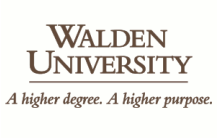

2015

Attitudes and Beliefs of Registered Retired and Registry Nurses Regarding Holistic Spiritual Care

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COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Beverly S. Ward

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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2015

Abstract

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by

Beverly Ward

MSN, Walden University, 2006

BSN, University of Texas, 1989

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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December 2015

Abstract

The purpose of holistic spiritual care is to assess and provide for the spiritual needs of patients. Current literature indicates that holistic spiritual care is important to the healthcare of patients. Researchers suggest that nurses who practice holistic spiritual care are more aware of the attributes of caring, respect, and emotional support. This project study addressed a problem at the research site reported by local community nurses and holistic spiritual care experts of nurses not practicing holistic spiritual care. Mezirow's transformational learning theory was used as the theoretical foundation for this qualitative study, which was designed to examine the attitudes and beliefs of nurses about practicing holistic spiritual care. The study's participants were comprised of a mixed-gender convenience sample of 21 local registered nurses, aged 22 to 64, who were retired or who worked for a registry, and were recruited on Facebook to participate in a qualitative online questionnaire. Hand and computerized open coding and thematic analysis were used to analyze the data. Participants indicated that they believed practicing spiritual care nursing was beneficial as it could improve patient outcomes. The themes that emerged from the data included personal insecurities of nurses, little support, and lack of training in practicing spiritual holistic care. These findings were used to develop a 3-day workshop series designed to increase awareness and improve understanding of the benefits of holistic spiritual care of nurses, nurse educators, nurse leaders, and administrators. This study promotes positive social change by providing healthcare stakeholders at the local site with better understandings of the benefits of holistic spiritual care programs.

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Dedication

I am overjoyed and so thankful to be able to dedicate this proposal to my Heavenly Father, His Son, Jesus Christ, my personal Lord and Savior, the Holy Spirit, my Helper, Guide, Counselor, Confidant, and Protector. In Mark 15:16, I have been commissioned by the Lord to spread the gospel (good news of Jesus' forgiveness, healing, deliverance, joy, peace, happiness, and prosperity). I am also dedicating this research project to my family; my husband of 43 years, Eddie Ward Sr.; my five living children, Fronischia (Roger), Coujaunia, Eddie Jr. (Kashara), Krystal, and Sherressa (James); and my fifteen grandchildren. They inspire, motivate, encourage, and bless me. Their witness makes me laugh, and their smiles radiate in my presence. My children and grandchildren listened to me, encouraged me, stimulated me to move on, and helped me with housekeeping, running errands, and helped me with proofreading and computer support.

I also dedicate this project study to my niece, Areshia Michelle, Aunt Elsie Jones, my sisters Rhonda, Lisa, Beverly, Dorean, and Anita; brothers David and Kevin (Mia); my sister-in-laws, Lillie, Beatrice, Jeanette, Brenda, Mary, Lisa, and Diane; brother-in-laws, Samuel Jr., Clifford Sr., Lloyd, and James (Diane). I would also like to dedicate this work to my deceased family members, my son Antwine, my parents, McKinley and Juanita Boykins, father-in-law, Samuel Ward Sr., and mother-in-law, Velma Ward; my grandparents, Henry and Hattie Boykins; Juanita and Emile Lewis; and my grandmother, Annie Lee Hensley, sister Sheila, brothers, Norla and Kenneth, and uncle Isaac Jones. I also dedicate this paper to my dear friends Jerry Howard, Lee Andrews, Karen Kyle, Melba Carter, Tony Daniels, and Jackie Olurin, Veta Grover, and LaCarla Holmes.

Acknowledgments

First and foremost, I want to acknowledge my Heavenly Father, my Lord and Savior Jesus Christ, and the precious Holy Spirit. This dissertation would not have been possible without the help of the Lord who gave me the strength, wisdom, knowledge, and the will to write this dissertation. There were times—even in the middle of the night—when I received words from the Holy Spirit that led me as to what to write and how to write it.

I want to acknowledge my loving, kind, helpful, and proud husband, Eddie Lee Ward Sr. Eddie has stood with me and behind me every step of the way. He has listened to my cries, put up with my mood swings, and endured all the times I neglected him to do school work. My husband prayed for me, comforted me, loved on me, motivated, encouraged me, took care of me when I was ill, drove me when needed, shopped for me, looked in on me when I was up late at night—insisting I get proper rest—rubbed my back, supported me, helped with household chores, and prepared meals for me. I would not have been successful without his help.

I am grateful to my pastors, my church body, and intercessors Allian, Lee, and Karen, and Mrs. Paula, my Sunday school teacher. I am acknowledging Gena who has been one of my closest friends and classmates throughout this doctoral journey; who supported me when times were challenging, and I did not think I could achieve my goal. I must acknowledge my chair, Dr. Bowlin, my member, Dr. Garten, and Dr. Wilcox, of URR. To a host of very close and dear family and friends, whom I did not mention by

name, I offer a warm thanks you whether it was for your encouraging words, smiles, and/or hugs.

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Section 1: The Problem

Introduction

Nurses in the Southwestern United States today focus on "caring for patients as a whole, with an awareness of the physical, mental, emotional, and spiritual dimensions" (Crawford & Thornton, 2010, p. 22). Nurses work with patients daily, and attend to their patient's basic physical needs, an interaction that is also an opportune time to address the spiritual needs of patients (Chan, 2009). Despite this opportunity, nurses do not generally attend to patient's spiritual needs; if nurses were better informed regarding holistic spiritual care, they would be more likely to have a better understanding of this care and to provide it (Richardson, 2012).

Definition of the Problem

Several studies have argued that spirituality (alternatively known as spiritual care) is essential to promoting patients' health and should be a routine part of nursing (Dorsey, Keegan, Barrere, & Helming, 2013; Richardson, 2012; Ronaldson, Hayes, Green, & Carey, 2013). An alternative position refutes this idea spirituality or spiritual care being essential in nurses' routine hospital care would be nurses who believe that meeting their patients' physical needs is more important than meeting their spiritual needs (McBrien, 2010). Nurses who believe in prioritizing the patients'physical needs over their spiritual needs argue that the spiritual needs of patients should be handled and addressed by clergy, and that meeting these needs should not be a nurse's role (Deal, 2010).

In the context of nursing, spiritual care is nursing care that focuses on assisting a patient to discover or rediscover meaning in his or her life, to promote the patient's hope and resilience, and to help the patient build their inner strength when they are faced with acute, chronic, or terminal illness, injuries, or loss (Bensing, 2013; Doncillo, 2011). Bensing described "spiritual care as a nurse connecting with the individual on a level not specifically religious but one where the nurse and the patient touch each other; however, not necessarily physically" ("Strong in Mind"). According to Monareng (2012), spiritual care includes care, respect, and emotional support given to patients by their nurses. Spiritual care may include prayer, meditation, scripture reading, listening, music, touch, etc. (Monareng, 2012).

The health benefits attributed to holistic spiritual nursing regimes include patient lives being saved and an overall improvement of patients' general well-being, physically, emotionally, and spiritually (Perry, n.d.). When spiritual care is administered to patients, they experience less pain; a decrease in their blood pressure, heart rate, and cholesterol, blood sugar, and stress levels; their hospital experience is less traumatic; and the patients are motivated to cooperate in their care and to complete their healing process (Halderman, 2013; Okonta, 2012; Perry, n.d.; University of Maryland Medical Center, 2011; Wardell, Decker, & Engebretson, 2012). Cancer, glaucoma, and depression were often cured (Halderman, 2013; Okonta, 2012; Perry, n.d.; Wardell et al., 2012). Perry (n.d.) commended holistic care as advantageous in promoting weight loss, decreasing dementia, and improving gastrointestinal symptoms. Nurses who practice holistic

spiritual care are able to assist patients in developing a better understanding of the importance of adopting a healthier and more relaxed lifestyle (Perry, n.d.).

I designed this study to address a problem that I observed in my local community, with nurses not administering holistic spiritual care to their patients due to a lack of accurate information regarding holistic spiritual care. According to Deal (2010), when nurses' attitudes and beliefs are known regarding holistic spiritual care, the quality of life is increased. I collected data by using Facebook to recruit local community registered nurses who were retired or who worked for the registry, and used these participants to conduct qualitative surveys designed to obtain more in-depth information on the attitudes and beliefs of nurses regarding holistic spiritual care.

Rationale

Evidence of the Problem at the Local Level

The local problem addressed by this study was that nurses in a local community were not administering holistic spiritual care to their patients due to a lack of accurate information regarding holistic spiritual care. I observed this problem in a community in the Southwestern United States. Because I was unable to access the nurses at the specific local facility where I observed this problem, I recruited registered nurses in the surrounding community who were retired or who worked for a registry, via Facebook and administered qualitative online surveys. All of the nurses who participated in this online survey research project were registered nurses who were retired or who worked for a registry.

This problem was not limited to the original site at which I observed it. According to my colleagues within this community, holistic spiritual nursing care was also not being routinely practiced by nurses in their facilities. My colleagues noted this problem when voicing their beliefs and concerns regarding holistic spiritual care practices. For example, one colleague stated,

Nursing is a profession that requires the care of patients' physical, mental, and spiritual needs. When I think of holistic nursing, I visualize not only spiritual care but the inner confidence and peace of knowing that we have cared for this person as a whole and not as a piece. I believe spiritual care will benefit staff and patients because the inner person will be touched and discovered, which can result in more positive improvement in patient outcomes. When I was in nursing school, I never received any holistic spiritual care training. In nursing school, during one of my clinical rotations, I remember a critically ill patient who just wanted someone to talk to. This patient was not my patient, but I did take the time to sit and talk with her. Just the expression on her face, after [my] sitting and listening to the patient, was just an indication of the need for nurses to take the time to administer spiritual care to patients. On a day-to-day basis on my nursing unit, I experience nurses who are so busy taking care of the physical needs of patients, they never take the time to talk, to listen to, or to pray with their patients. I admit that there are times when I cannot stop to minister to my patients like I would like, and I feel bad, because I know how important spiritual care is to my patients. The nursing shortage caused tension among staff members because they often have to work with fewer nurses

and have greater patient care loads. Nurses believe that incorporating holistic spiritual care would only serve to make their work harder and that they may not be able to fully provide for the patients' needs if more obligations or roles were handed down to them. Research demonstrated that when holistic spiritual care was in place, nurses became better care providers, dealt with their own spirituality, and they built stronger relationships with patients and members of the health care team (S. Wright, personal communication, November 12, 2012).

Similar sentiments were voiced by another colleague who stated,

> For the first 20 years of my practice, a nurse was not encouraged to talk about spiritual matters with patients, and [it] is still somewhat of a taboo, unless the nurse or health care professional is going into alternative practice. I minister spiritual care to my patients without speaking a word because of fear of my license being sanctioned. I administer spiritual care through touch, kindness, or by going the extra mile, such as getting water or anything else the patient requests, even though I may be off the time clock, and getting ready to leave my job. Even though I believe in holistic spiritual care, there are so many diverse religions, such as Muslims, Christians, and so forth. I believe for a nurse to talk about religion with patients is an infringement on a patient's rights and puts pressure on patients, unless the patient specifically asks the nurse to do so. I believe that there is a difference between religion and spirituality. Spirituality

> deals with a person recognizing that there is a "Higher Power" who guides [their] existence, who touches and says, "I am there with you." It is a comfort knowing this. I feel that spiritual care should not be practiced in psychiatric nursing but should be encouraged in medical-surgical nursing such as in oncology. The reason I feel it should be discouraged in psychiatric nursing is because the patients are confused or disillusioned and not in reality. We want reality to be separated from disillusion. Spiritual care may impede the psychiatric patient's treatment and cause them further upset, but in medical-surgical nursing, it may help. Spiritual care is vital in end-of-life situations because the patient may experience a sense of freedom and something to hope for. Some patients believe that their heavenly "Father" will take them into eternity. Nurses should administer spiritual care to terminally ill patients in order for the patient to experience a peaceful death, comfort, and [so that] they have something to hold onto in the afterlife (J. Spencer, personal communication, April 20, 2013).

