

NURSING STUDENTS' PERCEPTION OF HOW PREPARED THEY
ARE TO ASSESS PATIENTS' SPIRITUAL NEEDS

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According to the literature, currently there is no assessment for spiritual development of nurses, physicians, ministers or patients. They could be at any stage in their faith development. Spiritual development has seldom been a criterion for nursing entry, graduation, or practice. Nor is religious affiliation usually a criterion for education or practices. Spiritual competence is the basis for fostering hope, purpose and meaning. Therefore, the nursing profession needs to develop nurses who are capable of responding to patients' spiritual needs in a competent and sensitive way. Providing education to nursing students may increase students' awareness of importance of patients' spiritual needs. Gaining comfort with one's own spirituality is the initial step in developing awareness and sensitivity to patients' spiritual needs.

A mixed method study examined nursing students' perception of how prepared they are in assessing their patients' spiritual needs after participating in a four hour spirituality seminar. Quantitative data were collected on senior nursing students (N=24) completing the Spirituality Assessment Scale (SAS) surveys before and after participating in a four-hour spirituality seminar.

The qualitative study took a phenomenological approach examining senior nursing students' (N=12) open-ended questionnaire in an interview format.

Data analysis identified a relationship between the participants' meaningful segments and Fowler's fourth stage of faith development which occurs during ages 21 -30.

Fowler's fourth stage, Individuative-Reflective Faith, identifies a period which the young adult begins to claim faith identity no longer defined by the composite of one's roles or meaning to others (Fowler, 1981).

Results of this study identified five themes: 1) nursing students' personal spiritual beliefs, 2) spiritual interventions, 3) assessing patients' spiritual needs, 4) personal beliefs impacting nursing care, and 5) spirituality in nursing education. The findings of this study suggest that more emphasis should be placed on spiritual domain in nursing education programs.

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CHAPTER ONE

Introduction

Statement of the Problem

Controversy exists within the nursing profession concerning the educational requirements necessary for nursing students to assess patients' spiritual needs. Historically, nurses have been educated primarily to care for physical and psychosocial needs of patients with little emphasis placed on attending to spiritual needs. Holistic nursing encompasses the physical, psychosocial, and spiritual domains, which led to the question, how much emphasis are nursing programs placing in curricula to address patients' spiritual needs? Are practicing nurses comfortable assessing their patients' spiritual needs? Due to the current nursing shortage and fast-paced accelerated programs that are becoming more prevalent and popular today, one wonders if students enrolled in accelerated 12-month programs place as much value on learning about spiritual needs of the patient as they do addressing the physical and psychosocial needs. If student nurses are not taught about concepts of spirituality, how can they assess their patients' needs in the clinical setting? According to Hoffert, Henshaw, and Mvududu (2007), "if holistic nursing and individualistic nursing care is the gold standard of nursing, then it is important that nursing faculty begin to incorporate spiritual care in a more meaningful and deliberate manner throughout the nursing curriculum" (p. 71). The authors also emphasize the patients' environments should promote spiritual reflection and growth.

Nurses have provided spiritual support to their patients throughout the years without formal educational guidelines. They have comforted patients who were suffering and during the dying process. They have prayed with patients and supported their spiritual

needs. According to Callister, Bond, Matsumura, and Mangum (2004), nurses have been hesitant to provide spiritual care and listed the following reasons: failure to be in touch with one's own spirituality, confusion about the nurse's role in providing spiritual care, a lack of knowledge, and fear of imposing their own religious preference on patients.

O'Shea (2007) identified barriers that have prevented pediatric nurses from providing spiritual care to patients and families including: lack of education, discomfort in assessing spiritual care, confusion in terminology, and lack of information.

Callister et al. (2004) acknowledge that in order to provide holistic care, undergraduate nursing curricula needs to integrate concepts of spirituality throughout the entire nursing program. The nursing literature suggests that spiritual care is part of the nurse's role and should be integrated into nursing education. Research demonstrates that patients considered their spiritual needs of importance in order to adapt to their health needs (Van Leeuwen & Cusveller, 2004). Nurses held a similar view but felt the need for further formal education to help them give spiritual care to their patients (McSherry & Watson, 2002). Contemporary nursing philosophy embracing holism demands that nurses learn the appropriate skills to enable them to provide care in all domains, including the spiritual. Spiritual care is part of the nursing role and guidelines for nurse education state that it should be taught to nurses (Van Leeuwen & Cusveller, 2004).

Due to the lack of a clear definition of spirituality or concise framework, coupled with limited opportunities for spiritual training and professional development of health care providers, this aspect of care has been neglected. When emphasizing holistic nursing care for patients, nurses need to be aware of the patient's experience that can provide context for making health care decisions and allows nurses to help patients in a way that

limits suffering. The holistic approach to delivering nursing care encompasses the mind, body, and spirit, which are interconnected making it difficult to separate the three dimensions. By caring for patients in a way that acknowledges the mind, body, and spirit connection, the nurse is acknowledging the whole person (Young & Koopsen, 2005).

According to Meyer (2003) the importance of providing holistic nursing care for patients and families has been identified by the American Holistic Nurses Association. This organization has identified holistic nursing as “care that considers the inter-relationships of the physical, psychological, social and spiritual dimensions of the individual, recognizing that the whole is greater than the sum of its parts” (p.185).

Spirituality may be defined as the core essence of the self capable of experiencing inner peace and unifying interconnectedness with a higher power that provides meaning and purpose in life displayed by interconnectedness with others and concern for the natural environment.

Religion is a unified system of beliefs and practices relative to sacred things forming the basis for a medium of organized worship and fellowship (p. 185).

According to Meyer (2005), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires nurses to conduct a spiritual assessment and provide spiritual care to all patients. Meyer states that a less experienced nurse may wonder how to approach a patient’s spiritual needs; depending on their educational program they may have received little guidance in identifying and addressing spiritual needs. Meyer describes how there was a shift away from attention to spirituality in the latter part of the 20th Century due to the Supreme Court ruling regarding separation of church and state.

Accordingly in 1962, the Court ruled that “the First Amendment of the Constitution mandated that the government must maintain a neutral stance regarding religious beliefs and activities” (p. 186). Therefore, public programs eliminated discussions of spirituality due to perceived relationships between religion and spirituality. New nurses may be uncertain on how to handle different customs or they may feel addressing spirituality invades a patient’s privacy. According to the literature, the American Association of Colleges of Nursing (AACN) and JCAHO, support nursing education that prepare nurses to identify spiritual distress and to provide spiritual care. Meyer argues that current research suggests that many nurses in the work place feel inadequately prepared to provide spiritual care. Reasons listed by nurses include, “lack of adequate time to build rapport, uncertainty about their personal spirituality and the spiritual belief that spiritual care should be left to hospital chaplains, and insufficient education about providing spiritual care” (p. 39).

According to Joint Commission on Accreditation of Healthcare Organizations (2004)

A spiritual assessment should be, at a minimum, to determine the patient’s denomination, beliefs, and what spirituality practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed. The standards require organizations to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment (p. 1).

Purpose of the Study

The purpose of this mixed method study is to explore nursing students' perception of how prepared they are in assessing their patients' spiritual needs. A study of senior nursing students (N=24) at a Midwestern Christian Bachelor of Science in Nursing (BSN) Program was completed to determine their perception of assessing their patients' spiritual needs after participating in a spirituality seminar. A goal of this project was to determine if the spirituality seminar was a valuable teaching method to provide students better understanding of one's spirituality and to identify how understanding their own spirituality impacts the nursing care they give to clients to help meet their holistic needs.

Context of the Problem

The assessment of a patient's spiritual needs is a professional responsibility of the nurse. Holistic nursing addresses the problems and concerns of the spirit as well as those of the body and mind. Following a spiritual assessment, the appropriate spiritual or religious interventions may be provided either by the nurse or through referral to a designated pastoral care (O'Brien, 2003).

Research Questions

The research questions in this study were:

1. Is there a difference in nursing students' perception of their preparedness of assessing patients' spiritual needs after participating in a spirituality seminar than those nursing students not participating in a spirituality seminar?
2. Do the spiritual beliefs of nursing students' affect their comfort level in meeting their patients' spirituality needs?

Assumptions

It was assumed the nursing student would feel adequately prepared as a generalist to provide holistic nursing care which includes the physical, psychosocial, and spiritual dimensions.

Significance of Study

Spiritual competence is the basis for fostering hope, purpose, and meaning. Therefore, the profession needs to develop nurses who are capable of responding to the patients' spiritual needs in a competent and sensitive way. Providing education to nursing students may increase students' awareness of the importance of the spiritual needs of patients. Gaining comfort with one's own spirituality is the initial step in developing awareness of and sensitivity to patients' spiritual issues. This study will contribute to the body of literature regarding the importance of incorporating a spirituality seminar in the BSN curriculum. By participating in a spirituality seminar, graduate nurses will have the skills to provide spiritual and holistic care.

Theoretical Framework

The theoretical framework that will be used for this study is derived from Watson's Theory of Human Caring. In Watson's framework, spirituality is described as being the central idea. Watson regards the human spirit as the most powerful force in human existence and the source behind striving for self-transcendence through spiritual evolution and the achievement of inner harmony. Watson describes nurses working within this framework as promoting the mind, body, and spirit, regardless of the health problem, age, or life circumstances. Caring theory, according to Watson, is relevant in

understanding the importance of hope and spirituality to one's well-being (Toughy, 2001).

Watson (1988) asserted the art of nursing practice is not task orientated, but establishment of a therapeutic interpersonal relationship that is based on caring, warmth, congruence, and empathy that nurses must be aware of and sensitive to his or her beliefs and needs. According to Hoffert, Henshaw, Mvududu (2007) nurses should gain knowledge of the patients' beliefs and needs which will contribute to the development of a helping relationship and enhance the holistic care for patients.

Watson (1988) and Meyer (2005) emphasized the importance of nurses offering spiritual support in a caring environment.

Nursing is a human science and human care is always threatened and fragile. Caring requires a personal, social, moral, and spiritual engagement of the nurse and a commitment to oneself and other humans. Caring in nursing is not just an emotion, concern, attitude or benevolent desire. Caring is the moral ideal of nursing and calls for a moral commitment towards protecting human dignity and preserving humanity (Watson, 1988, p. 29).

The gift of presence serves as the most effective component of spiritual care. Having the nurse provide attentive physical care, offering a reassuring squeeze while holding a patient's hand, meeting small requests in a positive manner all display the love and compassion consistent with Christianity (Meyer, 2005, p 40).

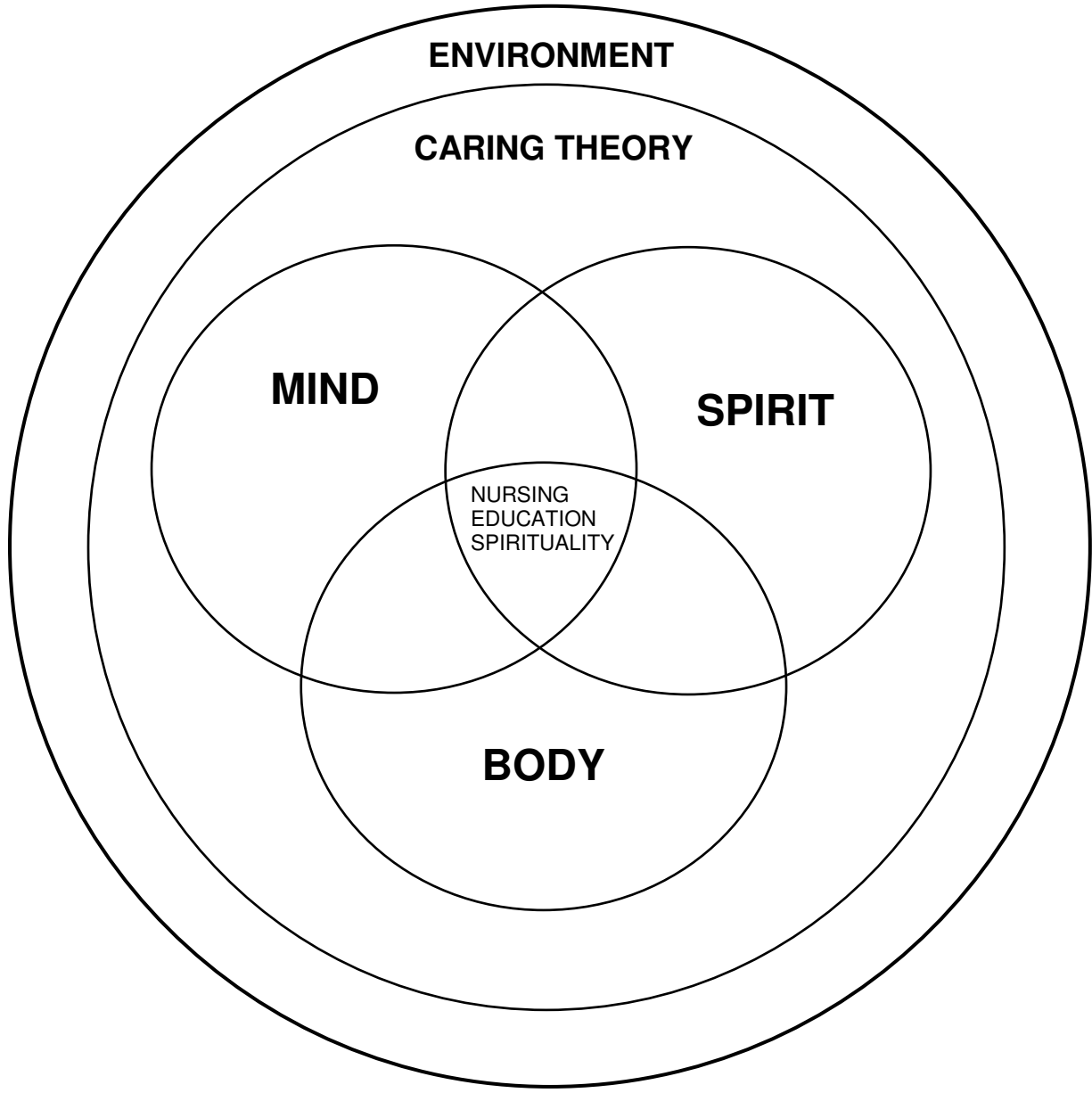
The process by which senior nursing students grew to understand the importance of addressing their patients' spiritual needs in a supportive and caring environment is visually depicted in Figure 1. This diagram illustrates the nursing care provided to the patient addressing the three holistic domains; the mind, body, and spirit. The process begins by emphasizing spirituality in nursing education. This image is an adaptation of Rankin and DeLashmutt (2006) model titled, Elements Involved in Experiencing Spirituality and Presence in the Nurse-Patient Relationship. "It is through the soul-to-soul and spirit-to-spirit communion of the nurse-patient relationship that the mind, body, and spirit needs of the patient are met" (p. 286).

In Watson's (1988) theory the "end point" was described as the goal towards which each person strives:

The person has one basic striving; to actualize the real self. Thereby developing the spiritual essence of the self, and in the highest sense, to become more Godlike. In addition, each person seeks a sense of harmony within the mind, body and soul and, therefore, further integrates, enhances, and actualizes the real self. The more one is able to experience one's self, the more harmony there will be within the mind, body and soul and a higher degree of health will exist (p. 57).

