become unified as well.

Throughout this paper I discuss how the definition of spiritual care must be unified for the patient to be able to receive consistent spiritual care, and I still concur with this conclusion, but further research and nursing education may explore this question. Should the focus be on defining the actions and modes of addressing patients spirituality in care or on unifying the perceptions of spiritual care by nurses? While I started to explore this in my paper, further research on perceptions on spiritual care by nurses is supported and encouraged by the results of my research.

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APPENDIX A
SURVEY QUESTIONS

Q1 Would you like to proceed to the survey

Q2 Are you male or female

Q3 What is your age?

Q4 Do you identify with any of the following religions? (please specify):

Q5 What is the highest level of education you have completed?

Q6 What level do you practice in nursing?

Q7 How many years of experience have you had in nursing?

Q8 Are you currently practicing clinically in a role and caring for patients?

Q9 If you are not currently practicing clinically, please tell us what type of nursing role you currently practice in Nursing faculty

Q10 How do you define spiritual care?

Q11 Have you provided spiritual care in your professional nursing career?

Q12 Do you have spiritual beliefs separate from your organized religion?

Q13 Have you had prior training or education in incorporating spiritual care into your role as a nurse?

Q14 Would you consider yourself comfortable with providing spiritual care to patients?

Q15 In your practice, do you ask your patients how you as the nurse can meet their spiritual needs while providing care? If yes, please tell us how, If no, please tell us why:

Q16 Do you refer patients to spiritual or community spiritual resources?

Q17 Do you know how to refer patients to experts in spiritual guidance (e.g., a chaplain, pastor, etc)

Q18 In providing direct patient care, have you ever felt conflict between your beliefs and tending to the needs of the patient?

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Q19 Do you find meaning in your work directly related to your own spirituality as a nurse?

Q20 Do you believe that spiritual care is related to healing? If it is important to the patient, it plays a role in their healing. If yes, please tell us how, If no, please tell us why:

Q21 Spiritual encounters can be described in many ways, for example: support from the nurse, feeling the presence of a greater being in the room, and seeing, hearing, and sensing things that are unexplained with logic. Have you ever had any spiritual encounters while providing care to your patients?]

Q22 Have your patients ever told you of spiritual encounters they've had in the healthcare setting?

Q23 Do you have anything else to add? _____

APPENDIX B

DEMOGRAPHIC INFORMATION

	<u>NUMBER</u>	<u>PERCENTAGE</u>
<u>AGE</u>		
Under 25	0	0%
25-35 yrs	2	11%
35-45 yrs	4	21%
45-55 yrs	4	21%
Over 55 yrs:	7	37%
<u>GENDER</u>		
Female	19	100%
Male	0	0%
<u>IDENTIFIED RELIGION</u>		
Catholic	13	68%
Utilitarian Universalist	2	11%
Christian	1	5%
Interdenominational Christian	2	11%
No Religion	1	5%
<u>EDUCATION</u>		
Bachelors (BSN)	1	5%
Masters (MSN)	8	42%
Post-Masters	3	16%
Doctorate (DNP)	7	37%