Some other community acute-care nurses from neighboring hospitals and surrounding communities stated to me that they agreed with the practice of spiritual care, while others do not. Local community nurses who do not agree with holistic nursing care report that they do not believe that holistic nursing helps the patients or the nurses; other nurses from the local community say that their workload is already heavy without adding

new pressures and extra work, while other community nurses state that barriers that prevent them from providing holistic spiritual care include their lack of education, their lack of confidence or security, and not being aware of their own religious or spiritual stance. Also, acute care nurses within the local community stated that they do not agree with the practice of holistic spiritual care because they do not know enough about spiritual holistic nursing to comment on how the practice would benefit their patients or their professions.

Nurses are at the bedside of patents more often than any other interdisciplinary health care team member; therefore, they have the greatest opportunity for providing spiritual care (Ellis & Narayanasamy, 2009). Local community nurses who agree with the practice of holistic spiritual care stated that holistic spiritual nursing care is important. However, the nurses expressed that they must work harder due to their large patient caseloads and shortage of staff, which forces them to focus more on their patients' physical needs rather than on the spiritual needs of their patients. The nurses in the local community also stated that despite all the time they devote to assessing and caring for their patients' physical needs, the spiritual needs of their patients are often neglected, while other nurses stated that they have not been educated in or are not sufficiently competent to provide spiritual care to their patients.

Nurses in the local community who practice holistic spiritual care in their workplace reported that they embrace their own spirituality, are better able to provide spiritual care to their clients, and they feel more passionate about nursing when they

practice holistic care versus when they do not. These community nurses also stated that they are able to grasp the essence of spirituality, know how to assess the spiritual health of their patients, and are able to develop nursing diagnosis, formulate goals, and provide interventions to promote spiritual health. However, some local community nurses' attitudes and beliefs often prevent them from practicing spiritual care, These attitudes and beliefs include feeling that they lack knowledge, their own insecurities, having rigorous caseloads, and nursing leadership fails to address the issue of holistic care and develop policies to support instituting spiritual holistic nursing care in the workplace (Jenkins, Wikoff, Amankwaa, & Trent, 2009). Acute care nurses within the local community reported to me that nurses who embrace holistic spiritual care report that their work environment is better, staff members communicate and work together as a team, patients are more satisfied, there are fewer patient complaints, and the patients and staff are in partnership.

Christian nurses and nurses in the surrounding community who profess religious affiliations report that they are reluctant sometimes to provide spiritual care because of fear of hospital authorities' reprimands or their fear of being dismissed (Becker, 2009). For example, the community health nurse Caroline Petrie, was suspended in 2009 after she was reported to have prayed with a patient (Gray, 2009; Raynor-Kendall, 2009). Just one month prior to this suspension, nurse Petrie, was informed by her employer, North Somerset Primary Care Trust (PCT), that she had to attend an equality and diversity course (Raynor-Kendall, 2009) as a result of having been warned about sharing her faith

with her patients and given a patient a prayer card. PCT's action sparked a global outcry among nurses and the general public, resulting Petrie being reinstated (Gray, 2009; Raynor-Kendall, 2009). Even though Petrie ultimately was reinstated, potential repurcussions for nurses administering holistic spiritual care remain (Gray, 2009).

Christian leader and charities requested that employers provide spiritual classes to staff after Petrie's suspension (Kendall-Raynor, 2009). Gray (2009) stated that "It would be a tragedy if patients in need of spiritual support suffered because their nurses were nervous following Ms. Petrie's experience" (p.1). The nurses stated that they have not been educated in spiritual care nursing, are not competent to provide spiritual care to their patients, and/or feel uncomfortable with the process, while others stated that spiritual matters should be handled by more appropriate team members such as chaplains.

Christian nurses and nurses in the local community, who have religious affiliations and who embrace the practice of holistic spiritual care, stated that they feel compelled to minister spiritually to their patients, but due to the legislation of separation of church and state, the nurses said that even though they sometimes provide holistic spiritual care to their patients, they are often afraid to venture into this area.

Holistic spiritual care is sometimes entirely absent from nursing environments. As part of this study, I interviewed K. Jacks, a nurse educator at a local community hospital where holistic spiritual care is not practiced. Jacks noted that holistic spiritual care was not practiced at this facility and that it did not have a chaplain. Jacks outlined the reasons for this absence noting,

> First and foremost, I doubt, seriously that 99% of our nursing staff has any idea what holistic care is. The majority of our nursing staff is foreign born and foreign trained. They are not familiar with "American" concepts such as critical thinking, nurse independent thinking, and holistic care. There is a section for religious/spiritual on our admission assessment, but chart audits show it has the lowest compliance of completion of all sections of the assessment. Our orientation does not include any information on spiritual care. (K. Jacks, personal communication, October 18, 2013).

Several of my colleagues and community nurses that I interviewed stated that there were problems with the administration of holistic spiritual in their facilities as well, an assessment echoed by five local community experts in the field of holistic spiritual care. These experts, Bradley, Schoonover-Shoffner, Williams, and Davids, agreed that holistic spiritual care should be a part of routine nursing care, but was not being widely practiced locally. Also,local holistic spiritual care research studies, such as the one conducted by the School of Nursing at the Texas Health Science Center at Houston and the University of Texas revealed that there was a problem with holistic spiritual care not being administered by nurses (Casarez & Engbretson, 2012; Wardell & Engebretson, 2006).

Each of the experts that I contacted shared their opinions and beliefs regarding the problem concerning the practice of holistic nursing care. Bradley is a chaplain at the local

113 bed (and expanding) acute care hospital, Houston Methodist West, which opened in December, 2010 (C. Bradley, personal communication, June 15, 2013) stated,

> This West Houston hospital is the most recent facility of the five Methodist hospital systems. Bradley explained that, nurses at this location are orientated by the chaplaincy staff on holistic spiritual care. Also, according to Bradley, all staff, from the chief executive officer to housekeeping staff, are both instructed in and are involved in promoting spiritual care. Forty-percent of the nursing staff at this facility came from other local Methodist health care facilities, 40% came from other hospitals or from out of the state, and 20% were novice nurses. During orientations, nurses are told by Bradley that God has sent them to this hospital and that (Bradley) intends to assist them, other staff, and patients as needed. Bradley stated a personal desire for hospital staff to feel like family, have the freedom to be themselves, and to ensure that all staff and patients,' religions and denominations are respected. Bradley further stated that all of the chaplains had goals of fostering an environment of caring, integrity, compassion, and excellence; rewarding and promoting God's love; and showing patients and staff that they care. Even though other local Methodist hospitals share similar beliefs and practices, Bradley described this approach to holistic spiritual care among nurses as different. Bradley and the chaplaincy staff's intent is to create a new environment where nurses have the freedom to pray and hold the belief that

everybody heals. Bradley stated that the hospital has a statue of Jesus touching and healing a woman and the sick at the entrance of the hospital.

Every patient admitted to the Methodist Health care System is given a Hospital Consumer Assessments of Health care Providers and Systems (HCAHPS) survey to complete after discharge. The HCAHPS is completed by patients, rating their overall hospital stay, and it is also collected by the government to determine Medicaid and Medicare reimbursement to the hospital based on the results of the surveys (Pizzi, 2009). According to Bradley, his institution, which strives for an 80% return of the surveys, reports that, as a result instituting holistic spiritual care, the hospital has maintained a cost-effective and profitable institution, the institution has shown rapid growth, patient satisfaction ratings are high and leading the other four Methodists facilities, and the nursing turnover rate is lowest among all the other Methodist systems, and overall annual employee satisfaction ratings are high. Bradley says that if the ratings on patient or employee surveys fall, the chaplaincy staffs along with administrators start immediately addressing the problem.

Nursing Christian Fellowship (NCF) is a local and national professional holistic spiritual nursing organization that was started in the 1940s. NCF was founded to educate student nurses and nurses in practice about Jesus Christ, and how to minister their faith to one another, as well as to patients. NCF hosts annual conferences in Texas, and local,

national, and international nurses are in attendance yearly. The Journal of Christian Nursing (JCN) is published by NCF for its members.

Schoonover-Shoffner has been the editor of JCN since 2004, and she is employed as a staff nurse for NCF. Schoonover-Shoffner writes to encourage nurses as they minister to patients. Schoonover-Shoffner is an assistant professor of holistic spiritual care nursing at Wichita State University and works 1-3 days a week as behavioral health. Also, Schoonover-Shoffner, communicated via the internet with nurses globally concerning holistic spiritual care nursing. Schoonover-Shoffner, stated she is astonished at the way God prepared her for her role as editor and how passionate she is about nursing, particularly about the practice of holistic spiritual care (Schoonover-Shoffner, 2013). K. Schoonover-Shoffner (personal communication, June 20, 2013) stated,

> There remains a problem of the lack of holistic spiritual care being practiced by nurses locally and nationally. Nationally, numerous authors have written in various journals stating that there is a problem of holistic care not being practiced by nurses.

Schoonover-Shoffner (2013) also stated "We were taught in nursing school to be holistic caregivers, caring for patients' bodies, minds, and spirits. But that is a tall order in the pressured world of high technology, acute patients, low staffing, and time crunches" ("Do You Struggle"). The prayer that Schoonover-Shoffner prays for nurses, as she writes for JCN, is based on the scripture from Colossians 2:6-10 (Schoonover-Shoffner, 2013). This scripture encourages the spiritual growth and

> strength of all nurses, discernment of nurses to be able to decipher Godly wisdom from worldly wisdom, and to have knowledge of their authority in Christ Jesus (Schoonover-Shoffner, 2013).

M.D. Anderson Cancer Center, an acute care cancer hospital in Houston, Texas has an integrative medicine program (M.D. Anderson Integrative Medicine Program, 2013). The integrative medicine program is an evidence-based program designed through education and research for cancer prevention and treatment, it and is committed to increasing the survival of patients diagnosed with cancer and to improve the overall health outcomes for cancer patients (M. D. Anderson Integrative Medicine Program, 2013). M. D. Anderson's integrative medicine program utilizes conventional medical and holistic practices in the treatment of its patients (M. D. Anderson Integrative Medicine Program, 2013).

Williams is a clinical nurse educator in the integrative medicine program. William educates doctors, nurses, staff, and patients and their families not only about conventional cancer treatments but holistic care as well (M.D. Anderson Integrative Medicine Program, 2013). Williams focuses on traditional medical treatments incorporating the body, mind, spiritual, and social well-being of its patients (M. D. Anderson Integrative Medicine Program, 2013).

According to nurse practitioners and acute care staff nurses at M. D. Anderson Cancer Center do not routinely practice holistic spiritual care. Williams stated,

Spiritual care is not a part of nurses' routine care, not because they do not value the practice, or it is not important in the care of patients, but rather, deciding whether or not they are going to do it is another issue. Nurses are uncomfortable with the topic; they are not taught holistic spiritual care in school, and 48% of the time [it] is that nurses have no skills to address the problems associated with the integration of holistic spiritual care in a hospital setting. The other 48% of the problem with the integration of holistic nursing care is time, and the remaining 4% is the nurses' uncertainty, because they do not know where to go with holistic spiritual care. Society has pushed nurses to do more and more, and there is not enough time to take care of anything more than the physical needs of patients, such as pain management, vital signs, and administer cancer therapies. Nurses in the acute care outpatient clinics have 15 minutes to assess patients' rashes or pain, and [they] don't have much time to address holistic spiritual care. Maybe they could refer patients to a chaplain, but no time. Inpatient staff nurses [are] more likely to make chaplain referrals, but no referrals are made to the integrative center, because many of the nurses do not know about the integrative center and how it addresses spiritual care needs of patients, or they do not know how to make the referrals to the integrative center. Nurses are reluctant or indecisive as to who to call to address patients' spiritual needs, because they are unfamiliar with the patients' religious beliefs, especially if their patients do not have common religious backgrounds, and they are Hindu, Buddhist, or nonspecified.

> Recognizing if a patient does not list a religion, does not mean they do not have a sense of spirituality or spiritual needs (J. Williams, personal communication, July 12, 2013).