Figure 1

Elements involved when addressing the patient's spiritual needs.



Adaptation from Rankin and DeLashmutt (2006) model titled, Elements Involved in Experiencing Spirituality and Presence in the Nurse-Patient Relationship (p.286)

List of Terms

Associate Degree in Nursing

A two-year program offered at junior and community colleges as well as some hospital schools of nursing, colleges and universities.

Bachelor Degree in Nursing (BSN)

A four-year program offered at college or university settings. A BSN degree prepares students for leadership and management roles and is required for entry into Master's or Doctoral programs.

Diploma

A two- to three-year hospital-based program often affiliated with a junior college.
(Johnson & Johnson Health Care Systems Inc., 2002)

Health Care Definitions

Spiritual Distress:

Spiritual distress defined as impaired ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself (Wilkinson, 2005, p. 507). Spiritual distress is one of the most common nursing diagnoses to result from a spiritual assessment. The North American Nursing Diagnosis Association (NANDA) has specifically identified spiritual distress as a diagnosis (Young & Koopsen, 2005, p. 9).

Spiritual Well-Being:

Spiritual well being is define as the ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or power greater than oneself (Wilkinson, 2005, p. 513). Spiritual well-being is described as harmonious interconnectedness with a deity, the self, the community, and the environment (Young & Koopsen, 2005, p. 9).

Spiritual Pain, Spiritual Alienation, Spiritual Anxiety, Anger, Guilt, Loss and Despair:

Specific nursing diagnoses that describe an individual who has a pervasive loneliness of spirit, often stemming from an intense feeling of alienation from his or her God or Higher Power and manifested by a deep sense of hurt (Young and Koopsen, 2005, p. 9) can result in a multitude of findings. These include spiritual pain, spiritual alienation, spiritual anxiety, anger, guilt, loss and despair.

CHAPTER TWO

A Review of the Literature

This chapter includes a literature review related to the concepts of spirituality and nursing education. Cumulative Index to Nursing and Allied health Literature (CINAHL), Pub Med, and Medline databases were searched for the years 1988 to 2007 using terms: nursing, patient, spirituality, caring theory, holistic nursing, and nursing education.

Using the Nursing Dimensions Inventory (NDI), McSherry and Watson (2002) conducted a longitudinal panel survey of student nurses and a cohort of diabetic outpatients. This paper was concerned with the results from one question on spirituality in the survey. The statement, “as a nurse it will be important for me to attend to the spiritual needs of a patient” (p. 843), was presented to a cohort of student nurses upon entry to a nurse education program and at 12 and 24 months into the program. Results of this study suggested that education may increase student nurses’ awareness of the importance of the spiritual need of their patients. McSherry and Watson (2002) suggest nurses need to ask patients what they perceive spiritual needs to be and expand further the qualitative evidence that may further explain patients’ understanding of the spiritual dimension. It could be argued that without this type of evidence the theory practice gap could widen in nursing. These authors also suggested nursing education may be preparing nurses to deliver spiritual care based on the fiction of theoretical constructs and not on the fact of qualitative evidence. Results of McSherry and Watson’s study indicated that education may increase the student nurses’ awareness of the importance of the spiritual needs of the patient.

According to Mitchell, Bennet, and Manfren-Ledet (2006), nurses spent more time with their patients than do other health care workers. Therefore, the spiritual needs of patients must be recognized as a domain of nursing. One component of being a nurse is identifying spiritual distress and providing spiritual care at the end of life. Ways to augment nurses' comfort zones as they engage in discussion of spirituality with end of life patients are vital.

Narayanasamy et al. (2004) described critical incidents that were obtained from a convenience sample of 52 nurses working in the East Midlands region of the United Kingdom. The researchers explored the nurse's perception of their role in addressing the spiritual needs of older people. In the findings, nurses reported that their patients' religious backgrounds, spiritual/religious loaded conversations, and diagnoses acted as prompters for them to identify, plan, and implement nursing interventions. Nurses described these interventions as spiritual care. Findings indicated that there is a vocabulary in health care practice about patient's spiritual needs. This included terms such as respect for religious beliefs and practices, absolution, consecutiveness, comfort, reassurance, healing, meaning, and purpose. The nurses in Narayanasamy et al. (2004) study attempted to meet their patient's spiritual needs and put into action certain helping strategies which they perceived as spiritual care interventions.

In a survey of 132 baccalaureate nursing programs, few had defined spiritual nursing care. According to the Callister et al. (2004) there was paucity in the literature on spirituality in nursing programs. A conclusion was to address the dimensions of spiritual nursing interventions is critical in nursing education. Nursing education and clinical

practice should facilitate the development of sensitivity and capability of nurturing the human spirit in clinical practice.

Hoffert, Henshaw and Mvududu (2007) explored the effectiveness of an intervention program designed and implemented to enhance nursing students' comfort level with, and ability to perform, a spiritual assessment by identifying barriers. The implication for nursing education was clear, nursing faculty should make a dedicated commitment to developing content, ongoing experiences, and an environment that promotes spiritual reflection and growth. In addition, spiritual care was a vital component of holistic healthcare and should be methodically incorporated throughout the nursing curriculum. Hoffert et al, study suggested an organized program that addresses the barriers to performing a spiritual assessment may be an effective place to begin the process. Such a program will enhance the student nurses' confidence in addressing the spiritual issues of their patients in a clinical setting.

O'Shea (2007) suggested "pediatric nurses should have continued educational support to further their comfort levels and knowledge in providing pediatric spiritual care" (p. 63). O'Shea also recommended that "nurses who have a greater personal spirituality than others may consider functioning as a mentor or spiritual care resource nurse for those that are less comfortable or inexperienced in providing spiritual care" (p. 63).

Van Leeuwen & Cusveller, (2004) study addressed the competencies nurses need in order to provide spiritual care for their patients. The competency profile address (awareness and use of self, spiritual dimensions of the nursing process, and assurance and quality of expertise) and six core competencies (handling one's own beliefs, addressing

the subject, collecting information, discussing and planning, providing and evaluating, and integrating into policy). The authors pointed out the general importance of good working conditions and an environment that facilitates nurses to provide adequate spiritual care.

Ross (2006) completed an overview of research to date on spiritual care in nursing. Findings provided pointers for future direction of research in this emerging field. Ross reviewed 47 published nursing research papers. The author concluded that research on spirituality and health needed to move forward in a systematic and co-coordinated way. Ross argued that there is an overwhelming and recurring need in almost all studies for nurses to be properly prepared and educated in spiritual care. The author stated careful consideration should be given to how nurses should be taught and how their competency should be assessed in this area if quality assurance for higher education standards is to be achieved.

According to Highfield, Johnson-Taylor, and O'Rowe (2000), more hospice than oncology nurses received spiritual care education and perceived their education as adequate. Descriptive and content analysis were used to examine spiritual care perspectives scale data from Oncology Nursing Society clinician members (N=181) and Hospice Nursing Association members (N=645). Additional findings included that patient encounters enhanced nurse spirituality and were positively related to care giving. Highfield et al.(2000) argued that additional research should focus on educational strategies, practice settings, care delivery systems, use of spiritual nursing diagnoses, and outcome measures of patient well-being.

The purpose of a quantitative study by Meyer (2003) was to determine which environmental factors in nursing education contributed to the students' perceived ability to provide spiritual care. The study included a convenience sample of students and faculty of twelve Midwestern nursing schools, which included six private programs with a religious affiliation and six public programs. Results of Meyer's study suggested that students consider spiritual care to be an essential component of holistic nursing care and that spiritual well-being was an important part of health promotion. Additional findings included that students felt inadequately prepared to conduct a spiritual assessment and provide spiritual care. There were significant differences in the findings of students from private colleges with a religious affiliation. Students from private colleges provided higher scores for the perception that spiritual care is essential

There may be no precise terminology associated with the language used to define spirituality. According to McSherry, Cash, and Ross (2004), there is still a great deal of vagueness and ambiguity surrounding the meaning of spirituality. The following quotes described nursing students meaning of spirituality: "I think it's different to every person, to me, spirituality is what makes me feel what makes me!" "The emotional side, the essence of living, makes somebody feel whole." "Well I think it means different things to different people, it is not necessarily about the religious needs." (p. 935). Five patients interviewed were asked about their understanding of the term *spirituality*. All expressed difficulty in articulating a definition or even identifying with the term. One patient stated that this never interested him, even in illness. "It has done nothing for me" (p 935). Many patients were unclear about the meaning of spirituality and considered it to be synonymous with religion. Findings from this study emphasized the need for adopting an

individualistic, non-judgmental approach to care delivery. This may prevent spirituality being taught in an overly generalized manner. A common finding in the literature; patients have trouble articulating spirituality.

Catanzaro & McMullen, (2001) identified strategies used in community health nursing rotations that were effective in increasing the spiritual sensitivity of student nurses. Encouraging self-reflection and providing opportunities for affirmation from faculty, peers, and other professionals are specific ways students' spiritual growth can be promoted. Faculty members must be comfortable with the language of religion and spirituality if they are to effectively communicate the importance of spirituality to students.

Through interviews conducted with 12 medical surgical nurses, in general, think holistically and saw the importance of relationships, presence, teaching-learning process, spirituality, and an almost universal understanding of healing as being beyond absence of symptoms and as involving the synergy of the body-mind-spirit totality of persons. Through authentic presence, the nurse was aware of the uniqueness of self and others. The highest level of nurse presence was therapeutic presence, in which the contact was spirit to spirit, or whole being to whole being. The skills used included intentionality, intuitive knowing, communion, loving, and connecting. Additionally, almost every nurse in Jackson's (2004) study described the work environment as a non-supportive one. A holistic model of care is not reinforced intentionally enough in most practice settings. Jackson's study emphasized the holistic approach to nursing, practicing presence, and nurturing the relationship between the nurse and patient. It also supported the need for

nurses to work in a supportive environment in order to provide supportive and holistic care to patients.

Young and Koopsen (2005) have found through the work of other authors that spirituality is a highly subjective, personal, and individualistic concept. To many, spirituality represented a necessary essence of life that energizes both thoughts and actions. It can be described as a sense of interconnectedness with all living creatures and an awareness of the purposes and meaning of life.

According to O'Brien (2003), it was imperative that nurses have a common understanding of the concepts of spirituality. Spirituality as a personal concept was generally understood in terms of an individual's attitudes and beliefs related to transcendence (God) or to the nonmaterial forces of life and nature.

Touhy (2001) defined spirituality as broader than being religious, although for some people spirituality is expressed and developed through formal religious activities such as prayer and worship service. In addition, spirituality can be defined in terms of personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than self. According to Touhy, spirituality was identified as a significant contributor to "hope" and called for attention to the provision of opportunities to support and enhance spiritual practices in the nursing home setting. The nurse had the opportunity to build a long-lasting and close relationship with the resident over time. The relationships between the nurse and the residents in the nursing home had the potential to enhance spiritual well-being, hope, inner harmony, and promote healing. Participants in this study spoke freely about the importance of spirituality in their lives.

Wright (2005) defined spirituality as “whatever or whoever gives ultimate meaning and purpose in one’s life that invites particular ways of being in the world in relation to others, oneself, and the universe” (p. 4). The author made a distinction between spirituality and religion. Wright’s definition of religion “the affiliation or membership in a particular faith community who share a set of beliefs, rituals, morals, and sometimes a health code centered on a defined higher or transcendent power, most frequently referred to as God” (p. 5).

Hoover’s (2001) study explored the personal and professional impact on nursing students who participated in a 15-week module on nursing as human caring. Results of this study indicate that students experienced increased spiritual awareness characterized by an enhanced perspective, increased spiritual awareness, enhanced connecting relationships with self and others, finding purpose in life and clarification of values, a more holistic approach to care, and enhanced caring practices. According to the author, “Spirituality, in particular, was illuminated for the students as an important means for developing both themselves and their caring practice” (p. 79).

Barnum (1996) examined the question “can spiritual faith or sophistication be a requirement for nurses?” (p. 141). In Barnum’s study, the researcher questioned what happened when the spiritual care of the patient is limited by the nurse’s own level of spiritual development. The author stated that “spiritual development has seldom been a criterion for nursing entry, graduation, or practice, nor is one’s religious affiliation usually a criterion for education or practice” (p. 141). Many health care agencies are employing young nurses. The researcher argued that high levels of spirituality and/or

religious maturity is unlikely in young nurses. Barnum argued that the nurses who are most capable of giving spiritual care may not be doing much direct patient care.

Cavendish et al. (2003) described the spiritual care activities of nurses as identified in the Nursing Interventions Classifications (NIC) labels. This non-experimental, descriptive study used multiple triangulation methodology to describe spiritual perspectives, interventions and attitudes. Findings in this study indicated that spiritual care activities involved a broad spectrum of interventions that may be unique to each patient. Ninety-seven participants (18%) reported providing 32 spiritual care activities for patients and 2 spiritual care activities for themselves, including prayer to meet the nurse's personal spiritual needs. According to the researchers, spiritual needs of patients and their families could be documented through the use of NIC. In order for spiritual care standard needs to be met, spiritual assessments should be comprehensive using an assessment tool. The results of Cavendish et al. (2003) study help expand the knowledge base regarding spiritual care activities and documentation. This knowledge will help nurses to successfully promote the delivery of holistic care.

Baldacchino (2006) described the main nursing competencies for spiritual care. This study identified four main competencies that were associated with the role of the nurse as a professional and as an individual person: delivery of spiritual care by the nursing process, nurse communication with patients, inter-disciplinary team and clinical education organizations, and safeguard ethical issues in care. This study demonstrated the complexity of spiritual care, which required nurses to increase their awareness of the uniqueness of each individual patient with regards to the connection between mind, body, and spirit; the assessment of the spiritual status of patients during illness, and the

implementation of holistic care as recommended by the Nursing Code of Ethics. Results of this study suggested that nurses take the initiative in increasing their knowledge about spiritual care and give priority to reflection in and on their clinical practice to enhance patient care. Additionally, “hospital management should help nurses by the provision of hospital services from psychologists, chaplains, and support teams to help them put themselves together in harmony and become in tune with their own spirituality” (p. 894).

Stern and James (2006) study focused on identifying the statutory requirements relating to spirituality in nurse education which can be supported in pre-service and in-service education. The basis of this study was an exploration of the current requirements relating to spirituality in nursing and the consequent requirements for training and education clarified in part through a consideration of parallel policies on spirituality in school education. The methodology for Stern & James’s paper consisted of a critical review of current and incoming requirements related to spirituality, nursing, nurse education and a review of definitions of approaches to meet spiritual needs. Findings in the study suggested that the emergent relational framework for considering spirituality in nurse education acknowledged the ambiguity of spirituality. Within nursing, ambiguity can, therefore, avoid oversimplification and a simplistic rejection of sincerely held beliefs and strongly embedded practices. It is a source of riches in nurses’ education as it is a source of riches in life. According to the authors, a world without ambiguity would be bland and problematic.