Davids is a visiting professor of Christianity at Houston Baptist University. Davids is also professor of Bible and Applied Theology, Houston Graduate School of Theology, and is an assistant priest at All Saints Episcopal Church in Stafford, Texas.

P. Davids (personal communication, July 12, 2013) stated,

> Even though his fellow colleagues, the nursing faculty, and his friend, who is a chaplain, are more knowledgeable concerning holistic spiritual care, and train hospital chaplains and nurses in the area of holistic spiritual care, he feels that holistic spiritual care is still neglected in nursing. I can say from my experience in teaching people involved in nursing and in teaching people involved in or going into ministry to those in medical need (I would include those who are limited to their homes, those in nursing facilities, those in doctors' offices as well as those in hospitals) that there is a local problem.

A University of Texas study revealed four ethical issues that prevented nurses from providing holistic spiritual care (Casarez & Engebretson, 2012). They were ethical concerns of omission, commission, conditions under which health care providers prefer to offer spiritual care, and strategies to integrate spiritual care into practice (Casarez & Engebretson, 2012). Ethical concerns of omission included nurses' avoidance of discussing spirituality with patients because they felt that the patients and they perceived

spirituality differently, or they were uncomfortable discussing spiritual matters, because they did not understand how to communicate spiritually with their patients (Casarez & Engebretson, 2012). Ethical concerns of commission involved nurses providing spiritual care inappropriately (Casarez & Engebretson, 2012). The nurses in the study believed that they were incompetent to address religious issues, and these religious issues should have been addressed by clergy (Casarez & Engbretson, 2012).

Conditions under which nurses preferred to offer holistic spiritual care included offering patients spiritual care only if the patient opened up and started discussing spirituality, or the nurses felt that holistic spiritual care should only be offered to terminally ill patients (Casarez & Engbretson, 2012). Strategies to integrate spiritual care meant that nurses felt that patients should have been the initiator of holistic spiritual care. The nurses believed that nurses should have respected the religious wishes of patients regarding holistic spiritual care (Casarez & Engbretson, 2012). Nurses in the study believed that patients should have determined their own spiritual practices and should not have followed the leading of their nurses concerning holistic spiritual care practices (Casarez & Engbretson, 2012).

Casarez and Engebretson (2012) offered suggestions that would have assisted nurses in providing spiritual care to their patients. According to Casarez and Engebretson (2012), self-awareness should have been the initial step, and this involved nurses dealing with or reflecting on their personal beliefs or value systems. Step two involved the nurses developing good communication skills that would have helped them to understand

their patients' religious beliefs, values, and to assist the patients spiritually (Casarez & Engebretson, 2012). Other suggestions offered by the researchers included nurses performing spiritual assessments on admission and multicultural and traditional religious training or counseling, which would have assisted the nurses when they encountered diverse religious traditions in their practice (Casarez & Engebretson, 2012).

In 2006, a qualitative analysis was performed by Wardell and Engebretson, professors in the School of Nursing at the Texas Health Science Center at Houston, on data that had been collected from people known as "healers" (Wardell & Engebretson, 2006). The healers were doctors, nurses, and other health care providers whose practice was holistic, particularly in the area of spirituality (Wardell & Engebretson, 2006). The results of the study revealed that even though the practice of religion or spirituality in health care was upheld by the majority of health care professionals, holistic spiritual care was not implemented into routine practice in the clinical arena (Wardell & Engebretson, 2006). The study also found that when patients experienced a health care crisis and sought out and received spiritual help from health care providers who practiced holistic spiritual care, there was a significant change in the patient's physical and psychological state (Wardell & Engebretson, 2006). Testimonies of patients were given in the analysis who had experienced peace, learned about God's grace and how to trust God; some stated how they had found God's purpose for their lives, and others experienced healing (Wardell & Engebretson, 2006).

Evidence of the Problem from the Professional Literature

The medical and nursing communities began to investigate the importance of including holistic spiritual care into medical and nursing professional roles as part of palliative care at the start of the 1990s (Puchalski, Ferrell, Virani, Otis-Green, Baird, Bull, . . . Sulmasy, 2009). Since that time, the literature and media attention has been used to make the public aware of the growing need to incorporate spirituality in health care. Puchalski et al., (2009) stated "surveys have demonstrated that spirituality is a patient need, that it affects health care decision making, and that spirituality affects health care outcomes including quality of life" (p. 1).

Despite all the attention that has been given to spirituality in health care, particularly nursing, some nurses, even though they state that they believe that spiritual care is just as important in their profession as any other care they deliver, there is a disparity between what they state they believe and the care that they actually provide (Deal, 2010). According to Deal (2010) nurses had reported that they wanted to provide holistic spiritual care but were dwarfed by "role confusion and increased workload and lack of time may prevent them from giving spiritual care" (Deal, 2010 p. 852).

Few literature reviews confirm nurses' experiences with administering spiritual care to patients (Deal, 2010). How nurses, who practice holistic spiritual care, define spirituality, and how does the experience of practicing holistic spiritual care affect the nurses personally, is not widely published (Deal, 2010). Also, there is little in the literature that would support and encourage nurses on how to integrate spiritual care into

their routine practice (Deal, 2010). In qualitative studies that have been done, nurses who practiced holistic spiritual care found the experience to be rewarding (Deal, 2010). Nurses stated that there was an increase in cohesiveness, cooperation, and intimacy between nurses and patients with holistic spiritual care (Deal, 2010). Many nurses who had experienced holistic nursing practice reported that they felt empowered to deal with pain and suffering, life had more meaning to them, they looked to a higher power other than themselves, and they felt more connected to their patients and coworkers (Carron & Cumbie, 2011; Deal, 2010; Jenkins et al., 2009). Nurses practicing holistic spiritual care developed better listening skills, were more compassionate with patients and their families, and they were less judgmental and critical of patients and other health care providers (Deal, 2010).

Beliefs of nurses ranging from secularism (Casarez & Engebretson, 2012) to fear of termination prevent nurses from instituting holistic spiritual care into their practice (Becker, 2009). Other reasons stated in the literature as to why nurses nationally fail to practice spiritual care is that nurses feel that they lack training in spiritual care, many fear that they are intruding on patients' privacy, they do not have the time to provide spiritual care, or they experience heavy caseloads or nursing shortages (Jenkins et al., 2009; Murray, 2010). Many nurses express that they feel inadequate in providing spiritual care because they are insecure in their own spirituality (Murray, 2010). Some nurses, nationally, state that the chaplaincy is more equipped to handle spiritual concerns of the patients and not themselves (Gerber, 2011). Nurses on the national level are also

uncomfortable in administering spiritual holistic care because they believe that today's nursing is primarily evidence based or science and research based, and "professionalism is synonymous with distancing" (Jenkins et al., 2009, p. 29).

Nurses, nurse leaders, educators, and administrators are indecisive or divided over the definition of spirituality, causing further hindrances to the provision of spiritual care to patients (Ellis & Narayanasamy, 2009). Technology plays a vital role in nursing nationally; therefore, technology tends to distract nurses from providing spiritual care (Jenkins et al., 2009). Cultural diversity in the United States and globalization has given rise to ethical issues concerning the relationship of spirituality or religion to health care, prompting some health care clinicians to avoid addressing instituting spiritual care into health care or nursing practice (Casarez & Engebretson, 2012; Jenkins et al. 2009).

Numerous studies have been performed to demonstrate that there is a problem associated with nurses' attitudes and beliefs relating to holistic spiritual care (Jenkins et al., 2009). In 2011, a cross-sectional, descriptive-survey study was conducted by Wu, Fen, Lin, and Ying. Three-hundred and fifty male and female nurses, ages 23-64 years of age, who worked in different acute care settings, were given questionnaires to answer (Wu et al., 2011). The purpose of the study was to determine specific demographics, such as sex, clinical experience, religious affiliation, religious training, and education, and how these may have influenced the nurses' perception of spirituality and spiritual care (Wu et al., 2011). More women were in the study than men, and the average years of experience was 13.42 (Wu et al., 2011). Less than half of the participants had any

religious affiliation or involvement with any religious activities or organizations (Wu et al., 2011). Slightly more than half of the participants had received spiritual training while in nursing school, and over half had spiritual training after they graduated (Wu et al., 2011). Survey results revealed that nurses, who held master's degrees, had 11-19 years of clinical experience providing holistic spiritual care, and those who had received spiritual training had a more positive outlook on spiritual care nursing (Wu et al., 2011).

In a 400-bed suburban acute care community hospital in Illinois, a descriptive research design study was performed by Koren and Papamdiditrious (2013) to determine the role that holistic spiritual care played in acute-care nurses' daily practice. Koren and Papamdiditrious were exploring how spirituality in practice would have been contributed to the nurses' evidence-based practices (Koren & Papamdiditrious, 2013). Also, Koren and Papamdiditrious were attempting to make a more complete definition of spirituality (Koren & Papamdiditrious, 2013). Data were collected from two focus group discussions that consisted of 11 female registered nurses, ages 36-55 years (Koren & Papamdiditrious, 2013). All but two were married; the nurses held either associate's degrees or bachelor's degrees in nursing, they worked in different acute-care areas of the hospital, and all but one participant reported some type of religious affiliation (Koren & Papamdiditrious, 2013). The study revealed that the nurse participants desired to establish a more meaningful relationship with their patients versus only providing for their patients' physical needs (Koren & Papamdiditrious, 2013). The nurse participants also expressed during the study that they wanted more of their hospital's nurse

leadership, administrative staff, and chaplains present to allow them to verbalize how they felt about spiritual matters and to offer them support (Koren & Papamdiditrious, 2013).

Sixty-nine registered nurses, male and female, but mostly female, ages 25 to 73 years of age, who were employed in two large health care organizations in Indiana, participated in Ruder's (2013) pilot study. This study examined the relationship between nurses' spirituality training and their provision of spiritual care (Ruder, 2013). The nurses completed the Perceptions of Spiritual Care Questionnaire (Ruder, 2013). Thirty-three of the nurses worked in home health, while the remaining nurses worked in another health care facility (Ruder, 2013). The nurses held associate, bachelor's, and master's degrees, with the majority having associate degrees (Ruder, 2013). Seventy-five percent graduated from public nursing education programs, 21% graduated from a private religious institution, and 4% graduated from a secular university (Ruder, 2013).

The results of this study indicated that 27 of the participants strongly agreed with conducting spiritual assessments of their patients, 26 participants disagreed or strongly disagreed, and 16 were not sure (Ruder, 2013). Thirty-one nurses reported that they provided spiritual care to their patients and their patients' families, 25 nurses did not practice spiritual care and disagreed with the practice, while 12 nurses were unsure (Ruder, 2013). Twenty-nine percent (20) of the nurse respondents, agreed or strongly agreed that their nursing school had adequately prepared them to practice spiritual care nursing, but 38% (38) of the nurses felt the opposite (Ruder, 2013). There was a strong

correlation between nurses who were prepared to provide for their patient's spiritual needs and were educated on how to incorporate spiritual care into their routine nursing care and those who were not taught and who did not practice spiritual care (Ruder, 2013).

Two hundred-four doctors and 118 nurses, along with 69 patients, were given a survey by Raven (2012) at four Boston medical centers to complete concerning their perception of holistic spiritual care. Only 24% of the doctors and 31% percent of the nurses stated in the survey that they provided spiritual care, even though they believed that the practice of holistic spiritual care was important and beneficial for their patients (Raven, 2012). Patients in the survey reported that only 14% of the nurses and 6% of the doctors provided them with holistic spiritual care. The reasons offered by doctors and nurses in the study for not administering holistic spiritual care to their patients were the lack of time and spiritual care training (Raven, 2012).

In a comparative study conducted by Murray (2010), 33 intensive care and oncology nurses were given the Demographic and Spiritual Beliefs survey to complete, which addressed the nurses' spiritual beliefs and practices. The results of the study indicated that the nurses believed that it was important to include holistic nursing care in their routine care (Murray, 2010). However, there were inconsistencies in how nurses actually addressed the daily holistic spiritual care needs of their patients (Murray, 2010). The nurses in the study also were inconsistent in their interest in obtaining an education that would assist them in addressing spiritual issues with their patients (Murray, 2010). Murray (2010) stated that,

> Research suggests that some nurses do not feel adequately prepared to meet their patients' spiritual needs, do not fully understand the concept of spiritual care, are not comfortable with their own meaning of spirituality, or do not have the time in their daily practice to approach the subject with their patients (p. 51).

Definitions

The study used several specifically defined terms.

Attitudes: An individual's feelings about another person, an object, situation, phenomenon, concept, event, or action that influences one's behavior and judgment (Wood & Fabrigar, 2012). Attitudes are adaptable or changeable to certain situations or circumstances (Wood & Fabrigar, 2012).

Beliefs: An individual's internal acceptance of a truth that stems from personal, religious, cultural, or family values, and from societal norms (Anderson & De Silva, 2009). Beliefs influence the way a person views the world and others, and beliefs determines the decisions he or she makes in life (Anderson & De Silva, 2009).

Spirituality: This study uses Townsend's (2012) definition of spirituality as:

> The human quality that gives meaning and sense of purpose to an individual's existence. Spirituality exits within each individual, regardless of belief system, and serves as a force for interconnectedness between the self and others, the environment, and a higher power (p. 120).

Holistic Spiritual Care Nursing: Nursing care that not only involves nurses caring for patients' physical needs but their psychological, social, economic, and their spiritual needs as well (Bush-Muller, 2011; Clark, 2012; Dorsey et al.,2013; Smith, Turkel, & Wolf, 2013).

Acute Care Nursing: Nursing care performed by registered nurses who have completed an accredited school of nursing that has prepared them to function competently and independently in their acquired knowledge, skills, and abilities (American Association of Critical Care Nurses (AACN), 2012). Acute care nurses'educational training has prepared them to (a) perform health assessments; (b) interpret diagnostic tests and procedures, and to report to the physician the results; and (c) complete a nursing diagnosis, develop a plan of care, implement the plan of care, and evaluate the outcome of the plan of care for their patients (AACN, 2012). Acute care nursing is an evidenced-based practice based on research, theory, and practice. "The acute care nurse practitioner provides nursing and medical care to meet the complex needs of patients and their families using a holistic health-centered approach" (AACN, 2012, p. 5).

Community Nurses: Acute care nurses within my neighboring/ surrounding community who voiced their attitudes and beliefs regarding holistic spiritual care.

Retired Nurses: Nurses who have permanently left full-time employment in the nursing field (Bates & Boylan, 2011). Many retired nurses elect to work part-time as

educators, consultants, or volunteer for various nonprofit organizations or hospitals (Bates & Boylan, 2011).

Registry Nurses: Registered nurses who are independent nurses and who are hired by a nursing agency to work on temporary assignments at hospitals, doctors' offices, clinics, and other health care facilities (Camphor, 2015). Registry nurses are noncontract nurses who work flexible schedules, and they choose when and where they take assignments (Camphor, 2015).

Holistic Spiritual Care Experts: For the purposes of this paper, spiritual care experts within the local community used in this study. Holistic spiritual care experts can be nurses, educators, and chaplains (University of Maryland, 2013). Some holistic spiritual care experts' roles are to educate health care professionals or students about holistic spiritual care, while other holistic spiritual care experts assist directly with the spiritual needs of patients, family, and health care staff (University of Maryland, 2015).

Significance

There was a local problem with local community nurses not administering holistic spiritual care to their patients due to the lack of accurate information regarding holistic spiritual care. Research has shown that holistic spiritual care is important to the promotion of optimum health care of patients, and it should be a part of nurse practice (Jenkins et al, 2009). The reason this holistic spiritual care study was significant is because according to Bensing (2013), understanding the nurses' attitudes and beliefs regarding holistic spiritual care saves lives and increases the quality of patient care and

patient satisfaction rates. Hospitals are reimbursed according to patient satisfaction ratings and the quality of care administered by the hospital (Pizzi, 2009). Holistic spiritual care is also cost effective, because it reduces the amount of time patients remain in the hospital (Pizzi, 2009). Patients experience better health care outcomes because they recover faster and they live longer (Jenkins et al., 2009). Nurses are more satisfied in their roles and there is a reduction of nurse turnover rates (Deal 2010). Even though solutions have been offered through the literature to incorporate the practice, very little has been done to make this a reality (Cohen, 2011).

Research Question

The research question for this study was: What are registered retired and registry nurses attitudes and beliefs relating to spiritual care? This question was designed to address a local problem of acute care nurses not administering holistic spiritual care to their patients.

Prior research on this topic includes extensive discussions concerning the importance of integrating holistic spiritual care into nursing practice (Casarez & Engebretson, 2012; Jenkins et al., 2009). Several local research studies have documented the negative attitudes and beliefs of nurses who have been very instrumental in the prevention of the institution of holistic spiritual care. For example there was a study that was conducted by the School of Nursing, Texas Health Science Center, in 2006, that revealed that there were ethical issues which prevented nurses from practicing holistic spiritual care (Wardell & Engebretson, 2006). However, there is limited information

available as to how to change nurses' perceptions and beliefs concerning integrating spiritual care into their nursing practice, and the actual implementation of holistic spiritual practices (Casarez & Engebretson, 2012). The purpose of the study was to investigate the attitudes and beliefs of registered retired and registry nurses regarding holistic spiritual care who could improve patients' care, promote patients' wellness, and save patients' lives.

Review of the Literature

This study was guided by a critical literature search and a review was undertaken to investigate the general topic of "holistic spiritual care in nursing." I retrieved sources primarily from Walden's nursing databases, CINAHL, Medline, Ebcohost, and Sage full-text. Google Scholar was also another very beneficial database that I used to identify dissertations. Local munipal and university libraries were accessed for peer-reviewed journal articles and books to be used in the review as well. The first stage of the literature review search was exhaustive with many articles being obtained, and was followed by a screening step in which I discarded works that were not relevant.

Organizing articles was challenging because of the volume of articles collected. I therefore used a summarization chart to help organize articles according to author, date, research question, methodology, implications, etc. Many of the articles overlapped with several having multiple themes. I generated a bibliographic list that included summaries, which made it much easier to draft this study's dissertation reference pages.

Theoretical/Conceptual Framework

This study utilized a spiritual holistic nursing framework based on Mezirow's (2003) transformational learning theory. Transformational learning is a type of learning that a person undergoes when confronted with a problem or issue that demands change to resolve (Schroeder, 2010). The purpose of the study was to investigate the beliefs and attitudes of registered nurses, who were retired or who worked for a registry regarding holistic spiritual care. This study was specifically designed to collect data after giving the nurses time to reflect on their attitudes and beliefs regarding holistic spiritual care.

Mezirow's (2003) theory requires a person to think critically and reflect on the meaning of his or her life and the changes that were needed. Transformation can be lengthy, hard, or require changes in thought, attitudes, beliefs, lifestyles, and relationships (Transformative Learning, n.d.). Mezirow stated that this transformation could only occur "when we change our entire prospective on something" (as cited in "Transformative," n.d.). Mezirow's theory also states that an individual's cognitive skills, stem from their past beliefs, and are changed or transformed by what knowledge they had acquired (Schroeder, 2010). According to this theory, an adult learner has to seriously reflect on his experiences in order to have made a decision to change (Schroeder, 2010).

According to Wolfe (2008), transformational learning takes place when a person had a change in their thought process concerning a particular issue or problem. Mezirow (as cited in "Transformative," n.d.) stated that individuals "reflect on the content of the

problem, the process of problem-solving, or the premise of the problem" ("Transformative"), in order for nurses to embrace and integrate holistic spiritual care into their practice; they must change their attitudes and beliefs concerning holistic spiritual care (Schroeder, 2010). Nurses must also receive holistic spiritual care training and experience to be effective providers of holistic spiritual care (Sartori, 2010).

Spirituality and Holistic Spiritual Care

Spirituality

Spirituality is a highly debated issue in nursing literature (Sartori, 2010). There are many definitions and meanings of spirituality in this literature, but no universally accepted definition has been derived (Ellis & Narayanasamy, 2009; Pearce, 2009; Sartori, 2010), which presents a problem with holistic spiritual care being integrated into nursing practice (Tiew, Creedy, & Chan, 2009). Many nurses surveyed agreed that spirituality was an important part of nursing (Chan, 2009), but they stated that they were unclear or confused about the definition and practical application of spirituality in nursing (Sartori, 2010; Smyth & Allen, 2011).

A cross-sectional survey study that included student nurses' perceptions was performed by Tiew et al. (2012), and it revealed that participants believed that a person was not whole unless spirituality was part of their lives. Study participants defined spirituality as essential to a human's nature, physical and psychological development, and well-being (Tiew et al., 2012). Only 5% of the 4,000 nurses who participated in a survey felt like they had adequately met their patients' spiritual needs (Tiew et al., 2012).

Surveyed nurses said that they had no knowledge of how spiritual care could have become a part of their routine care because there were no guidelines to the implementation of spiritual care (Tiew et al., 2012).

Reinert and Koenig (2013) stated that spirituality was associated with a person finding meaning and purpose in life. Meezenbrock, Garssen, Berg, Dierendonck, Visser, and Shaufeli (2012) believed that spirituality may be "experienced transpersonally (referring to a sense of relatedness to the unseen God or power greater than self" (p. 3). Hussey (2011) stated that spirituality was superior or above the natural materialistic world and those who deny the existence of the spirituality are disgusting. Spirituality was defined by Hussey as "mysterious, non-physical, transcendental, infinite, and of profound significance" (Hussey, 2009, p. 72). Nurses, according to Hussey (2011), should have been very concerned with the spirituality of their patients, and it was so important that they should have made it a part of their holistic spiritual practice (Hussey, 2011).

Hussey (2011) took a naturalistic approach to defining spirituality, and argued that it was entirely based on the disciplines of psychology, sociology, and other scientific disciples, such as pharmapsychology. Tiffany (2012) stated that spirituality dealt with emotional feelings such as love, gratefulness, appreciation, and peace, etc. Tiffany (2012) stated spiritual well-being was "contingent on how well a person handled his or her emotions" ("Spirituality").

Spirituality is that part of a person's being that searches for meaning and purpose for living (Deal, 2010). Spiritual needs are more abstract than physical needs and include life having meaning, love, peace, joy, acceptance, hope, forgiveness, and the person's relationship with God (Deal, 2010). When these needs are not met, a "spiritual crisis" may occur, meaning that the person may feel "fragmented, leading to alienation and despair" (Agrimson & Taft, 2008, p. 455). Holistic spiritual care is mandated by various nursing organizations, accreditation agencies, and state boards yet is still not practiced in a local health care setting (Ruder, 2013).

Spirituality in nursing is often neglected in nurse practice despite it being mandated by The Joint Commission and the North American Nursing Diagnosis Association (Jenkins et al., 2009; Tiew et al., 2012). Mandates set by the American Nurses' Association (ANA) Code of Ethics (ANA, 2001) and the Joint Commission on Accreditation of Health care Organizations (JCAHO, 2011) are still not enough for this local health care facility, as well as some community health care facilities, to institute holistic nursing policies or to motivate the nurses to provide spiritual care to their patients. JCAHO (2011) stated that health care facilities and nurses have a legal obligation to provide for patients' spiritual needs. JCAHO is a nonprofit organization that accredits and certifies over 20,000 health care organizations and programs nationally (Joint Commission, 2013). Standards of patient care for health care organizations, which includes holistic spiritual care, are set by the JCAHO (Joint Commission, 2013). The JCAHO stated that nurses should assess patients' spiritual needs and identify and include

in the plan of care the spiritual practices of patients (Join Commission, 2013). Such practices include prayer or anointing of the patient, meditation, Bible reading, referral of patients to the chaplaincy, etc. (Joint Commission, 2013).

In 1995, the ANA Code of Ethics was developed by the ANA to serve as an ethical guide for registered nurses (ANA, 2001). In 2001, the ANA Code of Ethics (2001) was revised and approved by the ANA to uphold patients' rights, to assist nurses to maintain standards and continuity of patient care, and to be responsible for continuing their educational development, as well as improving their nursing practice. The ANA Code of Ethics (1995) stated that nurses who fail to provide spiritual care are violating patients' dignity and rights. Nurses who do not administer to the spiritual needs of their patients are violating legal and ethical standards as mandated by JCAHO (2011) and the ANA Code of Ethics (2001). Nurses are violating standards when they do not follow guidelines and practice spiritual care (JCAHO, 2011).