In McGee, Nagel, and Moore (2003) study, 40 undergraduate students at a large Southwestern university who received an educational intervention focused on spiritual health issues reported significant higher levels of spiritual health after only 16 weeks, as

compared to students who did not receive the intervention. McGee et al. (2003) had success with techniques such as journal writing, written exercises, and mini projects. Two critical outcomes emerged from this study, an illustration of how spiritual health can be incorporated into a classroom curriculum in a non-controversial and non-threatening manner and a demonstration that reported spiritual health can be enhanced as a result of an educational intervention. These results were important because they validated the inclusions of spiritual health education in curricula as an effective way to help individuals improve their sense of spiritual well-being and may have implications for programming outside of the classroom.

According to McEwen (2003), most nurses believed spiritual care is an integral component of quality holistic nursing care and that they rarely addressed spiritual issues and typically felt unprepared to do so. McEwen argued that one reason for nurses' lack of preparedness to provide spiritual interventions was their basic education only minimally discussed spirituality and related issues. This study was conducted to analyze the content related to spirituality in nursing textbooks in order to determine where spiritual care was addressed and evaluated its adequacy. Findings in this study suggested that any mention of spiritual care within the broad nursing specialty books, medical surgical nursing, maternal child health nursing, psychiatric-mental health nursing, community health nursing was disheartening. When the subject of spirituality was mentioned, it was generally in the context of terminal illness or alternative medicine. The author suggested that spiritual care could be greatly improved if nursing textbooks were more comprehensive in incorporating spiritual care and related issues. Authors and book editors needed to do a better job addressing spirituality and spiritual care in all textbooks

within all specialty areas. Nursing faculty was encouraged to examine their own feelings, beliefs, and practices related to spirituality and spiritual care. Greater emphasis on spiritual care could be accomplished by applying concerted attention and discussing spiritual interventions in various situations. Many of the books reviewed suggested spiritual care should be integrated throughout the curricula and stressed within the overall context of holistic nursing care. Some suggestions for nursing faculty to incorporate spiritual care in the classroom settings included: use of case studies, review of the literature by bringing articles to class for discussion, require students to practice spiritual assessments, and in the clinical area, make arrangements with the pastoral care department or visiting clergy to allow students opportunities to watch or shadow them to observe their work. Another suggestion was to assign students to review the hospital policy related to spiritual care and in the pre and post conference, the instructors could ask students for examples of providing spiritual care, they have observed or given to their patients. This study emphasized the importance of nurses becoming more aware of how to address spiritual needs so that client care can become truly holistic.

Pesut and Sawatzky (2006) conducted a review of the literature regarding the use of the nursing process in the area of spirituality. How does a nurse ensure that he or she has enough knowledge about spirituality to assess competently and completely? What body of knowledge is given to students in this area and how confident can we be that two educated nurses would arrive at a similar assessment? Pesut and Sawatzky questioned if the average nurse is educated enough in the area of theology and world religion to do assessment in this area. The findings suggest that nurses embrace the idea that the spiritual falls within the domain of professional nursing and it should be assessed like any

other domain. Nursing needs to determine the competency level required. Nurses need to ensure professional accountability as they would in any other domain of patient care.

According to Pesut and Sawatzky, “to intervene in an area where one is not adequately prepared is to risk the charge of incompetence” (p. 133).

Through the evaluation of a pilot study to familiarize staff with the Spiritual and Religious Care Competencies for Specialist Palliative Care developed by the Marie Curie Cancer Care, Gordon and Mitchell (2004), conclude that competencies were a viable and crucial first step in “earthing” spiritual care in practice and evidence this illusive area of care. Results of this study suggested that patients wish healthcare professionals would address the spiritual needs along with all aspects of their well-being. There was a clear distinction between spiritual care and religious care. The authors described religious care and spiritual care:

Religious care is given in the context of the shared religious beliefs, values, liturgies and lifestyles of a faith community. Spiritual care is usually given in a one-to-one relationship, is completely person centered and makes no assumptions about personal conviction or life orientation.

Spiritual care is not necessarily religious care, at its best, should always be spiritual (p. 649).

According to Gordon and Mitchell (2004), spiritual and religious competencies offered a viable alternative to assessment tools and enable the healthcare professional instincts and experiences to integrate the assessment of the spiritual and religious needs of their patients and families into good practice. The competencies were an important step forward in developing a measurable and assessable spiritual care. Only through

acquiring a better understanding of the patient's spiritual needs, will the nurse be able to develop effective spiritual interventions. Interventions aimed at meeting the spiritual needs of patients can be more effective when caregivers recognize, acknowledge, and let go of our need for control and allow for innate knowledge and compassion to emerge.

Galek, K., Flannelly, K., Vane, A., and Galek, R. (2005) completed an analysis of relevant literature pertaining to patients' spiritual needs. Results of this study reveal a working framework emerged for the exploration of patients' spiritual needs. Within this framework, the following themes were identified: belonging, meaning, hope, the sacred, morality, beauty, resolution and a deeper acceptance of dying provide direction for healthcare professionals interested in a more holistic approach to patient well-being.

Delgado (2007) investigated the relationship between sense of coherence and spirituality and their association with perceptions of stress and quality of life. The study was a cross-sectional mailed survey to people with chronic obstructive pulmonary disease (COPD). The total sample was 181 participants. The findings of this study indicate that a strong sense of coherence and strong spirituality were associated with higher ratings of quality of life. This information is useful in understanding the dynamics of stress and response in chronically ill patients with respiratory disease and it should be useful in further nursing research in this area.

Through a qualitative phenomenological study, Albaugh (2003) examined the lived experiences of individuals when confronted with life threatening disease. Participants in Albaugh's study described how spirituality provided comfort when facing life threatening illness. These findings suggest that nurses need to acknowledge patients' spirituality and assist patients in meeting their spiritual needs. By understanding their patients'

experiences, nurses can better support their patients and provide time and space for spiritual practices and honor the patients' spiritual journey.

Bash (2005) asked a group of clergy what they understood by the term "spirituality". Bash found that a questioner was likely to receive as many descriptions as there were respondents. The author argued that the attempt to tie down the word in a definition is misguided and misconceived. Bash suggested that spirituality should be thought of as being a spectrum of human responses to the numen and that each individual consciously or unconsciously is somewhere on that spectrum. Bash argued that the term "spirituality" is off putting for some and if nurses are to move away from the idea of monolithic definition, nurses may need to explore the questions people have about spirituality.

According to Lane (2005), interventions that involved creativity and spirituality are offering nurses a new perspective on caring for patients today. The purpose of Lane's article was to frame the physiology and history of art as a healing modality, describe how art was used in hospital programs, and explain how nurses could implement creativity and spirituality as advanced therapeutics. Studies showed that creativity and spirituality can heal by changing a person's physiology and attitude from one of stress to one of deep relaxation. Nurses are discovering the healing effects of art, writing, music, poetry and spiritual tool, guided imagery, and prayer. The modalities are sometimes referred to as spirit body healing experiences. Lane argued that nurses play a crucial role and they are in the best position to act as agents of creative change. "Art and music are naturally healing by themselves, so a holistic nurse does not have to do anything that may feel foreign or uncomfortable" (p. 124).

A qualitative study by Cavendish et al. (2000) using grounded theory methods semi structured interviews with 12 well adults examined the opportunities in life that support or enhance spirituality in well adults. Seven themes emerged from the data; connectedness, beliefs, inner motivating factors, divine providence, understanding the mystery, walking through, and life events. Findings from this study suggested that nurses are present during events that evoke individualized varied human responses in the spiritual domain. Nurses needed the language to describe assessment findings. The nurse's ability to respond to the patient in the spiritual domain may be limited because of education, experience, institutional constraints, and other factors. According to Cavendish et al., education's components on spirituality needed to be strengthened in nursing curricula and continuing education programs for the enhancement of spiritual assessments, diagnosis, interventions, and outcomes that will satisfy spiritual needs of individuals and families. Cavendish et al, implied that nurses can go beyond simply performing tasks and make an effort to recognize the individuality and value of each patient, and the spirituality of both the nurse and patient will benefit.

A cross-sectional descriptive designed study by Yang (2006) was designed and administered to 299 hospital registered nurses. Yang sought to define the spiritual profile of nurses' spiritual intelligence. Results showed that age and spirituality were the most significant variables affecting nurses' spiritual intelligence. This study may contribute to a better understanding of the spiritual intelligence profile of nurses and may also facilitate a program for nurses' spiritual development as well as improve the quality of spiritual care. Yang's study identified that age, religious beliefs, seniority and childhood spirituality represent the essential factors affecting nurses' spiritual intelligence.

According to Yang, “the experience of spiritual well-being may predict a positive attitude on the part of a nurse toward spiritual care and thus influence the overall ability to assist patients to overcome their spiritual distress” (p. 33).

Bormann et al. (2006) examined the feasibility and effectiveness of frequently repeating a silent mantra, a word or phrase with spiritual meaning on stress, quality of life, and measures of spiritual well-being in a volunteer group of healthcare workers. A non-experimental, pretest-posttest design was used to evaluate the intervention program which was taught in a group meeting over five weeks. Results of this exploratory study suggested that frequent mantra repetition is a feasible and effective stress management strategy for use in the work place. Mantra repetition is an innovative technique that incorporated spiritual elements to support improvements in quality of life and spiritual well-being.

Walton (2002) explored what spirituality means to hemodialysis patients and its influence on their lives. A grounded theory qualitative research method was used to discover meaning, provide understanding, and create a beginning substantive theory on spirituality. The participants in this study were four men and seven women receiving outpatient hemodialysis. The study held the assumption that all humans are spiritual beings and that spirituality included more than religion alone. Spirituality was unique to each individual and yet similar in many ways. The participants in this study described spirituality as “a life giving force from within, full of awe, wonder and solitude that inspired one to strive for balance in life” (p. 447). Results of this study suggested that the theoretical framework provides understanding of what spirituality means to hemodialysis patients and how it influences their lives.

According to Power (2006), the patients' spirituality should be a factor that nurses need to consider in their assessments. Power stated that in order to devise an assessment tool relevant to patients, nurses need to understand how spirituality fits into national culture. The researcher questioned, if spirituality was so diverse and personal, could one assessment tool be suitable for everyone? The primary purpose of spirituality assessment is to identify a need in the patient and formulate a care plan. Documentation of the care plan ensures consistency within the nursing team. Power suggested using a systematic approach to spiritual care by using the nursing process of assessment, planning, implementation, and evaluation. Completing a spirituality assessment would give nursing staff confidence to see that spirituality was integral to the nursing process. Patients should be encouraged to explain their situation in their own words using their own concepts. The result will be person centered spiritual care, holistic healing of patients, and greater job satisfaction for the staff.

According to Graham, Brush, and Andrew (2003), mandates from the Joint Commission on Accreditation of Hospitals and Organizations, the American Nurses' Association Code of Ethics, the International Council of Nurse Code for Nurses, and Medicare require nurses to address patients' spiritual needs. The purpose of this study was to describe the process and content of spiritual care given delivered by a minister to 18 homeless male addicts in recovery and to determine how advanced practice nurses (APN) can integrate similar counseling into practice. Findings from this study suggested advanced practice nurses (APNs) were currently mandated to integrate spiritual care into clinical practice as part of the holistic model of care. Findings also encouraged APNs to develop and strengthen their own personal spirituality in order to have the resources to

support patients and to refer to ministers, rabbis, and others for more in-depth spiritual care.

The purpose of Hermann's (2006) study was to develop and perform initial psychometric testing of a newly constructed tool that measures spiritual needs of patients near the end of life. According to Hermann, a reliable and valid tool would assist healthcare professionals to identify spiritual needs of dying patients and intervene appropriately. The tool would only measure one construct—spiritual needs. Items for the spirituality needs inventory (SNI) were developed from a qualitative study of spiritual needs of dying patients. Results of this study suggested that the SNI was a valid tool to measure the spiritual needs of patients near end of life. According to Hermann, nurses need to be aware of the spiritual needs of all patients particularly those at end of life. The researcher argued that the SNI could be an appropriate tool in the clinical setting as well.

In a qualitative phenomenological study, Logan, Hackbusch-Pinto, and Degrasse (2006) examined the perceptions of spirituality in women who had undergone a breast diagnostic experience. Twenty Caucasian women participated in this study. Results of this study suggested that spirituality is important for women who are undergoing diagnostics for breast abnormality. Women identified a need to handle stress alone, with reliance on spirituality and God that was balanced with a need for specific connections to family members or close friends. One nursing implication from this study was the need to recognize and support women's desires for focused isolation during the diagnostic process. Within this isolation, women explored their personal strength and their connection to God or their spiritual beliefs. When the stress began to overwhelm, women sought out loved ones for support and diversion. The nurse should note whether the

women want to discuss aspects of spirituality. Nurses should be cognizant that many women may be uncomfortable with speaking to chaplains. Providing a female chaplain or a nurse with spiritual care training could make women more willing to accept help with spiritual matters.

Shih, Gau, Mao, and Chen, Lo (2001) examined the first spiritual care program for Master of Science in Nursing degree students (MSNDS) in Taiwan. The study used a methodological triangulation research design. A course titled “Spirituality in Nursing Practice” was taught to participants over 18 weeks. A convenience sample of 22 female registered nurses participated in this study. All of the participants considered the course on spiritual care to be helpful in assisting them to provide spiritual care for the clients in the hospital or community. The spirituality course addressed topics such as description and definition of the spiritual dimension, spiritual needs and spiritual care in the broadest terms, and the influence of spiritual dimensions on health as well as the significance of spiritual care at a deeper level. The authors suggested that studying these topics would help professional nurses perceive spiritual care at a deeper level, helping them be aware of spiritual dimensions in their own life. The participants in this study indicated that the spiritual care course helped them in the following areas: providing culturally-bonded spiritual care plans, personal value systems and spiritual needs, and clarifying the symbolic meaning and impacts of religious rituals. The results of this study indicated that participants “felt that before the program their knowledge and definition related to spirituality were limited and that they had not been meeting the spiritual needs of their patients” (p. 344).

Johnston-Taylor (2006) explored the prevalence of spiritual needs and identifying factors associated with spiritual needs among patients with cancer and family caregivers. The descriptive cross-sectional quantitative study examined 156 patients with cancer and 68 family caregivers who did not perceive their cancer to be life threatening. Findings in this study suggested that the most important spiritual needs included being positive, loving others, finding meaning and relating to God. The least important needs were to ask the “why” questions and preparing for dying. The desire for assistance with spiritual needs was moderate and varied. Variables that correlated with needing spiritual care from the nurse included being an in-patient and perceiving the cancer to be incurable. Implications for nurses included; patients with cancer and caregivers have similar spiritual needs which could require care. Spiritual assessment and therapeutics could target specific types of spiritual needs. Johnston-Taylor (2006) argued that a nurse’s help with spiritual needs is not always wanted.

In conclusion, the findings presented in this chapter support the necessity to educate nursing students on assessing the spiritual needs of patients.

CHAPTER THREE

Methodology

This chapter includes a description of the study design and methods. The content for the spirituality seminar is presented along with a description of instruments used and a discussion of protecting participant's rights.