In 2009, legal action was brought against the Veterans Administration by the Freedom from Religion Foundation (FFRF) (Casarez & Engebretson, 2012). The FFRF, a national organization of atheists and agnostics, alleged that health care workers were providing spiritual care to patients against their will (Casarez & Engebretson, 2012). However, the court struck down this lawsuit in favor of the Veterans Administration's health care provider's right to voluntarily provide spiritual care to their patients (Casarez & Engebretson, 2012). Ellis and Narayanasamy (2009) suggest that "there is much debate around the definition of spirituality," despite this mandate.

Chochinov supported Catterall's definition of spirituality as being one's experience, which determined or gave significance to life or death (as cited by Ellis & Narayanasamy, 2009). However, Chochinov added that a person should have searched for meaning in life, not just deity through a lived experience (as cited in Nardi & Rooda, 2011). Spirituality was described by Narayanasamy (2009) as having been mystical, but this definition of spirituality was disputed by other researchers who defined spirituality as being enveloped in religion and science (Ellis & Narayanasamy, 2009).

Research had described spirituality as having been figures of speech, full of jargon, which offered confusing religious messages (Ellis & Narayanasamy, 2009). Nevertheless, other researchers argued with Ellis and Narayanasamy (2009) that nurses should have remained optimistic concerning spirituality and they should have halted all attempts to define and assess patients' spirituality. To Ellis and Narayanasmay (2009), spirituality was definable, and nurses were encouraged to develop an interest in spirituality by assessing patients' needs and by discussing spiritual issues with their patients.

Spirituality is often used with religion, but the terms are not related. Pearce (2009) defined spirituality as "the effective communication between nurses and patients" (p. 23). On the other hand, Pearce (2009) stated that other researchers believed that religion was spiritual and that spiritual nursing care was not dependent on religion; instead, it relied on meeting a patient's need at the time. All people had spiritual needs, which should have been met, according to Hussey (2009).

Jenkins et al. (2009); Taylor, Mamier, Anton, and Peterson (2009); and Tiffany, (2012) believed that spirituality was an individual's pursuit of peace, joy, happiness, hope and enjoyment of pleasures in life. Nurses were able to address patients' spiritual needs without including religion, but they were responsible for respecting a person's religious beliefs and practices (Jenkins et al., 2009; Leeuwan, Tiesinga, Jochemsen, & Post, 2009). The grounded theory research findings of Jenkins et al. (2009) indicated that nurse participants thought of spirituality as being a religious activity that only chaplains were responsible for attending to. Nurses who participated in the study believed that addressing spirituality was not their responsibility and there were no holistic spiritual care policies or educational programs in place in their institution (Jenkins et al., 2009).

Spirituality was known as self-actualization (Watson, 2012). Self-actualization was the connection between man and something outside of man (Watson, 2012). Watson (2012) believed that spirituality was a person's sense of belonging.

Holistic Spiritual Care

Researchers and philosophers have defined spirituality and its implication for nursing practice as being intangible and tangible (Gilbert, Kaur, & Parkes, 2011). Nurses are sometimes motivated to provide spiritual care inside and outside the realm of the supernatural. Prayer and meditation are examples of supernatural spiritual care while practices such as art, music, touch, etc., constituted natural spiritual care, while practices such as art, music, touch, etc. constitute natural spiritual care (Gilbert et al., 2011).

Even though spirituality and holistic spiritual care are often used interchangeably; the terms are distinctively different. Many nurses use the term spirituality interchangeably with spiritual care because they had not fully understood the difference between spirituality and spiritual care (Dorsey et al., 2013). Due to the inconsistency or lack of clarity of the definition of spirituality (Richardson, 2012), nurses in the United States have not fully embraced spiritual care in the workplace; these same reasons; have led to most nurses lacking the spiritual development and training to administer spiritual care to their patients.

Holistic spiritual care providers consider the whole person as an interrelationship between body, soul, and spirit (Joseph, Laughton, & Bogue, 2011). Holistic spiritual care nurses embrace the idea that a patient's spiritual condition will and can adversely affect their overall health and well-being (Dorsey et al., 2013). Spirituality deals with how an individual perceives the meaning of life based on experiences or religious practices (Ellis & Narayanasamy, 2009). Dorsey et al. (2013) defined holistic spiritual care based on the theoretical concepts of Florence Nightingale. Dorsey et al. (2013) described spiritual care as spontaneous, interpersonal, unselfish, honest, and sincere care administered by nurses to their patients.

Lethard and Cook (2009) stated that student nurses, experienced nurses, or clinical leaders should have possessed certain attributes to effectively administer holistic spiritual care. These attributes were the nurses' attendance to the physical, psychological, and spiritual needs of patients (Crawford & Thornton, 2010), and nurses'

respect for patients' knowledge of their disease process and their beliefs concerning healing (Lethard & Cook, 2009). In addition, nurses developed their own holistic spiritual nursing skills through practice, at the same time, the nurses allowed students and novice nurses to do the same (Lethard & Cook, 2009). Also, emphasis was placed on theories and their application to holistic spiritual nursing practice. Nurse leaders encouraged staff nurses to find creative ways to provide for the spiritual needs of their patients (Lethard & Cook, 2009).

The art of listening and engaging in spiritual care were also a part of these attributes as well, and they were acquired through a process known as phronesis or the practical wisdom that was derived from Christianity (Lethard & Cook, 2009). According to Lethard and Cook (2009), nurses who had proficiently administered holistic spiritual care had a personal experience with God through prayer or they had developed a relationship with God after experiencing a personal crisis (Lethard & Cook, 2009). Lethard and Cook (2009) recognized the need of nurses incorporating their theological or religious concept of phronesis, or wisdom into nursing practice, not only would have promoted the physical, emotional, and spiritual health and well-being of nurses and patients, but it would have built relationships between nurses and patients (Lethard & Cook, 2009; Smyth & Allen, 2011). In order to change nurses' perceptions of holistic spiritual care and to allow nurses to incorporate holistic spiritual care into their plan of care, spiritual care should become a part of the curriculum in nursing schools and should be incorporated into existing or new models of nursing care (Lethard & Cook, 2009).

Holistic spiritual care offers mental and physical healing for nurses and patients. Every person has a spiritual need that needs to be addressed (Carpenter et al., 2008). Holistic spiritual care is personal, individualized, and is interpreted differently by everyone (Vlasblom, van derSteen, Knol, & Jochemsen, 2011). Research has shown that when nurses provided holistic spiritual care they built relationships with themselves, nurse-patient relationships were formed, and nurses were able to perform their nursing duties more efficiently and with more compassion (Pearce, 2009). Nurses who had cultivated their own spirituality through practicing holistic spiritual care also demonstrated a positive relationship with their peers. Holistic spiritual care provided by nurses consisted of touch, music, prayer, scripture reading, meditation, and one-on-one discussions with patients about their spiritual concerns (Clark, 2012; Cohen, 2011; Joseph et al., 2011; Lincoln & Johnson, 2009). According to Brien (2013) "the theology of caring encompasses the concept of being, listening, and touching" (p. 12).

Pearce (2009) stated that spiritual care involved helping others. According to Ellis and Narayanasamy (2009), spiritual care is a humanistic effort to help other humans. Bush-Miller (2011) and Pearce (2009) stated that humans are spiritual beings and that holistic spiritual care involved caring for the whole person, physical, mental, and spiritual. When nurses administer holistic spiritual care to their patients, especially in an acute-care setting such as a hospital, the patient's dignity or control, which is often taken away, can be restored through caring and compassionate spiritual care practices (Pearce, 2009). Nurses who had spent a minimum amount of time with patients, talking with

them, offering a back rub, holding their hands, offering a comfortable pillow or blanket, etc., made a difference in their patients' overall well-being and health care outcome (Vlasblom et al., 2011).

Lincoln and Johnson (2009) supported the idea that holistic spiritual care nursing is beneficial to the nursing staff and to patients. Carpenter, Girvin, and Ruth-Sahd (2008) stated the benefits of spiritual care: Spiritual care, a need present in all individuals, deserves to be given attention not only because of its true medical capability, but also because of its ability to bring nurses in a deeper relationship with themselves, their patients, and their passion for nursing. (p. 19). Nurses are responsible for assessing patients' needs upon each admission, and this includes their spiritual needs (Timmins & McSherry, 2012). Nurses who practice holistic spiritual care are better able to use their professional knowledge and practice to relate to, and make a connection between, their patient's physical and spiritual needs when providing care; whereas, nurses who are not practicing spiritual care, are not ministering to the whole person body, soul, and spirit (Timmins & McSherry, 2012). Nurses are responsible for caring for their patients as a whole, which includes the spiritual part of the person (Timmins & McSherry, 2012).

When nurses actively practice holistic spiritual care, studies show that implementing this type of nursing care can result in the elimination or reduction of chronic illnesses, and it can enhance or save lives (Halderman, 2013; Okonta, 2012; Perry, n.d.; Wardell et al., 2012). Eighty percent of the elderly suffer from chronic pain (Wardell et al., 2012) along with many younger patients who suffer with a number of

chronic illnesses, such as diabetes, obesity, heart disease, hypertension, depression, post-traumatic stress disorders (Halderman, 2013), that medical interventions are treating with limited success (Okonta, 2012). However, when holistic spiritual measures were put into place along with conventional medicine, research has shown that there was a healing or dramatic decrease in these chronic diseases or symptoms (Halderman, 2013; Okonta, 2012; Wardell et al., 2012). The patients' blood pressure and cholesterol decreased, weight-loss resulted, pain was decreased, stress was eliminated or controlled, and other illnesses or symptoms decreased or subsided (Okonta, 2012; Wardell et al., 2012).

Many of these chronic and debilitating illnesses are not only physically related but are also stress related, or the patient has spiritual needs that are not being met (Wardell et al., 2012). Holistic spiritual care was designed to focus on the whole person, thereby addressing the "emotional, mental, and spiritual components" of an individual to "facilitate a more integrative process" (Wardell et al., 2012, p. 194) of eliminating illnesses or decreasing symptoms of disease. When the physical, emotional, and spiritual needs of patients are met by the nurses focusing on the whole person, then, and only then, can patients improve in their overall health, make full recoveries, or succumb peacefully (Murray, 2010).

Sensitive issues, such as spirituality, may also be difficult for many nurses to discuss with their patients, because they don't know the right words to say to their patients or they fear offending patients (Dorsey et al., 2013). Gallison, Xu, Jurgens, and Boyle (2013) conducted an electronic exploratory-descriptive questionnaire study in a

New York City hospital. Questions on the questionnaire were open-ended. A convenience sample of 271 nurse participants were in the study. The Spiritual Care Practice Questionnaire assessed spiritual care practices and barriers to spiritual care. Results of the study indicated that 96% of the nurses strongly supported the provision of spiritual care to their patients; however, less than 50% of the nurses practiced spiritual care (Gallison et al., 2013). The reasons given for not providing spiritual care included: the belief that spirituality was private, their lack of time and training, their beliefs may have been different from the patients, and they were insecure with sharing spirituality with patients (Gallison et al., 2013). One nurse participant in the study reported her experience with a patient who was a homosexual, HIV positive, and gravely ill. The nurse stated that she had overheard the patient expressing to his roommate that he felt guilty and unloved by God (Gallison et al., 2013). She approached him and asked if he believed in God and if he would allow her to pray for him, and he agreed (Gallison et al., 2013). This was a meaningful experience for the patient who was struggling with guilt, and the nurse who was given the opportunity to share her faith with the patient (Gallison et al., 2013).