Design

A mixed method study was designed to answer the following research questions:

1. Is there a difference in nursing students' perception of their preparedness of assessing patients' spiritual needs after participating in a spirituality seminar than those nursing students not participating in a spirituality seminar?
2. Do the spiritual beliefs of nursing students affect their comfort level in meeting their patient's spirituality needs?

The research hypothesis predicted that senior nursing students who participated in this study would feel more comfortable assessing their patients' spiritual needs after participating in a four hour spirituality seminar. In order to test this hypothesis, pretest and posttest survey measures were utilized to evaluate the effectiveness of a spiritual seminar program. Data were collected by using O'Brien's (2003) quantitative Spirituality Assessment Scale (SAS) and a qualitative (tape recorded) open-ended interview. The focused interview guide was related to spirituality and the practice of nurses meeting spiritual needs of patients.

Sample

The participants consisted of twenty- four (N=24) traditional female senior BSN nursing students. The participants were from a Midwestern, private baccalaureate

Christian college in the United States. The selected criteria included students who were senior nursing students enrolled in the complex nursing course and who participated in a spirituality seminar. This group was homogenous. The senior nursing students experienced opportunities in their plan of study to care for patients in adult medical surgical, obstetrics, and pediatrics in the hospital setting prior to this study.

Procedure

This project involved delivering the spirituality content through a four-hour seminar that included self spiritual assessment and teaching strategies to promote critical thinking addressing spiritual issues and self-reflection. The seminar content included a discussion of the student's personal definition of spirituality, assessing their patient's spiritual needs, differentiating between religion and spirituality, and providing spiritual care in nursing practice. The teaching strategies utilized in the spirituality seminar include: PowerPoint, didactic lecture on spirituality in nursing practice, small group work, viewing a digital video disc (DVD) [*Spirituality, suffering and illness-Conversations for healing*] by Wright, (2007), and completing assigned reading. The spirituality seminar was presented in a standardized format so that each student received the same information in the same sequence.

Prior to the program, the investigator explained the research study to the intended participants who were then given the opportunity to refuse participation. Participants were asked to complete a consent form prior to completing the Spirituality Assessment Survey (SAS) pretest survey. The investigator left the room while participants signed consents and completed the pretest. The posttest survey was completed by the

participants and collected by an assigned nursing faculty after participants viewed a DVD on spirituality.

After completing the spirituality seminar, 12 participants (N=12) were interviewed by utilizing an adapted Spirituality and Nursing Interview Guide (Burnard, 1988). These interviews were conducted in an uninterrupted quiet conference room and lasted 60-90 minutes. A digital voice recorder was used and the data was transcribed verbatim.

Spiritual Assessment Scale

The Spiritual Assessment Scale (SAS) was developed by O'Brien (2003) to assess spiritual well-being was administered. According to O'Brien, "content validity was established through submission of revised items to a panel of experts in the area of spirituality and health/illness" (p. 63). Reliability of the 21 items was determined through administration to a sample population of 179 chronically ill persons who agreed to respond to the tool items for purposes of statistical analysis.

According to O'Brien (2003) Cronbach's Alpha coefficient for the overall SAS and the subscales, Personal Faith (PF), Religious Practice (RP), and Spiritual Contentment (SC), demonstrated statistically significant reliability for the instrument, both in regard to the overall tool and its subscales as examined individually. The SAS has 21 items and the Alpha coefficient was 0.92. The subscale Personal Faith (PF) has 7 items and the Alpha coefficient was 0.89. Religious Practice (RP) has 7 items and an Alpha coefficient was 0.89. Spiritual Contentment (SC) has 7 items and an Alpha coefficient was 0.76. There is a possible subscore of 35 for each subscale with a possible total score of 105 (p. 64).

Data Management

In preparing for data entry, a Statistical Package for the Social Science (SPSS) computer file was created. All variables were clearly identified and labeled in the SPSS file.

Protection of Human Subjects

All undergraduate senior nursing students were invited without coercion to participate in this study. They were provided the opportunity to choose or decline participation in this study. The students were given an informed consent statement that has been approved by the Institutional Review Board of College of Saint Mary. Additionally, the Dean and Vice President of Academic Affairs of the Midwestern college gave written permission to conduct this study. Written informed consent was obtained from each subject before participation in this study. The consent form indicated the study was examining nursing students' perception of how prepared they were to assess patients' spiritual needs and how comfortable they were in meeting the patients' spiritual needs. In addition, the consent form stated students were not required to participate and that all responses to the questionnaire would remain anonymous. This research was an educational intervention study that posed no more than minimal risk, discomfort, or inconvenience to those who participated.

The SAS survey did not collect names or other individual identifiers and there were no data sets from which individual identifiers could be extracted. Students were identified as members of a course. All results are reported as grouped data only. In addition, individual quotes identified by pseudonym. Confidentiality of the participants are

maintained by storing the hard copy surveys in a locked cabinet in the researcher's office and will be kept for a period of three years.

CHAPTER FOUR

Results and Analysis

This chapter includes results of the data analysis of a mixed method study. The pretest and post Spiritual Assessment Scale (SAS) results of senior nursing students (N=24) are reviewed first, followed by the results of a phenomenological study of senior nursing students (N=12).

Twenty-four female senior nursing students enrolled in the BSN Program at a Midwestern Christian College participated in a Spirituality Seminar. Twenty-two of the students were traditional and two were nontraditional nursing students. Ethnicity of the students was primarily white (N=24). One student was married and another student was a single mother. The age range of the participants was from 21 to 40, with the mean age of 23.

The research question guiding this study is: Is there a difference in nursing students' perception of their preparedness of assessing patient's spiritual needs after participating in a spirituality seminar than those nursing students not participating in a spirituality seminar?

Mean total scale and subscale scores suggests a "moderate" view towards spiritual well-being prior to participation in the Spirituality Seminar. The overall presurvey SAS score was 79.47 out of a possible total score of 105. The subscales reflected a similar pattern with a Personal Faith (PF) subscale mean of 29.42 and Religious Practice (RP) and Spiritual Contentment (SP) subscale means of 25.38 and 24.67, respectively (possible total scores of 35 for each subscale).

The overall postsurvey SAS score was 77.38 out of a possible total score of 105. The overall subscale mean scores (with a possible total of 35 for each subscale) were Personal Faith (PF) 28.17, Religious Practice (RP) 25.42, and Spiritual Contentment (SP) 23.79. Data analysis examined the mean, median, mode (see Table 1) and *t* test (see Table 2).

Table 1

Frequencies for Pre- and Post-intervention Training

Subscale	Valid	Missing	Mean	Median	Mode	Standard Deviation
Pre-intervention (N=24)						
Personal Faith	24	0	29.42	30.00	35	5.845
Religious Practice	24	0	25.38	27.50	18 ^a	6.533
Spiritual Contentment	24	0	24.67	24.50	24	4.177
Post-intervention (N=24)						
Personal Faith	24	0	28.17	29.50	32	6.148
Religious Practice	24	0	25.42	27.50	28	6.593
Spiritual Contentment	24	0	23.79	25.00	16 ^a	5.065

^aMultiple modes exist. The smallest value is shown.

Table 2

T-Test for Equality of Means

	t	df	Sig.(2-tailed)	Mean Difference
Personal Faith	.722	46	.474	1.250
Religious Practice	-.022	46	.983	-.042
Spiritual Contentment	.653	46	.517	.875

P value analysis suggests there was no significance in the results of the SAS pre- and posttest surveys to indicate that nursing students perceived themselves to be more prepared in assessing their patients' spiritual needs after participating in a spirituality seminar.

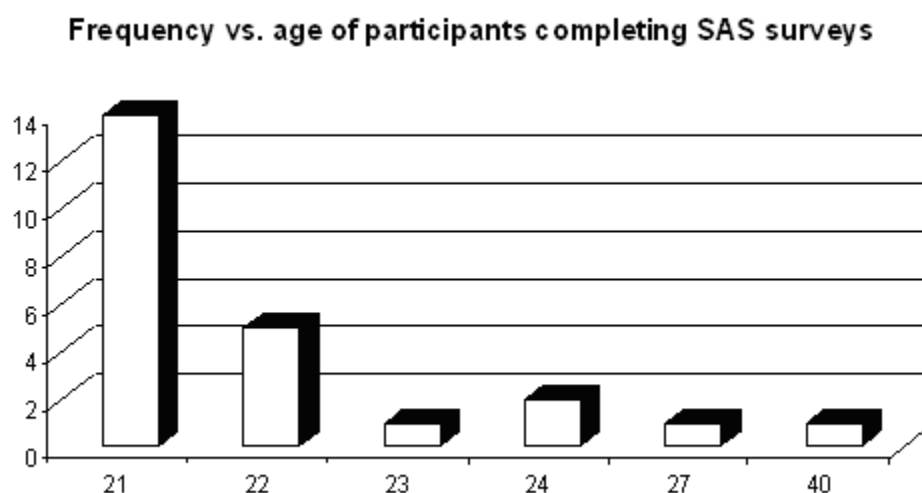
According to O'Brien (personal communication, February 2008), undergraduate nursing students in this age group can be tough on themselves. They question their relationship with God. The students in this study may have gotten a little more in touch with themselves after the spirituality seminar and did not feel they were very spiritual afterwards.

The post survey SAS results were not surprising results.

There are a number of theories that describe spiritual development. Among them is Fowler (1981). He addressed seven stages of faith development. Fowler's fourth stage, Individuative-Reflective Faith, occurs during the ages of 21-30 years of age. The mean age of the participants in this study was 23 years of age. According to Fowler (1981), the movement from Stage 3 to Stage 4, Individuative-Reflective Faith, is particularly critical for it is in this transition that the late adolescent or adult must begin to take seriously the

burden of responsibility for his or her own commitment, lifestyle, beliefs, and attitudes. Where genuine movement toward stage four is underway, the person must face certain unavoidable tensions: individuality versus being defined by a group or group membership; subjectivity and the power of one's strongly felt but unexamined feelings versus objectivity and the requirement of critical reflection; self-fulfillment or self-actualization as a primary concern versus service to and being for others; and the question of being committed to the relative versus struggle with the possibility of an absolute. The SAS pre- and postsurvey results of the (N=24) participants reflect Fowler's Faith Development theory, Stage 4. See Figure 2 for ages of participants completing SAS surveys.

Figure 2



According to Fowler (1981) “frequently the experience of leaving home emotionally or physically, or both—precipitates the kind of examination of self, background, and life guiding values that gives rise to stage transition at this point”(p. 182). In addition, Fowler argued “that this is a time of personal creativity and individualism that has important

implications for the nurse, including patient autonomy in planning care for the ill young adult patient” (p. 182).

Fowler’s theory of faith development was based on a study of 359 interviews over a nine-year period. The participants ranged from 3.5 to 84 years with the largest group in the 21-30 age group. The sample was largely white, Christian, evenly divided by their sex, and distributed throughout the age categories. In the 21-30 age group, the largest number (40%) was best described in Stage Four. According to Young and Koopsen (2005), Fowler’s theory of faith development is grounded in Western culture. For that reason, his theory would not apply to other religions and spiritual worldviews. Fowler’s theory cannot explain the spiritual growth of a primitive shaman, Islamic fundamentalist, or a cognitively impaired individual. In addition, it does not explain the Eastern view of spiritual development. Barnum (1996) addressed various levels of spiritual development in nurses:

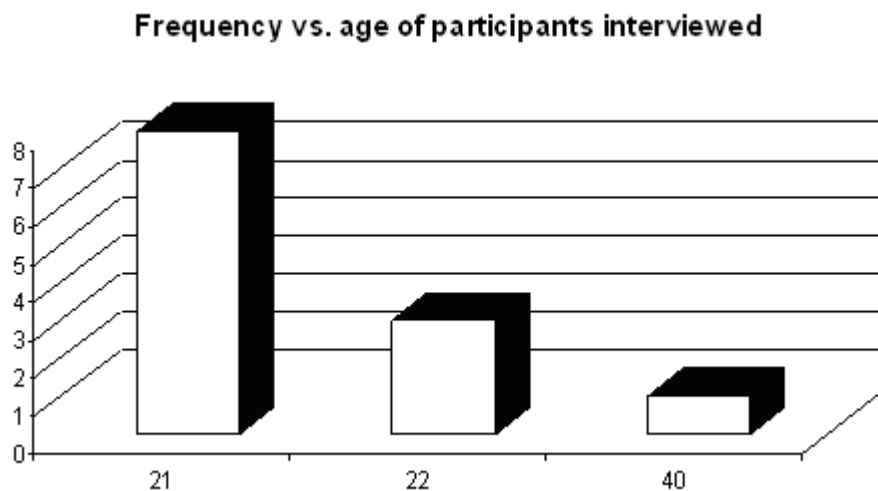
If one grants that there may be various levels of spiritual faith or sophistication, another question emerges: Can spiritual faith or sophistication be a requirement for nurses? What happens when the spiritual care of the patient is limited by the nurse’s own level of spiritual development? Spiritual development has seldom been a criterion for nursing entry, graduation, or practice. Nor is religious affiliation usually a criterion for education or practices. The notion of levels brings us back to the existential fact that the nurse can’t be what she isn’t. This is not to denigrate the fact that providing “presence” by a helping person can be

important, no matter what the spiritual development or specific religious beliefs of the patient or the nurse. (p. 142).

Phenomenological Study

A purposive sample of senior nursing students (N=12) that were enrolled in a Midwestern Christian college BSN nursing program were interviewed following participation in a spirituality seminar. All participants (N =12) were female. They ranged in age 21-40 with a mean age of 23 (see Figure 3).

Figure 3



Data were collected using an adapted Spirituality and Nursing Interview Guide (Burnard, 1988). The interview consisted of 13 open-ended questions developed to elicit students' responses. Interviews were conducted until saturation was met. The research question guiding this phenomenological study was: Do the spiritual beliefs of nursing students' affect their comfort level in meeting their patients' spiritual needs?

Interviews were conducted at a time convenient for participants. Interviews were conducted in an uninterrupted quiet conference room and lasted 60-90 minutes. All gave permission to be audio-taped. When notes were taken, they were transcribed as soon as

possible after the interview to ensure accuracy. A digital voice recorder was used and the data from the interviews were transcribed verbatim. Transcriptions were reviewed against the audiotape to verify the accuracy of the transcribed text. The researcher analyzed the data by first reading the transcripts several times to obtain understanding and feeling of the experience. Data was also analyzed using NVivo 7 software.

Horizontalization was completed by identifying significant phrases and sentences that pertained directly to the experience followed by categorical aggregation (Creswell, 2007). Significant phrases were put into groupings with similar meanings. Meanings for each grouping were then identified into meaningful segments. The meanings were again put into groups, allowing for themes to develop. The data were rearranged, reduced, interpreted, and categorized into themes. (See Appendices D, E, F, G, and H.)

Data analysis revealed themes that were present in the experiences shared by the participants. These themes displayed an in-depth exhaustive description of the phenomenon. Five themes emerged from the data analysis that described the students' experience assessing and providing spiritual care to their patients after participating in a spirituality seminar: (a) students personal spiritual beliefs, (b) spiritual interventions, (c) assessing patients' spiritual needs, (d) personal beliefs impacting nursing care, and (e) spirituality in nursing education.

Data Quality Methods

Rigor was attained through verification, validation and validity as identified by Creswell (2007). Verification was achieved through adhering to the phenomenological method, conducting a literature search, bracketing past experiences of the researchers, using an adequate sample, identification of negative cases, and interviewing until

saturation of data was achieved. Validation was achieved by having an audit trail with a more experienced researcher reviewing the data analysis and coding process. The experienced researcher was able to follow the decision trail of the researcher from the beginning of data analysis to the end (See Appendix I). Also, member check was conducted with the participants. Validity was achieved by having the research based on trustworthiness and external reviews. The design and methods did demonstrate fittingness of the study in that the results fit into a context other than that from which they were generated. Fittingness of the study was addressed by seeking senior nursing students who participated in the spirituality seminar.

CHAPTER FIVE

Discussion

The findings of this study are discussed and compared to findings reported in the literature. The discussion also includes limitations of the research, implications for nursing, and suggestions for future research. The findings from this mixed method study supported concepts and themes identified in other literature research studies relating to spirituality. Results of the phenomenological study identified five themes and multiple meaningful segments. The following is an explanation of how the literature review relates to five themes that emerged from this study.

Relationship to Literature

Theme 1: Students' Personal Spiritual Beliefs

Young and Koopsen (2005) emphasized that spirituality is a highly subjective, personal, and individualistic concept. O'Brien (2003) defined spirituality as a personal concept which is generally understood in terms of an individual's attitudes and beliefs related to transcendence (God). Quotes by students in this study illustrated how personal beliefs impacted nursing care: "My spirituality helps me and hopefully gives me a positive attitude to help families experiencing loss with their families." "It's having that belief that helps with understanding the beliefs of patients." "My spiritual beliefs give me purpose in life." "I believe in a higher power, and my family and I call that higher power God." All participants (N=12) stated that they believe in God or a Higher Power.

Catanzaro and McMullen (2001) found strategies that were effective in increasing the spiritual sensitivity of student nurses. Encouraging self-reflection and providing opportunities for affirmation from faculty, peers, and other professionals were specific

ways students' spiritual growth could be promoted. Faculty members must be comfortable with the language of religion and spirituality if they are to effectively communicate the importance of spirituality to students. Students in this study agreed with this 2001 finding and described their experiences: "I do pray, but it is a very personal thing for me, I do it when I am alone."

Touhy (2001) defined spirituality as broader than being religious, although for some people spirituality is expressed and developed through formal religious activities such as prayer and worship service. In addition, spirituality could be defined in terms of personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than self. Students in Touhy's study identified the importance of having personal faith. "Personal faith helps me understand how it impacts other people." "Having a belief and being a spiritual person will help you continue with your job."

According to Pesut (2003), students who viewed God as loving and just could experience spirituality quite differently than a student who associates God with guilt and judgment. These views could influence how the nurse interacts with others in a spiritual context. Quotes obtained from students in this dissertation study suggested that spirituality is significant in their lives. "My spirituality helps me and hopefully gives me a positive attitude to help families experiencing loss with their families." "It's having that belief that helps with understanding the beliefs of patients." "I believe that God is guiding my life and does help with my nursing activities." "My spiritual beliefs give me purpose in life." "I think I am pretty comfortable with my spirituality." (See Appendix D for meaningful segments.)

Theme 2: Spiritual Interventions

Results of Jackson's (2004) study suggested that through authentic presence the nurse was aware of the uniqueness of self and others. The highest level of nurse presence was therapeutic presence, in which the contact was spirit to spirit or whole being to whole being. The skills used at this level included intentionality, intuitive knowing, communion, loving, and connecting. Additionally, almost every nurse in Jackson's sample described the work environment as non-supportive. A holistic model of care was not reinforced intentionally enough in most practice settings.

Jackson's (2004) study emphasized the holistic approach to nursing, practicing presence, and nurturing the relationship between the nurse and patient. It also supported the need for nurses to work in a supportive environment in order to provide supportive and holistic care to the patients. The participants in this dissertation study agreed with the 2004 findings. The following quotes were obtained describing examples of providing spiritual care through presence: "Just touching them makes me feel like they understand I care about them." "I place my hand on their shoulder when they are relaying their frustrations." "Patients appreciate my being in there talking to them." "I sit down at the patient's eye level rather than stand, it shows that I care." "I provided a lot of comfort by just sitting there with them and providing quiet, just knowing someone's there with them."

Results of Gordon and Mitchell's (2004) study suggested that patients wish healthcare professionals would address the spiritual needs along with all aspects of their well-being. A clear distinction was that spiritual care and religious care were different. Gordon and Mitchell described religious care and spiritual care: Religious care was given

in the context of the shared religious beliefs, values, liturgies and lifestyles of a faith community. Students in this dissertation study described how they provide religious care: “I talk to my patient about her religion and how it helps her, give her a distraction from her pain.” “I would think I would feel more comfortable referring them to a chaplain who could guide them with similar beliefs.” Spiritual care was usually given in a one-to-one relationship, completely person-centered, and makes no assumptions about personal conviction or life orientation. According to Gordon and Mitchell, “spiritual care is not necessarily religious care, at its best, and should always be spiritual” (p. 649).

Participants shared their concerns that not all nurses are addressing the patients’ spiritual needs: “Sometimes nurses don’t intervene. They don’t notice the patient’s needs and don’t notice that the patient needs a spiritual intervention.” “From my experience, I haven’t seen a lot of patients seeking spiritual care from nurses because nurses are so busy with everything they have to do.” “I think a patient would have to initiate the need for spiritual care because I don’t think the majority of nurses offer it.” “The patient was crying and stated that the other nurses she had were more understanding and caring about her needs.” “An older nurse ready to retire stated, ‘sometimes you have to be stern, the patient will have a good cry and the rest of her day will go better.’”

According to Gordon and Mitchell (2004), interventions aimed at meeting the spiritual needs of patients could be more effective when caregivers recognize, acknowledge, and let go of a need for control and allow for innate knowledge and compassion to emerge. The following quotes obtained from participants identify appropriate spiritual interventions and describe how they provide spiritual care to their patients. “If someone needs a hug, I don’t care; I will give them a hug.” “I have prayed

for patients that have passed on or is passing, but not with them and not out loud.” “I am very nurturing with patients and their families; I don’t feel uncomfortable in that.” “This older lady was saying, ‘what’s going on’ and I just held her hand and that helped a ton.” “I made direct eye contact, leaned toward her, and asked her, would you like me to pray with you, and she got a tear come down, and that was I think the most.” “I’m not afraid to talk about spirituality; I’m not pushy about it either.” “I realize that spirituality is different for everybody.”

According to Barnum’s research (1996), nursing interventions were easy to identify. Nurses frequently practice the use of prayer, reading spiritual materials, talking to others about spiritual matters, assuring patients of God’s forgiveness, and finding purpose and meaning in one’s life and that of the patient. These activities were directed towards patients to alleviate stress, aid in coping, and decrease suffering. Nurses use these interventions with patients and families.

The following quotes illustrate the participants’ perception of patients seeking spiritual care. “Patients will ask you to hold their hand or sit and listen to them, rubbing their shoulders or something helps a lot.” “I only remember one other instance where a family member or patient asked me to pray.” “I think a lot of nurses perceptions are off about spirituality.” (See Appendix E for meaningful segments.)

Theme 3: Assessing Patients Spiritual Needs

McEwen (2003) argued that one reason for nurses’ lack of preparedness to provide spiritual interventions was that their basic education only minimally discussed spirituality and related issues. Findings in McEwen’s study suggested that any mention of spiritual care within the broad nursing specialty books (medical surgical nursing, maternal child

health nursing, psychiatric-mental health nursing, community health nursing) was disheartening. McEwen suggested that spiritual care can be greatly improved if nursing textbooks were more comprehensive in incorporating spiritual care and related issues. Participants agreed with the 2003 study and describe the importance of integrating spirituality into the curriculum. “We need to know more about how we will care for these people, or spend more time on spirituality in nursing.” “Spirituality was not introduced until senior year, after you already spent 500 hours on the clinical floor.” “We talked about spirituality in theory, but I don’t think a whole lot; the physical needs of the patient were emphasized more.”

McSherry and Watson (2002) suggested education may increase student nurses’ awareness of the importance of the spiritual needs of their patients and that nurses need to ask patients what they perceive spiritual needs to be. Power (2006) stated that the primary purpose of spirituality assessment was to identify a need in the patient and formulate a care plan. Power suggested using a systematic approach to spiritual care by using the nursing process of assessment, planning, implementation, and evaluation. Completing a spirituality assessment would give the nursing staff the confidence to see that spirituality is integral to the nursing process.

According to Callister et al. (2004), there is paucity in the literature on spirituality in nursing programs. Addressing the dimensions of spiritual nursing interventions is critical in nursing education. Nursing education and clinical practice should facilitate the development of sensitivity and capability of nurturing the human spirit in clinical practice. Participants in this dissertation study described their perception of the nursing diagnosis *spiritual distress*: “There are lots of opportunities to use the nursing diagnosis

with spiritual distress, but we concentrate too much on the physical.” “It is important to diagnosis people who are in spiritual distress, who are suffering from it, it will help them later on, and then they can help themselves a little bit more.” “Some people don’t get better until their spiritual distress becomes better.”

According to Michell et al. (2006), nurses spent more time with their patients than other health care workers. Therefore, the spiritual needs of patients must be recognized as a domain of nursing. One component of being a nurse is identifying spiritual distress and providing spiritual care at the end of life. Participants described perceptions of providing spiritual care at end of life: “It is about helping people that are suffering to move on, either through death or something.” “I helped prepare a body of an oncology patient who passed away.” “If he had been my patient and I spoke to the family, maybe that would have provided an opportunity to talk about their spirituality.”

Hoffert et al. (2007) explored the effectiveness of an intervention program designed and implemented to enhance nursing students’ comfort level with, and ability to perform, a spiritual assessment by identifying barriers. Results of Hoffert et al. (2007) study suggested that an organized program that addressed the barriers to performing a spiritual assessment may be an effective place to begin the process. Such a program would enhance the student nurses’ confidence in addressing patients’ spiritual issues. Participants in this dissertation study described barriers meeting patient’s spiritual needs: “If you are Jewish and you’re in a Catholic hospital, I don’t know how they are going to seek spiritual care from a nurse that they don’t share any likeness with.” “I don’t know what they believe and what is okay for them and what is not okay for them.” “I think seeking spiritual care is probably something they are afraid to do, especially if they have

strong religious beliefs.” “I think, outside of Christian beliefs, it might be difficult for me to assess somebody.” “I am not familiar with other religions.” “When I have to say something about spiritual beliefs I get uncomfortable.”

According to Pesut and Sawatzky (2006), nurses needed to ensure professional accountability as nurses would in any other domain of the patient. To intervene in an area where one is not adequately prepared is to risk the charge of incompetence. Participants in this dissertation study described their comfort level assessing patients’ spiritual needs: “I think spiritual needs are swept aside to focus on other things. Some nurses are hesitant to address that.” “In assessing my patient’s spiritual needs, I guess I feel pretty comfortable asking about it.” “I feel more comfortable asking about their beliefs than I would have before.” “I feel pretty comfortable assessing my patient’s spiritual needs, I feel prepared in that way.” “You can look at a patient and can tell when they are in spiritual distress, like a family member losing someone.” “I kind of sense it when patients are seeking spiritual care; I work on a cardiac floor.” “I mean I am doing the best I know how, I think.” “Recently I cared for a patient who had open heart surgery who told his family and me that he saw angels.” “They can ask for spiritual care and guidance by the comments they make.” “Last week I had a patient who was at the end of her rope, she was saying she needed to pray, she needed her family and it seemed to really help her afterwards.” (See Appendix F for meaningful segments.)

Theme 4: Personal Beliefs Impacting Nursing Care

O’Shea (2007) examined the relationship between pediatric nurses’ perception of their own spirituality and their perspectives toward providing spiritual care. In addition, O’Shea’s study examined the effect of an educational program on pediatric nurses’

perspectives toward providing spiritual care. Findings demonstrated that there was a significant positive correlation between nurses' spirituality and comfort level in providing spiritual care. O'Shea suggested that "pediatric nurses should have continued educational support to further their comfort levels and knowledge in providing pediatric spiritual care" (p. 63). The author also recommended that nurses who have a greater personal spirituality than others may consider functioning as a mentor or spiritual care resource nurse for those that are less comfortable or inexperienced in providing spiritual care. Participants in this dissertation study described how personal beliefs and practices impact nursing care: "Spiritual readings help me change my views and be more positive." "Being spiritually confident and competent helps when being with someone questioning their own spirituality." "Hearing a sermon can be rejuvenating." "When I go to church, I relate everything in church to my life." "I wish I could attend church more." "Church supports me with my nursing activities; It's another support system besides my family."

Van Leeuwen and Cusveller (2004) addressed the competencies that nurses need in order to provide spiritual care for their patients. The competency profile addressed (awareness and use of self, spiritual dimensions of the nursing process, and assurance and quality of expertise) and six core competencies (handling one's own beliefs, addressing the subject, collecting information, discussing and planning, providing and evaluating, and integrating into policy). Van Leeuwen and Cusveller pointed out the general importance of good working conditions and an environment that facilitates nurses to provided adequate spiritual care. Participants in this dissertation study agree with the 2004 findings and provide examples of spiritual competence: "I admire nurses that are spiritually strong, they are not afraid to say 'I will pray with you.'" "When I see nurses

like that, it gives me a sense of relief; it's not just about the medical." "If the family or patient has questions, you're there to answer them; I think that is important." "I think it is more of finding strength to help my patients and give me strength to do my job better."

Findings in Albaugh's (2003) study described how patient's spirituality provided comfort throughout their journey, strength in facing the life threatening illness, many blessings despite the hardship of the illness, and trust in a higher power to see them through the journey. In addition, the participants in Albaugh's study stated that this journey provided a sense of meaning despite the illness. Findings suggested that nurses need to acknowledge patients' spirituality and assist patients in meeting their spiritual needs. By understanding their patient's experiences nurses can better support their patients and provide time and space for spiritual practices and honor the patient's spiritual journey. Participants in this dissertation study agreed with the results of the 2003 findings and provided examples of meeting their patient's spiritual needs: "They want to make a connection; they feel at peace getting reassurance from nurses." "It's kind of hard to deal with people when they are so near death, I have never experienced that." "A hospice nurse would pray with the patient, she would make sure it was okay with the family." "I can't sit down and cry with them, I have to be there to comfort them." "Before I go into a patient's room, if I'm uncomfortable, I'll sit myself down and pray and gather my thoughts." "Praying helps me feel more prepared to help somebody and helps me not be so nervous." (See Appendix G for meaningful segments.)