During illness, patients experience pain, suffering, fear, and anxiety, and some face critical uncertainties concerning their diagnosis, their mortality, or their future (Richardson, 2012). Prayer, touch, listening help patients cope with their illnesses (Richardson, 2012). Nurses are able to aid the patient in achieving optimal health by providing comfort to the patient, giving reassurance, and helping the patient find peace

(Dorsey et al., 2013; Nixon, Narayanasamy, & Penny, 2013). Also, nurses who provide spiritual care assist patients in finding what faith, hope, and love means to them (Sartori, 2010). As a result of providing routine holistic spiritual care, nurses feel a sense of accomplishment and empowerment, and they build a bond between themselves and their patients (Lincoln & Johnson, 2009). As a result of nurses administering holistic spiritual care, the quality of patient care increases, which means better patient satisfaction ratings (Lincoln & Johnson, 2009). If holistic spiritual care was administered routinely, more patient lives would be saved or improved, and the quality of patient care would increase, which would mean better patient outcomes and patient satisfaction ratings (Halderman, 2013; Okonta, 2012). When spiritual care is not provided to patients, the patients may not heal as quickly (Halderman, 2013). Patients may also be less cooperative and compliant with their plan of care, they may be depressed or become socially isolated, or they may not be able cope with their illnesses and treatments (McSherry, 2010).

A study was conducted in 2013 by Nixon et al. Research findings from this study revealed that nurses did not always feel they were adequately prepared to administer holistic spiritual care to their patients but when they did provide spiritual care, they felt they were more in tune with the spiritual needs of their patients, were able to better communicate with their patients by listening and allowing them time and privacy to talk, supporting them with finding meaning to their lives, and they developed strategies to meet their patients and their families spiritual needs (Nixon et al., 2013). Research has shown that holistic spiritual training may result in positive "effects on health care that

patients can experience" (Vlasblom et al., 2011, p. 790). Nurses who had been trained in spiritual care were able to administer spiritual care more effectively to their patients (Vlasblom et al., 2011). Nurses attitudes, knowledge, and nursing care practices improved after training in holistic spiritual care (Cockrell & McSherry, 2012; Vlasblom et al., 2011).

A phenomenological study was conducted by Deal and Grassley (2012). The purpose of the study was to explore how dialysis nurses administered spiritual care to their patients (Deal & Grassley, 2012). Ten registered nurses were interviewed. The nurses were ages 21-57, had six months to 34 years of experience as a registered nurse, and six to 22 years of experience in dialysis (Deal & Grassley, 2012). Four nurses worked in an acute dialysis unit in a hospital setting, four worked in a chronic dialysis clinic, and two nurses had previous dialysis experience, but one worked as a staff nurse and one as a nurse manager (Deal & Grassley, 2012). Three themes arose from the data collected (Deal & Grassley, 2012). Nurses established close, long-term relationships with their patients, they drew upon their own beliefs, faith, and wisdom from God to assist them in administering spiritual care, and they realized that delivering spiritual care had an emotional component that affects nurses and patients (Deal & Grassley, 2012). The dialysis nurses had to experience patients who were anxious, fearful, and sometimes angry (Deal & Grassley, 2012). Interventions that were included in how the nurses administered spiritual care were communication with patients; referrals to chaplains or other spiritual advisors, and to other members of the health care team; prayer and Bible

reading; attitudes of benevolence shown to families; performing spiritual assessments; and offering support and reassurance to patients (Deal & Grassley, 2012). Listening and allowing patient to verbalize feelings, meeting spiritual needs of patients, as well as respecting patients' culture, and the need for privacy were among the other interventions (Deal & Grassley, 2012).

Nurses must be able to discover and deal with their own spirituality before they can offer spiritual care to their patients (Baldacchino, 2010; Tiew et al., 2012). Many nurses expressed that they were uncomfortable when talking to their patients about spiritual issues (Ellis & Narayanasamy, 2009). Researchers determined that nurses lacked experience or had problems communicating spiritually with their patients (Ellis & Narayanasamy, 2009). Other researchers also had discovered that nurses who had sought their inward feelings and dealt with their own perceptions concerning spiritually were able to deliver holistic spiritual care to their patients (Baldacchino, 2011; Nardi & Rooda, 2011; Tiew et al., 2012). Powers (2010) stated that nurses, who were comfortable with their own spiritual beliefs and prejudices, were able to effectively minister holistic spiritual care to their patients. Nurses were given strategies by Sweat (2010) to reflect on their feelings concerning holistic spiritual care. Strategies were journaling, meditation, and talking with other nurses and members of the health care team, or talking with anyone who shared the same interest (Sweat, 2010).

In research studies, nurses expressed that they had not felt qualified to deliver holistic spiritual care (Satori, 2010). When nurses had not dealt with their own

spirituality (Ellis & Narayanasamy, 2009), or they had not been educated in spiritual care, it was impossible for the nurses to administer holistic spiritual care, such as prayer or to just listen to the patient discuss his or her spirituality. No nurse who was uncomfortable with providing holistic spiritual care to his or her patient should have been forced to do so (Ellis & Narayanasamy, 2009). However, in this type of case, the nurse had an obligation to see that his or her patient's spiritual needs were met by someone on the health care team (Dorsey et al., 2013).

Jenkins et al. (2009) found that nurses failed to provide spiritual care to their patients because of time constraints, and they felt that they were not properly trained (2012). Ellis and Narayanasamy (2009) believed that novice nurses had not received spiritual training in their curriculum. According to Murray (2010) and Chan (2009), studies have shown that there is an awareness of the need for nurses to be educated in holistic spiritual care in order to develop their confidence in practicing holistic spiritual care in their workplace.

McSherry and Jamiesons's (2011) study concluded that more research was needed to determine a nurse's perception of holistic spiritual nursing care. Wu and Lin (2011) believed that nurses needed to have a positive personal perception of holistic spiritual care to effectively meet patients' spiritual needs and assist patients in finding the meaning of life. "How a nurse thinks about spirituality will determine how he or she gives spiritual care to patients" (Salladay, 2011, p.103). A study performed by Wu and Lin (2011) revealed that the only way that nurses would develop positive beliefs or attitudes toward

the implementation of holistic spiritual care would be only through higher education or training in holistic spiritual care administration. Results from the research also concluded that a nurse's personal spirituality determines his or her attitudes and beliefs concerning spiritual holistic nursing, and holistic spiritual care being integrated into his or her role (Wu & Lin, 2011).

Researchers have shown that there was also a decline in holistic spiritual care due to the advent of science and technology in nursing (Murphy & Walker, 2013). The reason given for the near demise of holistic spiritual care was that the nursing professional models had adapted business and scientific models rather than holistic models (Murphy & Walker, 2013). Nurses who had previously concentrated on caring for the whole person, mind, body, and spirit had turned to the age of technology to take over many of the roles they were accustomed to doing for patients (Sweat, 2010). Now, thanks to a sparked interest in holistic care by the medical community, and society's demands for better and more alternatives to traditional care, spiritual care is now on the rise (Crawford, 2010).

American Nurses' Perception of Holistic Spiritual Nursing.

Today's American nurses recognize the need to incorporate holistic spiritual care into their nursing practice. However, there is not much in the literature regarding the perceptions, beliefs, or experiences of nurses concerning the integration of holistic spiritual care into their practice (Antigoni & Dimitrios, 2009; Murray, 2010). Deal (2010) and Murray (2010) stated that a majority of nurses believed that spiritual care was

a part of their role; however, there was a discrepancy between their opinion concerning holistic spiritual care and their actual practice of holistic spiritual care in the workplace (Deal, 2010; Murray, 2010). Bay, Ivy, and Terry's (2010) study concluded that more research was needed to determine nurses' perception of holistic spiritual care.

Antigoni and Dimitrios (2009) and Murray (2010) stressed that a nurses' attitudes and perceptions toward holistic care was vital. If nurses had negative attitudes toward the integration of holistic care, more education on the benefits of holistic care was needed to change these perceptions before the practice was integrated into the nurses' practice (Antigoni & Dimitrios, 2009; Ellis & Narayanasamy, 2009). When nurses were accepting of the practice, hospital administrators and nursing educators were encouraged to initiate training programs, training nurses in holistic spiritual care (Antigoni & Dimitrios, 2009).

Antigoni and Dimitrios (2009) stated that (a) nurses' perception of holistic spiritual care had a significant effect on the way nurses practiced holistic spiritual care, (b) the practice of holistic spiritual care was influenced by the nurses' educational training they had received in nursing school, and (c) holistic spiritual care was directly influenced by the way nurses perceived problems or barriers to the provision of holistic spiritual care. Effective holistic spiritual care was also affected by nurses training and skills in holistic spiritual care in the workplace (Antigoni & Dimitrios, 2009). The nurses' opinions, values, and perceptions of obstacles all influenced how nurses practiced holistic spiritual care in their practice (Antigoni & Dimitrios, 2009).

Nursing literature revealed that there were three different viewpoints concerning spiritual holistic nursing care that were held by some nurses that came from theorists, who held theistic views, monistic views, and humanistic views (Pesut, 2009; Seltzer, 2013). Nurses who embraced theistic views believed that routine nursing care was intertwined into spiritual care (Pesut, 2009). In other words, routine nursing care was inclusive of spiritual care, which was related to God. Theistic nurses believed that when a nurse cared for the physical body or the temple of God; they were ministering holistic spiritual care, or the love of God, at the same time (Pesut, 2009). Sharing the Gospel was a moral and ethical responsibility of theistic nurses and was an essential part of holistic spiritual care (Pesut, 2009).

Monistic nurses believe that the religious or Godly views of theistic nurses caused problems in nursing (Pesut, 2009). Instead, monistic nurses believe that God should not have been seen as society as a whole envisioned him (Pesut, 2009). The humanistic nurses' theory was that nurses and patients were interrelated and both had the power, known as "energy-based interventions," to evolve or to change themselves (Watson, 2012). Bay et al. (2010) differed with monistic nurses' views in that they believed that nurses who had been referred to as healers should have practiced nursing based on caring for the soul or consciousness rather than the body.

Humanistic nurses viewed holistic nursing differently from Pesut (2009), in that they had held the belief that nurses had a duty to deliver care to the body rather than the soul. Instead, humanistic nurses believed that when the physical care was neglected by

nurses who concentrated on the soul aspect of patient care, the role was delegated to less experienced nonprofessional personnel (Pesut, 2009). As a result, of having delegated the patient's care, the patient's care suffered (Pesut, 2009).

More commonly, than the theist, monist, or humanistic views, most nurses' perception of holistic spiritual nursing was based on the nurses' own spirituality or beliefs, training, and experiences. According to Bay et al. (2010), the literature indicated that there had been a rise in spirituality in the workplace over the last 20 years. Researchers had developed a theme called "spirituality at work" for this surge in spiritual practice. From this theme, four orientations emerged (Bay et al., 2010).

The first orientation was that nurses became involved in spiritual care nursing in order to achieve a special spiritual purpose (Bay et al., 2010). For example, a nurse became a spiritual provider simply because he or she belonged to a specific religion, and the practice of holistic spiritual nursing became his or her mission to fulfill (Bay et al., 2010). Second, a nurses may have chosen nursing as a career because they felt that nursing was their calling or duty to fulfill spiritually (Bay et al., 2010). Third, nurses who were seeking to practice their religion with patients in areas, such as prayer ministry, may have chosen spiritual holistic care as a specialty (Bay et al., 2010). Fourth, experienced nurses who were actively practicing nursing in their specific field of nursing suddenly became aware of the divinity and energy of human beings, therefore, the nurse decided to broaden his or her interest by engaging in spiritual holistic care (Bay et al., 2010).

Lincoln and Johnson (2009) found that nurses who had experience in holistic spiritual care reported that the experience was exciting, fulfilling, that they had felt empowered, and that life and healing had real meaning to them (Lincoln & Johnson, 2009). Also, the nurses reported favorable outcomes for themselves and their patients when they practiced spiritual care (Lincoln & Johnson, 2009). In the study, nurses bonded with their patients, creating strong intimate relationships between the nurses and their patients (Lincoln & Johnson, 2009). Deal (2010) emphasized that nurses who were ready to provide spiritual care in their institutions wanted to include respect, kindness, communication, prayer, and talking and listening as part of the spiritual nursing care. Nurses agreed that they were unsure of whether or not patients really expected to be given spiritual nursing care, but when spiritual care was provided, the experience was positive for patients and nurses (Deal, 2010).