Theme 5: Spirituality in Nursing Education

According to Pesut (2003), how we define spirituality has the potential to inform what we teach and how we teach it. Defining spirituality can lead to the development of a

curricular climate that promotes the development of spirituality for students, faculty, and patients. Participants in this dissertation study described their perceptions of how much emphasis was placed on spirituality in their nursing education: “I don’t think there was much emphasis placed on spirituality personally.” “We discussed spirituality and people were more open discussing the religion they were brought up in.” “I think a course in spirituality in nursing and placing more focus on spirituality would be useful.” “I don’t think spiritual care of the patient and the family is emphasized enough, I don’t.” “I haven’t had a whole lot of experience with spirituality kind of stuff.”

Barnum (1996) examined the question; can spiritual faith or sophistication be a requirement for nurses? Barnum’s study questions what happens when the spiritual care of the patient is limited by the nurse’s own level of spiritual development. Barnum argued that spiritual development has seldom been a criterion for nursing entry, graduation, or practice, nor is one’s religious affiliation usually a criterion for education or practice. Many health care agencies are employing young nurses. The author suggested that high levels of spirituality and/or religious maturity is unlikely in young nurses. Barnum argues that the nurses who are most capable of giving spiritual care may not be doing much direct patient care. The following quotes illustrate the participants’ perception of spiritual care being offered in the clinical setting: “I have seen nurses that don’t offer any extra care like sitting with them, talking to them, holding their hand, or talking about God.” “I think in clinical it’s more about, give your meds.” “Spirituality was not introduced until your senior year, after you already spent 500 hours on the clinical floor.” “In the clinical area, it’s about the body, it’s not the mind or the spirit, and it’s the body.” “I don’t think it is intentional; it’s just I don’t have time to do that, so I got

to go onto my next patient.” “Relationship with God, those kinds of things, weren’t addressed as much in clinical.” “I don’t think the spiritual is addressed on the floors very much; oncology floor would address it more.” “Spirituality is widely underused in clinical setting, other things take priority.”

Callister et al. (2004) and Cavendish et al. (2000) concluded that nursing education and clinical practice should facilitate the development of sensitivity and capability of nurturing the human spirit in clinical practice. The nurse’s ability to respond to the patient in the spiritual domain may be limited because of education, experience, institutional constraints, and other factors. According to Callister et al. and Cavendish et al., education’s components on spirituality need to be strengthened in nursing curricula and continuing education programs for the enhancement of spiritual assessments, diagnoses, interventions, and outcomes that will satisfy spiritual needs of individuals and families. Nurses can go beyond simply performing tasks and make an effort to recognize the individuality and value of each patient, then the spirituality of both the nurse and patient can benefit. Participants’ in this dissertation study support the 2000 and 2004 findings. The following quotes by the participants illustrated their perception on spirituality in nursing education: “Spiritual care has been emphasized a lot senior year, especially in hospice and end of life care.” “Spirituality in the nursing curriculum is probably lower on the rung of things that are important.” “We don’t focus much on spirituality; we’re more about the ABCs kind of thing.” “I think spirituality was emphasized more in theory than clinical.” “Relieving anxiety, those kinds of things, can be fit into the spiritual care, were addressed more in clinical.” “Many of these students have a strong religious foundation before coming to this college.” “I don’t have the

training to tell somebody that they, you know, are in spiritual suffering.” “We talked about understanding different cultures and their beliefs, but we only kind of brushed on it, not in-depth.”

According to Shih, Gau, Mao, Chen, and Lo (2001), the positive relationship between education and attitude towards spiritual care and patient spirituality supported the notion that spiritual care can be taught and attitudes enhanced through education. All 22 Masters of Science in Nursing students stated they benefitted from attending an 18-week spirituality course. They all considered the course on spiritual care helpful in assisting them to provide spiritual care for their clients in various clinical settings by providing specific experiences, nursing education and role modeling. The study by Shih et al. (2001) suggested that students can know the phenomena of spirituality and presence. The following quotes by participants in this dissertation study described the relationship between education and attitudes in providing spiritual care: “If you use compassion that is showing that you care, that you are a spiritual being.” “I have a fairly good understanding assessing patient’s spiritual needs from what I learned in college and the nursing home.” “In our nursing education, spirituality was emphasized in holistic nursing.”

Findings in the Stern and James’ (2006) study suggested that the emergent relational framework for considering spirituality in nurses’ education acknowledged the ambiguity of spirituality. Within nursing, ambiguity can, prevent oversimplification and a simplistic rejection of sincerely held beliefs and strongly embedded practices. It is a source of riches in nurses’ education as it is a source of riches in life. The following quotes illustrated the participants’ perception of the spiritual domain in holistic nursing: “I think

spirituality and nursing go hand in hand.” “Then the spiritual stuff falls into place when you think of the holistic nursing.” “I don’t think most students go into nursing to worry about their patient’s spiritual well-being.” “Being spiritually healthy should improve the quality of life of the patient.” “In our nursing education, spirituality was emphasized in holistic nursing.” “Spirituality really relates to the physical and psychosocial and that needs to be addressed, can’t be ignored.” “In the clinical area, it’s about the body, it’s not about the mind or the spirit, it’s the body.” (See Appendix H for meaningful segments.)

Relationship Between SAS Scores and Five Themes

Results of the pretest and posttest SAS surveys reflected a close association with the five themes and meaningful segments that were identified in this study. Student’s comments addressing their personal faith, religious practice, and spiritual contentment were identified in the SAS surveys and the qualitative interviews. Data analysis identified a relationship between the participants’ meaningful segments and Fowler’s fourth stage of Faith Development which occurs during the ages 21-30. The average age in this study was 23 years of age. Fowler’s fourth stage, Individuative-Reflective Faith, identified a period during which the young adult begins to claim faith identity no longer defined by the composite of one’s roles or meaning to others. This is a time of personal creativity and individualism that has important implications for the nurse (Fowler, 1981).

The SAS results suggest a moderate sense of spiritual well-being after attending a four-hour spirituality seminar. Participants in this study stated that they believe in God, or a Higher Power. Many do not attend church as much as they use to, stating they are too busy to attend church services. Many commented that they feel guilty about this. Students stated that they do pray and believe that God is supporting their nursing activities. The

findings of this study support the limited existing research. The findings in McGee, Nagel and Moore (2003) research support this dissertation study. Results in McGee et al., study implies that students attending a 16-week course which focused on spiritual health reported an improved sense of well-being that may have implications outside the classroom.

Delimitations

The delimitations of this study are that the unit of analysis will be confined to senior Bachelor (BSN) students at a Christian liberal arts college in the Midwest. According to the Department of Student Services, 75% of the students attending the Midwestern Christian college in this study live in towns with a population less than 10,000 people.

Limitations

A small group (N=24) of homogenous nursing students participated in the spirituality seminar and received education on how to conduct a spiritual assessment to improve their knowledge addressing their patient's spiritual needs. Another limitation of this study was not including a dependent correlated *t*-test for paired comparison on the pre and post SAS surveys of the (N=24) participants. The spirituality seminar lasted only four hours and was not sufficient enough to adequately prepare students to assess patients' spiritual needs. In a review of the literature, a study by McGee et al. (2003) identified that students who were enrolled in a 16-week spirituality course demonstrated significantly higher scores on the spirituality assessment scale (SAS).

It should be noted that all 12 participants interviewed came from a Christian background; therefore, the results captured the phenomena experienced by those particular senior nursing students. Individuals from other backgrounds or belief systems

could experience things differently. In addition, the Spirituality Assessment Scale does assume a belief in a Supreme Being or God.

Implications For Nursing Education

Many insights provided by the participants in this mixed study have implications for current and future professional practice, academic and clinical education, and research activity. In order for practicing nurses and nursing students to adequately provide holistic nursing care, they need to be formally educated on how to assess their patients' spiritual needs. Educational workshops should be provided and available to practicing nurses. Nurse educators need to integrate spirituality in the classroom and clinical setting throughout the curriculum. Spirituality workshops need to address the competencies nurses need to obtain in order to adequately assess their patients' spiritual needs. Hospital clinical nurse specialists and nurse educators teaching in nursing programs should work together in a community partnership providing classes for the practicing nurses and nursing students. According to the literature, hospital management needs to support nurses by using hospital resources to assist nurses in coming to terms with their own definition of spirituality and promote spiritual well-being.

Future Recommendations

Findings in this mixed method study suggest that nursing education should place more emphasis on the spiritual domain in holistic nursing throughout the entire nursing curriculum. According to the literature, there is a need for nursing students to be educated on how to complete a spiritual assessment and identify spiritual distress in patients. Nurses should be taught competencies on how to complete a spiritual assessment on patients and implement appropriate interventions. Many people have religious and

spiritual needs, for whom these needs are very real. Nursing programs are encouraged to offer a “Nursing in Spirituality” course to undergraduate and graduate nursing students. This course may be offered as a religious or elective course.

A consensus is growing that religion and spirituality are significantly related to physical and psychological health and that scientific study of spirituality and health is an important focus of nursing research (Smith, 2006). This dissertation study may be useful in identifying directions for additional research. Recommendations for further research include a longitudinal study that would investigate practicing nurses who have worked in a variety of settings with patients over 5, 10, 15, and 20 plus years. The focus of this study would be examining the nurses’ ability to assess patients’ spiritual needs over a period of time. It would be interesting to examine practicing nurses SAS scores over a period of 5, 10, 15, and 20 plus years. Further research may provide evidence of growth in personal faith, religious practice, and spiritual content over time due to meaningful life experiences. The literature suggests that research on spirituality and health need to move forward in a systematic and co-coordinated way. There is an overwhelming and recurring need in almost all studies for nurses to be properly prepared and educated in spiritual care.

Conclusion

Results of this study imply that participants in this study have a belief in God, a Higher Power, and understand the importance of providing spiritual care to their patients. The participants in this study provided comments, revealing that they have practiced spiritual interventions such as praying with the patient, holding their hand, practicing presence, and providing support in the clinical setting. The results of this study reveal a

need to emphasize spirituality throughout the nursing curriculum. Students emphasized the importance of learning nursing competencies for spiritual care, which would aid them when completing a spiritual assessment on their patient. They have identified that spiritual care in the clinical setting was not a priority for most nurses except in hospice and oncology settings.

The results of this study reflect Barnum's (1996) quote on the importance of nurses providing spiritual care, "we know that the right nurse at the right place in the right time can bring significant spiritual benefit to the patient" (p. 142).

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Appendix A

Nursing Interventions For Patients' Experiencing Spiritual Distress

1. Observe the client for loss of meaning, purpose and hope in life.
2. Respect the patient's beliefs; avoid imposing your own spiritual beliefs on the patient.
3. Monitor and support supportive social contacts.
4. Refer the patient to a support group.
5. Be physically present and actively listen to the patient.
6. Support meditation, guided imagery, and therapeutic touch, and journaling, involvement in art, music or poetry.
7. Offer or suggest visits with spiritual and or religious advisors.
8. If the patient is comfortable with touch, hold the patient's hand or place a hand gently on the patient's arm.
9. Help the patient find a reason for living and be available for support.
10. Listen to the patient's feelings about suffering and or death.
11. Provide appropriate religious materials, artifacts or music as requested.
12. Promote forgiveness.
13. Provide privacy or a sacred space.
14. Allow time and place for prayer.
15. Encourage the use of humor, as appropriate to promote spiritual well being.
16. Discuss personal definition of spiritual well being.
17. Identify past sources of spirituality
18. Assess for influences of cultural beliefs, norms and values

19. Identify, develop and implement culturally appropriate spiritual nursing interventions
 20. Validates the patient's spiritual concerns and convey respect for his or her beliefs.
- (Ackley and Ladwig, 2006, p.1141-1142)

Appendix B

Spiritual Assessment Scale

(O'Brien, 2003, permission obtained)

Instructions: Please check the response category which best identifies your personal belief about the item response categories:

SA – Strongly Agree

A – Agree

U – Uncertain

D – Disagree

SD – Strongly Disagree

A. Personal Faith

1. There is a Supreme Being, or God, who created humankind and who cares for all creatures.

SA_____ A_____ U_____ D_____ SD_____

2. I am at peace with God.

SA_____ A_____ U_____ D_____ SD_____

3. I feel confident that God is watching over me.

SA_____ A_____ U_____ D_____ SD_____

4. I receive strength and comfort from my spiritual beliefs

SA_____ A_____ U_____ D_____ SD_____

5. I believe that God is interested in all the activities of my life.

SA_____ A_____ U_____ D_____ SD_____

6. I trust that God will take care of the future.

SA_____ A_____ U_____ D_____ SD_____

7. My spiritual beliefs support a positive image of myself and of others, as members of God's family.

SA_____ A_____ U_____ D_____ SD_____

B. Religious Practice

8. Belonging to a church or faith group is an important part of my life.

SA_____ A_____ U_____ D_____ SD_____

9. I am strengthened by participation in religious worship services.

SA_____ A_____ U_____ D_____ SD_____

10. I find satisfaction in religiously motivated activities other than attending worship services, for example, volunteer work or being kind to others.

SA_____ A_____ U_____ D_____ SD_____

11. I am supported by relationships with friends or family members who share my religious beliefs.

SA_____ A_____ U_____ D_____ SD_____

12. I receive comfort and support from a spiritual companion, for example, a pastoral caregiver or friend.

SA_____ A_____ U_____ D_____ SD_____

13. My relationship with God is strengthened by personal prayer.

SA_____ A_____ U_____ D_____ SD_____

14. I am helped to communicate with God by reading or thinking about religious or spiritual things.

SA_____ A_____ U_____ D_____ SD_____

C. Spiritual Contentment

15. I experience pain associated with my spiritual beliefs.

SA_____ A_____ U_____ D_____ SD_____

16. I feel "far away" from God.

SA_____ A_____ U_____ D_____ SD_____

17. I am afraid that God might not take care of my needs.

SA_____ A_____ U_____ D_____ SD_____

18. I have done some things for which I fear God may not forgive me.

SA_____ A_____ U_____ D_____ SD_____

19. I get angry at God for allowing “bad things” to happen to me, or to people I care about.

SA_____ A_____ U_____ D_____ SD_____

20. I feel that I have lost God’s love.

SA_____ A_____ U_____ D_____ SD_____

21. I believe that there is no hope of obtaining God’s love.

SA_____ A_____ U_____ D_____ SD_____

Appendix C

Interview Protocol Project: Nursing Students Perception of How Prepared They Are to Assess Their Patients' Spiritual Needs

Time of Interview:

Date:

Place:

Interviewer:

Position of interviewer:

(Briefly describe the project by summarizing the research problem and have the interviewee review and sign the consent form. The interview will be audiotape and transcribed following the interview.)

Questions:

1. Would you briefly describe your personal spiritual beliefs; that is, do you believe in a "higher power" or Supreme Being whom many call God"? If so, how does your relationship with God support your nursing activities?
2. How does your religious affiliation or tradition impact your nursing activities?
3. How does your personal faith help you cope with the stresses of nursing (such as questions related to the "why" of suffering)?
4. How does your church or religious community support your nursing activities?
5. How do you engage in any "religious rituals" that support your nursing activities, for example, attendance at church services, retreats, spiritual readings, meditation, prayer, or others? Please explain.
6. Describe some instances (s) of providing spiritual care for patients, for example, praying with a patient (and/ or family), praying for a patient (and / or family), reading to a patient (Scripture or some other spiritual reading), listening to a patient talk about his or her pain, being with a dying patient (and / or family), or any other activity you consider to fall within the realm of spiritual care.
7. How do you ever use touch in providing spiritual care to patients, either formally in the "laying on of hands" (Healing touch) or informally, such as a caring touch to indicate empathy and concern? Please describe.

8. How do you feel that patients seek spiritual care from nurses? If so, how is the desire usually manifested?
9. How do you feel prepared assessing your patient's spiritual needs?
10. What is your comfort level in meeting your patient's spiritual needs?
11. Would you comment on use of the nursing diagnosis, alteration in spiritual distress or spiritual suffering?
12. Would you comment on how much emphasis was placed on spiritual care for patients and families thus far in your nursing education? Please explain.
13. Would you share any related perceptions or experiences with spirituality and nursing practice?

Appendix D

Theme One: Nursing Students' Personal Spiritual Beliefs

Meaningful segments obtained from nursing students reflecting on their spiritual beliefs following a spirituality seminar.

I do believe in God

I feel he supports me, there's a reason for me being a nurse, I'm helping other people

God supports me

When people start talking and praying, it helps me understand what they are thinking

(Personal faith) it helps me understand how it impacts other people

I believe in a higher power

I believe in God, a trying God

I do believe in God

I do believe in a higher power – it has evolved as I've gotten older

If someone asks me to pray, I will do it

A friend of mine is an atheist who attempted suicide, she never believed in God

I believe in God but I don't always incorporate it into my daily life

I am not sure how my belief in God affects my nursing activities

I have kind of grown out of that Christian community

I believe there is an afterlife

I believe that God looks after us

Sometimes I meditate if I have 5 minutes to do it

I do pray, but it is a very personal thing for me, I do it when I am alone

I do believe in the afterlife, I am ok with the fact I am going to die someday

Nursing Students' Personal Spiritual Beliefs

I have concerns because I was raised a Christian

In my town, you were Catholic, Methodist or Lutheran and you attended one of those churches

We didn't have sporting events on Wednesday nights because everyone was at church

I think it goes back to being in that very Christian-based community

Even my beliefs differ from that of my church community back home

I am a very honest person; I would almost have to pretend to have some of their beliefs in order to help them

I really don't care if you don't believe what I believe

I'm not going to judge you, they are my beliefs

Being in the hospital is so over whelming, I can't imagine that it wouldn't disrupt your spirituality

God has given me the patience to deal with certain people

I believe every experience that you come to; God tries to teach you something from that

He (God) teaches you patience and you learn through the experience

My religious traditions and my morals relate to my nursing

I believe God says, if that was your grandmother, how would you like her to be taken care of?

I like to pray and then it kind of makes me reflect upon that day

I just have to be supportive of the family and God has to give me strength, it's hard

Sometimes I just want to cry right with them, but you know I m a professional so I can't

Some people don't really come out and say it, but they don't believe in God

Nursing Students' Personal Spiritual Beliefs

I feel comfortable talking about spirituality

I feel kind of bad when a patient asks me “what’s going to happen to me”, well nobody really knows and that’s hard

God helps me by giving me patience for those difficult patients that I experience

My spirituality helps me and hopefully gives me a positive attitude to help families experiencing loss with their families

I believe that it’s the way I believe in God

I believe it’s a way for me to have support from a higher power when I need to believe in something

I am Presbyterian, it just helps give me, the belief there is a higher being

There is always someone always there to help me

I know that there is always someone always looking out for me and looking out for my patients

I also pray

Make sure you meet your patients’ spiritual needs

Yes I believe in a higher power, in God

It’s having that belief that helps with understanding the beliefs of patients

It’s a lot easier to treat them if you understand them and talking to them

Well I’m Lutheran and I would say I haven’t come across a lot of Lutheran patients

Most patients are Catholic

Do I believe in God and he is helping me

I feel as I’ve gotten older my beliefs have become stronger

Nursing Students' Personal Spiritual Beliefs

I am not sure if I believe in God per se, or what I believe in...

I do believe in higher power

I believe that God is guiding my life and does help with my nursing activities

I feel somebody is watching out for me and helping me get through difficult situations

It is never over and things will get better

I'm more open to other people and I don't have strong beliefs of my own

I think I am more open to other peoples' beliefs

I learn from other peoples' views

I think my beliefs help me know that it's not the end; there is a light at the end of the
tunnel

I always think there's got to be something to look forward to and there is always hope

I think it is important for the nurse to believe in something; otherwise it would be hard
seeing people die and not believe in something

Having a belief and being a spiritual person will help you continue with your job

I don't know a lot about other religions, I think this is important.

I am a strong believer of God

I'm of the Lutheran faith

My spiritual beliefs give me purpose in life

I feel there is a purpose for all of us

My religious values of what is right and wrong, and how I can help people

I hold myself to a high standard

I have high expectations for myself and what I can do

Nursing Students' Personal Spiritual Beliefs

There is a reason for everything, like suffering

If suffering wasn't there, we wouldn't feel blessed when it wasn't there

We can't always be in harmony with everything

They know that you're there and you care

I don't know if I have been asked about spiritual care

OK I do believe in a higher power, as in God

That is how I decide on things in my life is from my morals and what I've grown up with

I haven't seen somebody suffer yet, but then I think of my family members, I do ask
why?

I do live at home yet, I just don't go to church as much as I should

I know I should go to church more

It is not easy to talk to them about religious stuff

If it's a different religion, I guess, it would be a little hard for me

Maybe they are thinking that I should know it and I don't...

I do believe in a higher power, I was raised a Lutheran

I have always gone to a Lutheran church, ever since I can remember

I believe in a higher power and my family and I call that higher power God

I would say that God supports my nursing activities

I have to not think about how I was raised and think about what they need because it's
different

I think God has a plan for everybody

There's some reason for people's suffering

Nursing Students' Personal Spiritual Beliefs

My friend and I always say a prayer for each other before a big test

I think you can say while praying "help me do the best I can do because here's what I need"

Growing up in an environment where you could talk about God or believing in a higher power has really helped

I do believe in a higher power, I think it helps me to spiritually connect with patients and family when I'm on the floor

I think my own spiritual distress makes it, it feeds into that, the "why" people have to suffer (crying)

I do not pray anymore, it ended, let's see, junior year (crying)

I hope things will get better, I think they will, I just have to wait

At this point, I feel pretty religiously bankrupt on the spiritual feelings kind of thing

You know what I mean, it's not hard to get there (being spiritually bankrupt)

I have friends that are Witness; I have friends that are Jewish. For me, I'm not uncomfortable

Appendix E

Theme Two: Spiritual Intervention

Meaningful segments obtained from nursing students reflecting on how they provide spiritual care to patients.

Meaningful segments obtained by nursing students giving examples of patients' seeking spiritual care.

There have been a couple of patients that have prayed and had me hold their hand

I'm a really good listener

Just touching them makes me feel like they understand I care about them

I'm trying to help them

Asking them about their life, that helps them feel better spiritually

Patients' appreciate my being in there talking to them

I feel pretty comfortable discussing certain things with them

If they ask me to pray with them, I would do that

Nobody talks to them a whole lot about their spiritual preference

Talking and praying more about God would help them heal quicker

There have been some patients that have prayed or asked me to pray with them

I find it sad if you cannot help someone to be spiritual, especially at the end of their life

I have offered to pray with patients before

A little old lady asked me to pray with her, that was nice

I'm not quick to initiate prayer

I place my hand on their shoulder when they are relaying their frustrations

Maybe they want you to hold their hand, they can reach towards you

Spiritual Intervention

It makes them feel comfortable

I tell my patients, I will pray for you

I won't ask them if it's ok if I pray with them or pray with them or whatever, it's just one of those things

I think it is important that your patient knows you care, get to know their name

When I lay my hand on them, it's like saying I am here listening to what you have to say

If someone needs a hug, I don't care; I will give you a hug

They ask you to call their pastor or minister or whoever is in the hospital, you got to do what they ask you when it comes to that

I prayed for patients that have passed on or is passing, but not with them and not out loud

I am in there and if they are concerned, I tend to hold their hand or rub their shoulders

I feel more comfortable calling the chaplain, maybe they need to talk to somebody

I would think I would feel more comfortable referring them to a chaplain who could guide them with similar beliefs

At the same time, I don't know that I am more comfortable doing something about an issue they might have.

I will take the time, sit down and talk with them and hold there hand

I can give them some kind of reassurance, most of them have pastors that you can call to come talk about their needs

I can sit and hold their hand while they pray, or be there just for support

Of the elderly, just hold their hand when they are in pain, or having a hard time in life

A lot of times a patient will ask "will you pray with me, or would you mind"

Spiritual Intervention

At the hospital I can sit with the patients and pray with them or read out of their bibles for them if they are unable to

It provides a lot of comfort and just sitting there with them and providing quiet, just knowing someone's there with them

You're there to support them, you know, provide a pastor if they want one, that kind of stuff

If they (patient) want to pray, even if you're uncomfortable you will get them help

They (patients) need the extra help, support

We had a priest come in and we were there praying with the whole family, it seemed to help her

Her spirits were lifted a bit after the prayer

Usually I hold their hand, because as a student you have the time

It's easy for a student to hold their hand during a scary procedure

This older lady was saying "what's going on" and I just held her hand and that helped a ton

I had a lady who listened to her prayers on tape, so we sat and listened together

I only remember one other instance where a family member or patient asked me to pray

I didn't say anything, but I stood and let him pray and I guess pray with him

If they ask me to do something that would be fine

I think that shaking hands is really important to build trust and I don't know if that is so much spiritual

I would not feel comfortable initiating something (regarding spiritual needs)

Spiritual Intervention

If they're going through hard times, you know, to touch their hand and let them know you care

Rub their arm if they are having a hard time or talking to you about something that is difficult for them

I think it shows that you care and you're not just the nurse, you want them to get better and help them

Sometimes nurses don't intervene, they don't notice the patient's needs, and don't notice that the patient needs a spiritual intervention

You should keep contact with your patient, sitting and look them in the eye when providing spiritual support

Ask permission, open body language.

On the oncology unit I had a patient that was going home to die, we were asked to pray with the family, and they had four sons there

I talked to my patient about her religion and how it helps her, give her a distraction from pain

Patients' will ask you to hold their hand or sit and listen to them, rubbing their shoulder or something helps a lot.

I sit down at the patients' eye level rather than stand, it shows that I care

The family needed to know that they could speak to a pastor or somebody else, before the patient dies

Maybe in an oncology setting patients would seek spiritual care

One night we sang songs from the hymnal, the ones he likes

Spiritual Intervention

A patient was dying, his wife was with him, anything she wanted for him for comfort measures for him; pain med, oxygen ...

That was helpful because she knew we were doing everything we could to make him comfortable

The mother was crying, I sat with her and gave her Kleenex and told her she did the right thing bringing her baby to the ER

I don't think patients seek as much spiritual care from nurses because they see how busy they are

From my experience, I haven't seen a lot of patients seeking spiritual care from nurses because nurses are so busy with everything they have to do

I think a patient would have to initiate the need for spiritual care because I don't think the majority of nurses just offer it

I pray with patients

I am very nurturing with patients and their families; I don't feel uncomfortable in that

I think so far at this point I've only used caring touch

I will ask "is it okay if I hold your hand?"

I will sit down beside them, and make eye contact

Just sit there quiet and let them know, would they like to pray, we can pray together

I also think some people are not open to prayer, you know what I mean?

Maybe they never grew up with religion

I feel very comfortable praying with a patient

And she just got a tear come down, and that was I think the most.

Spiritual Intervention

At the end of the day I sat with her for half an hour before we had to leave and talked to

her, held her hand

I made direct eye contact, leaned toward her, and asked her, would you like me to pray

with you?

Appendix F

Theme Three: Assessing Patients' Spiritual Needs

Meaningful segments obtained from nursing students describing their comfort level assessing patients' spiritual needs.

Meaningful segments obtained from nursing students describing spiritual distress and spiritual suffering.

When I have to say something about spiritual beliefs I get uncomfortable

I don't really feel prepared to assess their spiritual needs

I don't know what to do, I'm not real comfortable

Spiritual distress means they are not happy, they are kind of depressed

They can ask for spiritual care and guidance by the comments they make

Patient states, "I haven't seen my pastor for a long while"

Patient states "I haven't seen my daughter in so long; I wonder how she and her family are doing"

Patient states, "I wish I could go to church"

When a patient is upset, it's usually an indicator there is something going on spiritually

I think with experience I'll get better knowing the right thing to say

Sometime it's better to not say anything, and just listen

I mean I am doing the best I know how, I think

There are lots of opportunities to use nursing diagnosis with spiritual distress, but we concentrate too much on the physical

I want them to know that they are not going thru this alone, that there is someone there with them physically

Assessing Patients' Spiritual Needs

I'll be there if they need someone to talk to, or need someone to listen, I will be there, I
will make time for it

When a patient says "I am scared, I don't understand what is going on," they are reaching
out

I don't say everything's fine, I don't sugarcoat

I feel comfortable asking them uncomfortable questions

I'm big on whatever you believe is what you believe, I can't tell you if it's right or wrong

Some people don't get better until their spiritual distress becomes better

Catholics are not going to get better if they don't believe that God is going to take care of
them

Spiritual distress would be "why did God let this happen, I don't believe in this anymore"

It is important to diagnosis people who are in spiritual distress, who are suffering from it,
it will help them later on, and then they can help themselves a little bit more

I mean it was amazing; she (the nurse, my mom) is pretty much a rock when it comes to
this type of stuff

The nurse was busy and a patient said he felt God abandoned him, and that was it for her,
she pulled up a chair and said "we're going to talk about this"

My mom, a nurse, has a calming voice and it works, she can get the meanest guys to be
sweet to her.

The minute my mom (the nurse) walks in the room there is a different air to the room, she
can draw it out of a patient, it is so cool to watch

It is hard for me to see someone suffering

Assessing Patients' Spiritual Needs

It is about helping people that are suffering to move on, either through death or something

Where I work we have a chaplain 24/7 to deal with mostly patients' passing.

During the day (the chaplain) come in and talk, I don't know -, I don't know –

I think I might feel uncomfortable praying with a patient or his family

I don't tend to touch people I think when I talk to them or if they are upset or anxious, you know

Seeking spiritual care sometimes comes through in anxiety

Without their faith or without that belief, there's a tendency to be more anxious

Just them (patients) verbalizing that they would like to speak to a pastor or they are upset missing church

I had a confused patient who wanted to get dressed for church on a Friday at 2 pm that may have been manifested in his way of wanting to talk to a pastor that might have helped him

In assessing my patient's spiritual needs I guess I feel pretty comfortable asking about it?

I think outside of Christian beliefs it might be difficult for me to assess somebody

I am not that familiar with other religions

It might be harder for me to assess patients with other faiths I'm not familiar with

I don't feel completely comfortable meeting patients' spiritual needs

The nursing diagnosis spiritual distress and spiritual suffering is widely underused

I think spiritual needs are swept aside to focus on other things; some nurses are hesitant to address that

Assessing Patients' Spiritual Needs

I now feel more comfortable asking about their (patients') beliefs than I would have before

Recently I cared for a patient who had open heart surgery who told his family and me that he saw angels.