Dhurjati (2011) stated that nurses believed that spiritual care should be initiated by the patients and was patient centered, not nurse centered. However, nurses had to support the patients through spiritual interventions such as listening, praying touch, music, etc. (Dhurjati, 2011). In a pilot study conducted by Deal (2010), participants in the study reported that they felt like patients should have requested spiritual care from their nurses and, in turn, nurses should have made the spiritual care they administered patient centered. Research performed by Ronaldson et al. (2012) confirmed that spiritual care given by nurses was an important, intrinsic part of nursing. Murray (2010) stated that nurses had an ethical and professional duty to provide spiritual care to their patients to

help them to find meaning and hope in their lives. However, nurses had to support the patients through spiritual interventions such as listening, praying touch, music, etc. (Dhurjati, 2011).

Even though there were positive effects of nurses practicing holistic spiritual care, many more nurses reported the negative side of administering holistic care (Ellis & Narayanasamy, 2009). Evidence in the literature revealed that nurses were willing to incorporate holistic spiritual care into their routine nursing practice, but there are many downsides to incorporating the practice such as the nurses lacked the time to assess patients' spiritual needs, they felt they lacked the skills to provide spiritual care, and many nurses believed that spiritual care was controversial, unimportant to patients, or they feared repercussions of providing spiritual care to patients (Ellis & Narayanasamy, 2009; Murray, 2010). McBrien (2010) reported that research revealed that nurses felt that it was important to provide spiritual care, but urgent physical needs had taken precedence over spiritual care.

According to Jenkins et al. (2009), nurses stated that spiritual care was of upmost importance, but the practice was not enforced in their workplace, and no active spiritual care policies were in place at their institution. Nurses reported that time constraints, heavy workloads, lack of training in spiritual care, and their lack of confidence to assess (Murray, 2010) or provide for their patients' spiritual needs prevented them from practicing holistic spiritual care (Deal, 2010; Ellis & Narayanasamy, 2009). Sweat (2010) believed that patients wanted to be heard through eye contact and through the

heart and soul. Nurses had failed to listen to patients and reported that listening required energy or time of which they did not have. Nurses stated that they did not have the time to listen intensely to what patients were saying because they had been busy taking care of routine nursing obligations (Sweat, 2010). Moberg (2010) believed that nurses had difficulty deciphering the difference between spirituality and holistic spiritual nursing care. Nurses did not have adequate theoretical knowledge to adequately handle spirituality situations or problems in practice, education, or research (Murray, 2010). Taylor et al. (2009) found that nurses complained about their discomfort in talking about spiritual issues with patients.

Taylor et al.'s (2009) study was conducted in southern California and investigated how effective a self-study program would be in educating nurses about how to discuss spirituality with their patients, and it was to be used as a prediction of factors that may have affected how the nurses learned. Two hundred-one nursing students enrolled in at least one clinical course, and practicing baccalaureate registered nurses, ages 18-65, independently, completed a mailed self-study program using a Daily Spiritual Experience Scale and a revised Spirituality Care Perspective Scale to record and measure participants' responses or experiences (Taylor et al., 2009). A pre-test, post-test, and a pre-experimental design was used to study to the nurses' attitude regarding spiritual care (Taylor et al., 2009). Nursing students were recruited from religious and nonreligious colleges, and the registered nurses were recruited from religious and nonreligious health

care institutions (Taylor et al., 2009). However, most participants were female, Christian, and attended church services at least twice a month (Taylor et al., 2009).

Taylor et al.'s (2009) results indicated that the nurses who participated in this self-study program demonstrated an improvement in their attitudes toward the provision of spiritual care, and they expressed more empathetic feeling to their patients' pain and suffering (Taylor et al., 2009). Also, the nurse participants' knowledge of spiritual care was improved, along with their recorded personal experiences practicing spiritual care (Taylor et al., 2009). Student nurses' attitudes were found to be more impressive than experienced registered nurses (Taylor et al., 2009). Prior spiritual training, regular church attendance, and age also played a role in improving the overall attitudes of nurses toward spiritual care in nursing practice (Taylor et al., 2009).

Nurses should be in touch with their own spirituality and self-awareness before they can assist patients with spiritual issues or concerns (Biro, 2012; Kevern, 2012). Research studies indicated that there were considerable relationships between nurses' well-being and the way they perceived holistic spiritual care (Bay et al., 2010; Murray, 2010). Bay et al (2010) posited that nurses who had cultivated their own spiritual well-being were more prepared to identify and to help meet the spiritual needs of their patients. There was a connection between nurses who were aware of their own spirituality and the way they provided spiritual care to their patients (Bay et al., 2010). Bay et al. (2010) believed that nurses were responsible for maintaining peace in their own soul or spirit. Bay et al. (2010), along with other researchers, endorsed nurses in caring

for their spirituality through self-care practices. Bay et al (2010) also reported that nurses were not able to continue to work in a high-stress profession and not receive self-help.

A study was performed by Bay et al. (2010) in which nurses were recruited to participate in a two-day retreat to practice self-care. Nurses attained their self-help through focusing on self-love and caring for their body, soul, and spirit. Practices, such as prayer, meditation, nutrition and exercise, relaxation techniques, laughter, and touch, were self-care practices that nurses took advantage of during the retreat. According to Sweat (2010), nurses who had spent quiet time in solitude and in meditation, and spent time with God in prayer, were able to restore their souls.

Research findings from the Bay et al. (2010) retreat indicated that through an intervention as a retreat, nurses became more aware of their own spirituality and were able to address their own spiritual needs (Bay et al., 2010). Nurses who attended the retreat reported that they felt like they had been renewed in their bodies and their souls, and they expressed that they would take better care for themselves. Participants practicing self-care were also able to use this knowledge to assist their patients spiritually (Bay et al., 2010). The nurses were able to spend quality time listening to the heartfelt cries of their patients, and they helped promote their patient's healing (Bay et al., 2010).

International Nurses' Perception of Holistic Spiritual Care.

McSherry and Jamieson (2011) conducted one of the largest online survey studies on nursing and spirituality, with 4,054 nurses participating. This study, commissioned by the Royal College of Nursing in the United Kingdom, was designed to determine the nurses' perception of spirituality and spiritual care; 95% of the nurses reported that they encountered patients with spiritual needs on a daily basis (McSherry & Jamieson, 2011). All of the UK nurses in the study stated that they believed that spiritual care was an integral part of nursing practice, and that when spiritual care was provided, it increased the quality of nursing (McSherry & Jamieson, 2011).

Nurses practice holistic spiritual care by using various approaches (McSherry & Jamieson, 2011). The results of McSherry and Jamieson's (2011) survey indicated that nurses in the UK believed that spirituality or spiritual care was applicable to both those who did and did not hold religious beliefs. More of the surveyed nurses practiced their own religion in their nursing practice than those who did not (McSherry & Jamieson, 2011). In general, these nurses stated that they needed more training in spirituality in order to more effectively meet the spiritual needs of their patients, and that they felt that the governing bodies in their country should support spiritual education more (McSherry & Jamieson, 2011). McSherry and Jamieson (2011) argued that spirituality was enveloped in a holistic framework with the person being integrated in body, soul, and spirit, and that nurses had a role in providing for a patient's physical, psychological, social, and spiritual needs.

An explorative, qualitative study was performed by Lundberg and Kerdonfag (2009) with 30 Thai nurses who worked in intensive care units and practiced spiritual care. The aim of the study was to determine how these nurses provided spiritual care to their patients. Thai nurses stated that spiritual care constituted compassionately nursing the whole person, physically, psychologically, and spiritually. Like nurses in the UK, Thai nurses placed significant value on the provision of spiritual care to their patients (Lundberg & Kerdonfag, 2009; McSherry & Jamieson, 2011). Four themes emerged from the study of the Thai nurses who were actively providing spiritual care to their patients. These themes were: (a) giving mental support, (b) respecting patients' religious rituals and cultural beliefs, (c) communication between the nurses, patients, and families, and (d) the Thai nurses allowing families to participate in the care of the patients (Lundberg & Kerdonfag, 2009).

Nurses who participated in the study reported that their spiritual care included the provision of mental support and encouragement to patients and families facing life or death situations (Lundberg & Kerdonfag, 2009). Diverse religious and cultural beliefs and traditions practiced by the patients or their families were respected, and traditional religious practices were allowed by the nurses to help the patients or families cope during the recovery or dying phase of patients' lives (Lundberg & Kerdonfag, 2009). However, when these religious and cultural beliefs or traditional practices were deemed harmful to the patient, the nurses stated that they used their experience and knowledge to intervene (Lundberg & Kerdonfag, 2009).

The Thai nurses communicated and built trusting relationships with their patients and families through active listening and talking with them (Lundberg & Kerdonfag, 2009). The Thai nurses also communicated with patients and families by explaining treatments or other nursing care and procedures, by assessing the patients' spiritual needs, and by maintaining respect for a patient's cultural and religious preferences (Lundberg & Kerdonfag, 2009). By effectively communicating with patients the Thai nurses stated that this alleviated fear and anxiety in patients and their family, thereby causing the patient to be much more compliant and cooperative with the care provided (Lundberg & Kerdonfag, 2009). The Thai nurses allowed families to participate in the care of their loved ones as well (Lundberg & Kerdonfag, 2009).

These Thai nurses stated that in order to improve their spiritual care practices, more education was needed (Lundberg & Kerdonfag, 2009). They felt like education would have enhanced their understanding of holistic spiritual care and prepared them to meet their patients' spiritual needs (Lundberg & Kerdonfag, 2009).

In addition, the Thai nurses expressed that all hospitals should have implemented clear standardized policies on the delivery of spiritual care that would have alleviated confusion among staff as to the appropriate practices of holistic spiritual care (Lundberg & Kerdonfag, 2009). The nurses talked about the overwhelming satisfaction they experienced from having provided spiritual care to their patients (Lundberg & Kerdonfag, 2009). They believed that they helped patients to achieve harmony in their body, soul,

and spirit, and they helped the patient find meaning in life (Lundberg & Kerdonfag, 2009).

In a qualitative research study performed in the Republic of Ireland to determine the perception of nurses in a palliative hospice setting, 75% of the nurses interviewed shared the belief that spirituality was of upmost importance in their practice. However, the nurses explained that when all of the patients' basic nursing care needs were met, this meant that their spiritual needs were also met (Bailey et al., 2009). The nurses stated after they had provided for a patient's needs, they remained silently at the patient's side, and this is when the patient trusted them and willingly opened up to them, and shared their spiritual beliefs and concerns (Bailey et al., 2009). By intensely listening to the patients, the nurses were able to build relationships with the patient (Bailey et al., 2009). Seventy-seven percent (77%) of the nurses described that their experience in taking time to provide spiritual care through listening was essential in their nursing role (Bailey et al., 2009). The nurses also believed that spiritual care encompassed elements of compassion as well as their clinical knowledge and expertise (Bailey et al., 2009). According to Jamieson (2011), Bailey (2009), and Kerdonfag (2009), future nurses had a duty to provide spiritual care to their patients by addressing the patients' needs involving their mind, body, and spirit.

A qualitative Australian study was conducted by Keall, Clayton, and Bulow (2014) with 20 palliative care nurses to assess their understanding of spiritual care and what it meant for them to provide spiritual care, as well as the barriers that prevented

them from administering spiritual care to their patients. Interviews were conducted and questions were asked during the interviews that yielded responses as to the areas and place the nurses worked, their years of experience, spiritual beliefs and the importance of their beliefs, spiritual care practices, barriers to providing spiritual care, and strategies that they used to administer spiritual care (Keall et al., 2014). There were themes that emerged from the interview data, such as the nurse-patient relationship development, communication skills, and open-ended questions that allowed the participants to verbalize their feelings regarding the practice of spiritual care (Keall et al., 2014).

Nurse participants agreed with holistic spiritual care being part of the nursing role, but they were unable to describe how they would incorporate holistic spiritual care into their daily practice (Keall et al., 2014). The nurse participants stated that time was a barrier to their practicing spiritual care as much as they desired (Keall et al., 2014). They described their own spiritual care practices as having been associated with forming relationships with patients through entering the patients' worlds (Keall et al., 2014). After the nurses had entered into the patients' spiritual dimensions by listening to the patients verbalize their beliefs, the nurses were able to help the patients to physically and emotionally deal with their illnesses (Keall et al., 2014).