The angels he saw were actually relatives that had already passed over; it was comforting to have them there. They didn't say anything to him

Elderly patients' that are scared and don't know what to expect, reach for my hand

Patients feel more relaxed and at peace when you take the time to sit down and listen to their concerns

I kind of sense it when patients are seeking spiritual care; I work on a cardiac floor

The patients getting open heart surgery realize they may not wake up; well this might be the end

I feel comfortable talking about spirituality

Some people are so open to talking about spirituality and some are so reserved when talking about it, depends on the person

I feel pretty comfortable assessing my patients' spiritual needs, I feel prepared in that way

I can definitely see where someone on the cardiac floor where I work could experience spiritual distress

They are kind of dealing with spiritual distress you know when they say "why is this happening to me," "was my faith good enough to make it into heaven."

A lot of clients look at a higher being or God and they look at him in times of need

Assessing Patients' Spiritual Needs

You see spiritual suffering with family members when they ask” why is God taking away my mom”

You can look at a patient and can tell when they are in spiritual distress, like a family member losing someone

Often they are in that time of need when they in the hospital

Patients are saying, you know “why me” or what does this have to do with God

Last week I had a patient who was at the end of her rope, she was saying she needed to pray, she needed her family and it seemed to really help her afterwards

She made a good recovery that day anyway

I am pretty comfortable assessing patients spiritual needs

Most patients are willing to talk about it, they need to talk about it, and it helps them

It’s hard to tell if you’re meeting their spiritual needs

As long as you try I think that you know at least you’ve gotten somewhere

I had patient with schizophrenia and she was seeing angels and her spirits, she asked if God was punishing her

She was really questioning her spirit, spiritual faith and I would say that it is hard to use intervention for that kind of diagnosis (schizophrenia)

I don’t think that patients seek a lot of spiritual care from nurses.

I think seeking spirituality care is probably something they are afraid to do, especially if they have strong religious beliefs

I think it is a touchy subject for a lot of people that aren’t going to share it, maybe more so with a chaplain

Assessing Patients' Spiritual Needs

If you're Jewish and you're at the Catholic hospital, I don't know how they are going to seek spiritual care from a nurse that they don't share any likeness with

I feel that I'm becoming more prepared to assess patient's spiritual needs

I don't know what they believe and what is okay for them and what is not okay for them

If they ask me to do something with them then I think it would be easier.

I don't feel comfortable walking in and saying "let's pray"

I cannot say that this person maybe in spiritual distress, I don't think I can make that judgment

I don't really know how they are feeling and don't think they can tell me enough to make me be able to say they are in spiritual distress

Sometimes I don't know what to say to patients.

My community health patient was very religious, she deals with chronic pain

I know that a lot of people have stated their beliefs

I'm getting more interested in what they believe and maybe ask the patient about it

I have had patients talk to me about their religious stuff

It's always interesting to hear other people's views about religion

I feel okay talking about (spiritual needs), I don't have a problem

My community health patient has little prayer cards around his house, that he reads, I find that interesting

I think most patients will ask to speak to their pastor or the chaplain in the hospital if they have a nurse that doesn't talk about spiritual care

I'm very open to listening to other people's views

Assessing Patients' Spiritual Needs

I feel highly comfortable meeting their needs

I guess that's where it would be a little harder meeting their needs

There is spiritual distress when losing a family member or a spouse

My patient experienced spiritual distress early in her life –

Now she is very spiritual, she is fine, she is happy in life

I helped prepare the body of an oncology patient who passed away. If he had been my patient and I spoke to the family maybe that would have provided an opportunity to talk about their spirituality.

I try to look at the whole person, not necessarily if they believe in God

They have emotional needs even if it's not like a spiritual need, it could be

I had an oncology patient that was dying, you had to make sure the family understood what was going on

He died that day and she was the most ready that she could have been for someone to die

That mom needed somebody

Holding their hand and giving Kleenex helps me feel more prepared

I'm really comfortable providing spiritual care

I would have hard time bringing up (spiritual needs) unless I could see that it was really an apparent need

I think an alteration in the spiritual, well you would use it after someone you loved dies, especially if you were not prepared for it

I can usually tell when a patient is seeking spiritual care from a nurse right away

I can sense it when a patient needs someone to pray with them

Assessing Patients' Spiritual Needs

I do feel prepared (assessing spiritual needs).

I'm open to talking about whatever they have to tell me

You assess them for spiritual distress or if they were in healthy spiritual stages

I'm older than a lot of the girls and have a lot more world

I think my experiences make me more comfortable

Appendix G

Theme Four: Personal Beliefs Impacting Nursing Care

Meaningful statements obtained from nursing students describing how personal beliefs impact nursing care.

Meaningful statements obtained from nursing students describing how personal faith can help when dealing with stressful situations in nursing.

Meaningful statements obtained from nursing students describing how participating in religious rituals can nurture your spirituality.

I don't go to church every Sunday like I should

When I go to church I relate to everything in church to my life

Spiritual readings help me change my views and be more positive

Their health is the major thing right now

On the floors, the emphasis is getting the patient healthy

I wish I went to church more

What you believe to be right is not right for everybody

My own community support system makes me realize you can't save everyone

I wish I could attend church more

Hearing a sermon can be rejuvenating

You get a little bit worn down seeing people in bad situations

I just say a prayer, a silent prayer

Their idea of God maybe different then my idea of God

Being spiritually confident and competent helps when being with someone questioning their own spirituality

Personal Beliefs Impacting Nursing Care

I think people want to be connected especially in the hospital

You have to make the first step; don't be afraid to touch someone

I feel people that are spiritually healthy have a more positive attitude

I admire nurses that are spiritually strong, they are not afraid to say "I will pray with you"

When I see nurses like that it gives me a sense of relief, it not just about the medical

To advance in nursing, I think that nurses are going to have to think deeper than just the
physical

I don't go to church

I really don't do the religious community thing -

I go to my parents instead of a pastor or religious leader when I have a question,

My mom is a nurse so she knows what I am going through

If the family or patient have questions, you're there to answer them, I think that is
important

I always ask people if I can touch them, some people don't want to be touched

If someone is in a chair, I will sit facing them

I think it it's important to remember it's not just about the patient but the family as well

I think they ask the nurses because they are in and out so much, or they are constantly
pushing the call button

My dad works in X-ray and when little kids are scared, he stays with them, I don't know
if that's spirituality, but it is cool to watch

I believe in God, I don't know how it affects my nursing

People are so strict to their religious tradition

Personal Beliefs Impacting Nursing Care

The community I grew up in is very Christian-based, you're suppose to go to church on Sunday

I look at the way other people live their lives, it is so far from that tradition, and it's like "what?"

I am aware of what I have been raised, what tradition I have been raised with, it's not affected my nursing care

Well I personally don't attend church

I have never seen a negative impact from the church regarding my nursing

I don't have a church in this community

I think it is more of finding strength to help my patients and give me strength to do my job better

I just recently started dealing with a patient's passing; the first one was kind of traumatic
It is hard for me to watch someone else die; I think I have too much empathy, like "that was their dad"

And it is kind of difficult for me to watch someone die

At church people come up to ask me questions because they know I am in healthcare

I can't sit down and cry with them, I have to be there to comfort them

Hospitals can be a scary place

They want to make a connection; they feel at peace getting reassurance from nurses

I don't really bring my church into my nursing

It's kind of hard to deal with people when they are so near death, I have never experienced that

Personal Beliefs Impacting Nursing Care

A lot of people from my church know I am going into nursing and look to me for help

They kind of look up to me (people from church) and respect me for it

I attend Sunday service when I go home, not every weekend, but when I go home

A hospice nurse prayed a lot with her patients, she would make sure it was ok with the
family

The hospice nurse would pray with the patient, I found that very interesting

You can use your faith to help you with the suffering

So I haven't been to church besides Christmas and Easter

My church really does not have much support

I don't have a specific religious affiliation

I feel that my religion has helped me with my career

I don't go to church so much

I pray that, like before a big test, I'll pray

Before I turn in my paper, I'll pray

Before I go into a patient's room, if I'm uncomfortable, I'll set myself down and pray and
gather my thoughts

Praying helps me feel more prepared to help somebody and helps me not be so nervous

In the community that I grew up in, I have not been exposed to different things like

Muslims or Jews or anything

Church supports me with my nursing activities; it's another support system besides my
family

It is sad when people die

Personal Beliefs Impacting Nursing Care

I attend church regularly

I believe that nursing is where I'm supposed to be, it makes me work harder to achieve my goals

It helps me cope attending church and hearing different sermons

I attend church regularly on Sunday and on holidays

Church helps bring me back down because when nursing gets stressful, it helps

I pray all the time, just about school and just so that I complete my goals

It's easier to talk to patients if they are the same religion

Through nursing I've been able to learn about other cultures and what they do

I do little prayers on my own, but I don't know how that helped with the stress of nursing

When I go to church, people are always asking, how's school?

There are other nurses that attend my church

Mainly I attend church services or pray

I do not go to church as much as I used to go

You have to do your assessment and give medications and all that stuff

It helps me realize if the patient is suffering, maybe there is a big reason for it

I believe that everything happens for a reason

You might not see the reason for five more years or ten more years

Through my church I've become a better rounded person

Through my church I've been able to talk to people of all ages

I'm not scared to talk to an older person or someone who looks different

I've always been raised with all kinds of different people

Personal Beliefs Impacting Nursing Care

I attend church as much as I can in college

It is more difficult with everything that goes on and working and stuff

I have a daily scripture that I sometimes do and realize the importance, kind of like
meditation

You just have to take a little time out for yourself

You have to relax a little bit so that you can care for others because you have to take care
of yourself first

I told my brother it is ok, you can be sad, and that our grandfather dying is ok

My nursing activities have definitely impacted all of my religious affiliations

I don't have time to go to church (crying)

Sunday is my paper writing day, I haven't been to church in about a year

I get lots of calls because I'm not in church and they really want me there, it just adds to
the stress (full time nontraditional nursing student and mother of eight children)

I loved the Hospice rotation, I couldn't do that work, I would get attached, and that would
be bad

I love my church, before I became a nursing student I went to church all the time

Appendix H

Theme five: Spirituality in Nursing Education

Meaningful segments obtained from nursing students reflecting on their perceptions and experience with spirituality.

Meaningful segments obtained from nursing students describing how much emphasis was placed on “spirituality” in their nursing education.

On the floor it is just about getting the patient better

I think spirituality and nursing go hand in hand

Being spiritually healthy should improve the quality of life of the patient

I think I’m pretty comfortable with my spirituality

I’m not afraid to talk about (spirituality) I’m not pushy about it either

I realize that spirituality is different for everybody

Spirituality is widely underused in clinical setting, other things take priority

Spiritual care has been emphasized a lot senior year, especially in hospice and end of life care

Most students will agree the priority is always the medical problem

Then the spiritual stuff falls into place when you think of the holistic nursing

I don’t think most students go into nursing to worry about their patients’ spiritual well being

Spirituality in the nursing curriculum is probably lower on the rung of things that are important

We don’t focus much on spirituality; we’re more about the physical, ABC’s kind of thing

It’s more about the physical of the patient instead of the touchy feely

Spirituality in Nursing Education

I think spirituality was emphasized more in theory than clinical

Relieving anxiety those kinds of things while can be fit into the spiritual care were
addressed more in clinical

Relationships with God, those kind of things, weren't addressed as much in clinical

I don't think the spiritual is addressed on the floors very much; oncology floor would
address it more

In our nursing education, spirituality was emphasized in holistic nursing

Spirituality really relates to the physical and psychosocial and that needs to be addressed,
can't be ignored

I have a fairly good understanding assessing patient's spiritual needs from what I learned
in college and the nursing home

Spirituality in the nursing program at this college, I think it was a big thing

If you use compassion, that is showing that you actually care, that you are a spiritual
being

In theory, we definitely learned about spirituality, but with clinical I would say less

Most of the nurses just focus on the physical care and getting stuff done, and then go onto
the next

I think a lot of nurses perceptions are off about spirituality

I have seen nurses that don't offer any extra care like sitting with them, talking to them,
holding their hand, or talking about God

I think a lot of nurses need to work on that (spiritual interventions)

We just talked about that in class, people's different spiritual beliefs

Spirituality in Nursing Education

I don't think it is intentional; it's just "ok I don't have time to do that, so I got to go onto my next patient"

It makes me nervous to move somewhere and be faced with people; I have no idea what they believe in or how things work for them

I don't have the training to tell somebody that they, you know, are in spiritual suffering

We have talked about understanding different cultures and their beliefs, but we only kind of brushed on it, not in depth

We don't have a class on spiritual care; we've talked about it in all our classes, but not a lot

I think the importance of spirituality is stressed

We might spend half hour in class talking about it or read a chapter about it

We'll discuss it and it'll be over, we won't have, you know, testing on it

I don't remember studying a lot over spiritual care for a test

Some parents and students think it is important to attend a Christian college

Many students in this class grew up in a small town and attended church on a regular basis

Most students in this class are religious, I'm not as religious as the other students

Many of these students have a strong religious foundation before coming to this college

Need to spend more time emphasizing patient's spiritual needs

Spirituality was not covered enough in theory or clinical

An older nurse ready to retire stated to the student "sometimes you have to be stern, the patient will have a good cry and the rest of her day will go better now."

Spirituality in Nursing Education

The patient was crying and stated that other nurses she had were more understanding and caring about her needs.

I took a History on Christianity course at this college.

I think a course in spirituality in nursing and placing more focus on spirituality would be useful.

We need to know more about how we will care for these people, and spend more time on spirituality in nursing courses.

I took a religion course during my freshman year, and did not get as much out of it.

As a student, you focus more on the nursing courses, not religion courses

Students are more comfortable by senior year, maturing and growth more open minded.

We discussed spirituality and people were more open discussing the religion they were brought up in.

75% of the students at Morningside come from a town with a population of < than 10,000. (Student enrollment, 2008)

I really don't think there has been much emphasis placed on it (spirituality) personally

When we go in to do stuff, we're told, do the assessment, make sure you have your stuff done

They (nursing instructors) are not asking you about the patients' spiritual beliefs

I haven't had a whole lot of experiences with spirituality kind of stuff

We talked about it (spirituality) in theory, but I don't think a whole lot, other things were emphasized

She (wife) was okay even though her husband was dying

Spirituality in Nursing Education

That was helpful because she knew we were doing everything we could to make him comfortable

In theory, we talked about the importance of spiritual care

I think in clinical it's more about, give your meds, give your meds, and hasn't been

I think (spirituality) has been addressed in theory; you need to address spiritual needs

Clinical is more about, because we are nervous with so many of the skills

I explained to my brother, my nursing education helped me know what to say.

As a nursing student, you can explain healthcare and that dying is part of it

The nurses in the nursing home were very respectful towards us when my grandfather was dying

I don't think spiritual care of the patient and family is emphasized enough, I don't.

Spirituality was not introduced until your senior year, after you already spent 500 hours on the clinical floor.

In the clinical area it's about the body, it's not the mind or the spirit, it's the body

That is the only example I have (referring to spirituality and nursing practice)