The study findings indicated that nurses needed to be more knowledgeable about the meaning and role of holistic spiritual care in nursing practice (Keall et al., 2014). Nurse participants talked about their own spiritual care practices in the study but stated that they needed more education and training in providing spiritual care to their patients

(Keall et al., 2014). Findings from the study also revealed the nurses' lack of time was a barrier to them providing spiritual care to their patients (Keall et al., 2014).

Attitudes and Beliefs of Acute Care Nurses Relating to Holistic Spiritual Care.

In the literature there were numerous attitudes and beliefs that prevented nurses from integrating spiritual care into their workplace (Deal, 2010). Nurses were uncertain of the meaning of spirituality and spiritual care, and there were so many scientific definitions of spirituality in the literature that it made it hard for the nurses to determine exactly what constituted spiritual nursing (Deal, 2010; Sartori, 2010). Attitudes and beliefs reported by nurses included the nurses' complaints concerning their lack of spiritual education or communication skills, and also that there were no standardized policies regarding holistic spiritual care practices that were put in place in the nurses' workplaces (Mc Brien, 2010).

Cooper, Chang, Sheenan, & Johnson (2012); Jenkins et al. (2009); Lundberg & Kerdonfag (2009); and McBrien (2010) identified attitudes and beliefs that hindered the integration of holistic spiritual care into the nurses' practices (Cooper et al., 2012; Jenkins et al., 2009; Lundberg & Kerdonfag, 2009; McBrien, 2010; Nardi & Rooda, 2011; Pike, 2011; and Wu & Lin, 2011). Attitudes and beliefs reported by nurses included the nurses' complaints concerning their lack of spiritual education or communication skills, and also that there were no standardized policies regarding holistic spiritual care practices that were put in place in the nurses' workplaces (Cooper et al.,

2012; Jenkins et al., 2009; Lundberg & Kerdonfag, 2009; McBrien. 2010; Nardi & Rooda, 2011; Pike, 2011; & Wu & Lin, 2011).

Nurses also stated that they had experienced task or role confusion in the workplace (Deal, 2010; Pavlish & Ceronsky, 2009). There was confusion as to who was responsible for providing spiritual care (Deal, 2010) because nurses had been accustomed to providing physical routine nursing care rather than caring for the spiritual aspect of patients' care (McBrien, 2010). McBrien (2010) and Papastavrou, Efstathiou, Tsangari, Suhonen, Leino-Kilpi, Patiraki, . . . Merkouris (2012) believed that the age of technology replaced the traditional caring and support of patients that was administered by nurses.

According to Ruder (2013), Baldacchino (2011), and Deal (2010), nurses were not reluctant to integrate holistic spiritual care into their practice, but nurses admitted that they were not properly trained and prepared to administer spiritual care. Ronaldson et al. (2012) stated another reason that holistic spiritual care was not into place was due to an increase in patient caseloads, which prevented nurses from having time to provide spiritual care to their patients. Many nurses has also experienced difficulty speaking with patients about spirituality because they found this area sensitive, and they were not confident about speaking the right words. Some feared they would offend patients, and some nurses had not dealt with their own spirituality (Taylor et al., 2009).

Other reasons that holistic spiritual care had not been administered were because nurses felt that they had not had enough privacy to minister holistic spiritual care to their patients (Smyth & Allen, 2011). The nurses stated that there was no private area on their

units for allowing the nurses, patients and their families to talk about spiritual matters in a quiet and uninterrupted environment (Smyth & Allen, 2011). Many of the nurses reported that the clinical areas, such as the patient's room, was too noisy and other physical care was being given in the clinical area, which prevented them from providing adequate spiritual care to their patients (Smyth & Allen, 2011).

Nurses shared their belief that their lack of holistic spiritual education was another problem that prevented them from integrating holistic spiritual nursing care in the workplace (Smyth & Allen, 2011). McBrien (2010) stated that educating nurses in spiritual care increased nurses' knowledge and skills to provide spiritual care to their patients. Evidence in the literature supported nurses' lack of education in spiritual care and the nurses' failure to provide spiritual care to patients on a broad scale Gallison et al., 2013; Lind, Sendelbach, & Steen, 2013).

One of the reasons that novice nurses had not developed a more positive perception of holistic spiritual care was that many nursing schools had failed to incorporate spiritual care into the nursing curricula to train undergraduate nursing students in spiritual care (Cooper et al., 2012; Leeuwen et al., 2009; Tiew & Creedy, 2011; Tiew et al., 2012). In undergraduate nursing programs, which included holistic spiritual care in the curricula, there were minimul results reported about the extent or outcome of such programs (Tiew & Creedy, 2011). Tiew and Creedy (2011) explained that the reason that some nursing programs had not included spirituality into the teaching programs was because of the complexity of defining spirituality and what it entailed.

Other reasons that nursing colleges and universities had not pushed for spirituality classes was because of the legal and ethical issues associated with spirituality (Becker, 2009). The Jenkins et al. (2009) research revealed that spiritual nursing education was essential to changing nurses' perceptions of holistic nursing care and to the integration of holistic spiritual care in the nurses' workplaces.

Despite many nursing schools not offering students courses in spirituality, according to the literature since the 9/11 tragedy, which devastated the nation, there had been an increase interest about spirituality among nursing students (Becker, 2009). Students were seeking information to help them find meaning in life, obtain answers to complex spiritual issues, and to make informed decisions about their lives (Becker, 2009). Becker (2009) believed that spiritual education had a positive impact on nursing students' physical, emotional, spiritual health, and well-being.

In a study performed by Ronaldson et al. (2012), results indicated that experienced holistic spiritual care nurses showed a greater interest and had a more positive perspective of spiritual care nursing than acute-care nurses who had less holistic spiritual care experience. There was little research addressing how health care institutions educated nurses in holistic spiritual nursing practices and especially for nurses who were not proficient in spiritual care or uneasy about providing spiritual care to patients (Murray, 2010). Murphy and Walker (2013) believed that even though nurses were aware of the benefits of providing spiritual care since the Nightingale age, attention had not been given to nursing spiritual education or to the integration of spiritual

education in nursing practice. There had been inconsistencies in the practice of holistic spiritual care, which was partially due to the stress that had been placed on health care facilities by accrediting agencies, to abide by the Nursing Code of Ethics and guides to practice spiritual care (Chan, 2009).

Murray (2010) conducted a study of oncology nurses that revealed nurses felt they needed training in assessing the spiritual needs of patients, and they needed the support of their institution administrators, nurse leaders, and nurse educators to assist them. According to Jenkins et al. (2009), nurse educators shunned their role of caring for the whole person when they refused to teach nurses spiritual care in the workplace and when they failed to develop policies to integrate spiritual care into nursing practices.

Current Research Literature

The literature supports incorporating spiritual holistic practices in the workplace. However, research has shown the practice of spiritual care is greatly neglected (Jenkins et al., 2009). In order for nurses to change their attitudes and beliefs regarding holistic spiritual care, the literature reports state that more nursing education is needed to address nurses' fear of spiritual care (Sartori, 2010). Nursing has a biologic nature, causing some nurses to be apprehensive (Jenkins et al., 2009). Other nurses' belief in the separation of professionalism from religion keeps them from wanting to embrace the practice of holistic nursing (Becker, 2009; Jenkins et al., 2009). Jenkins et al. (2009) and Baldacchino (2011) stated that nurses had the ability to practice holistic spiritual care

without practicing religion. Despite all the legal concerns of nurses, nurses still have an ethical reason for practicing spiritual care (Jenkins et al., 2009).

The literature also states that there is a diversity of opinions among nurses concerning instituting spiritual care (McSherry & Jamieson, 2011). Some nurses agree with the practice of holistic spiritual nursing, while others do not; and still others do not know enough about holistic nursing to comment on how this practice would benefit the patient or their profession (Deal, 2010). "Moreover, although many nurses would agree that spiritual care is a nursing responsibility, a disparity exists between that belief and the actuality of giving holistic practices in health care" (Deal, 2010, p. 852). Spiritual care should be a part of nursing curriculum and a part of routine nursing practice (Puchalski et al., 2009).

According to Lincoln and Johnson (2009) nurses perceive holistic nursing practices more positively than physicians, but they report that they do not have adequate knowledge and training to agree to incorporate holistic practices into their roles, and they believe that more scientific research should be done in holistic medicine. Nurses also report that because of their rigorous patient caseloads and nursing shortage, they worry that they would not be able to adequately perform using holistic nursing (Lincoln & Johnson, 2009).

The literature also lists the positives of holistic care for patients and nurses (Deal, 2010). Nurses who allow spiritual interventions to be patient centered experience better outcomes from the practice of spiritual care (Deal, 2010). Examples of positive holistic

care include nurses spending time listening to patients, and if the patients desire, the nurse can initiate prayer with them (Carron & Cumbie, 2011). Patients were reported to have experienced peace, calmness, required less pain medication, and their overall medical or psychiatric conditions improved when they were provided with spiritual care (Jenkins et al., 2009). Nurses who practice holistic nursing are more satisfied in their work, and they develop relationships with their patients (Carron & Cumbie, 2011).

Implications

Spiritual care can have a profound effect on the lives of patients and nurses (Smith et al., 2013). An implication for this holistic spiritual nursing care project was based on anticipated findings of the data collection and analysis. Attitudes and beliefs of registered retired and registered registry nurses regarding holistic spiritual care were determined in the study. The implications of the study were not only to investigate the attitudes and beliefs of the nurses in the study, but the results of the study may lead to nurses gaining a better understanding of holistic spiritual care (Baily, 2013). Through education, nurses may change their attitudes and beliefs regarding holistic spiritual care (Murray, 2010).

Chan (2009) stated "there is a positive correlation between spiritual care perceptions and spiritual care practice among nurses, which means that the greater the nurses' spiritual care perceptions, the more frequently spiritual care is included in that nurse's practice" (p. 2128). According to the literature, when nurses became knowledgeable about their own spirituality, changed their attitudes and beliefs relating to

holistic spiritual care, were trained in the delivery of holistic spiritual care, and implemented the practice, the outcomes were positive for the nurses and patients (Carpenter et al., 2008), and the implications were better nursing practices (Vlasblom et al., 2011).

Holistic spiritual care administration by nurses can make a difference when patients are facing illness or life-threatening crisis in their lives (Jenkins et al., 2009). Many patients are enduring stress, pain, or suffering, facing present and future uncertainties, isolation, anger, bitterness, guilt, doubt, and fear, among other emotions (Jenkins et al., 2009). This may be a time when patients may be reflecting on their lives and trying to make meaning of why they exist or where their life may be leading (Jenkins et al.). Some patients are trying to just cope with health news that they are not prepared to handle (Jenkins et al.).

Implementation of holistic spiritual care may also influence the way nurses administer holistic spiritual care to their patients (Deal, 2010). Nurses build trusting relationships with their patients by establishing an avenue that will allow patients to open up and share intimate private feelings concerning their spirituality (Gallison et al., 2013). Holistic spiritual care administered by nurses may also mean a transformation, a miracle, which is a healing that cannot be naturally or medically explained (Abildness, 2010; Bailey, 2013), or a renewed peace, comfort, or hope in the lives of patients and their outlook on their health situation (Deal, 2010). The literature has shown how nurses who have prayed with their terminally ill patients had caused a peace and calmness to come

across the patients and the patients have died without struggling (Deal, 2010). Other patients who had been prayed for by their nurses received miraculous healings (Abildness, 2010). Yet other patients who received spiritual healing via touch, music, or through scripture reading, or the nurse sitting quietly at their side listening, had developed better coping mechanisms, experienced decreased anxiety or depression, healed faster, and became more responsive to treatments and other medical protocols, both physically and emotionally (Carpenter et al., 2008; Deal, 2010). Nurses who delivered holistic spiritual care experienced patients who became more receptive or compliant with their nurses and with their other health care providers (Murphy & Walker, 2013). The patients also became more cooperative and involved in their plan of care after holistic spiritual care had been given (Murphy & Walker, 2013).

Summary

In the first section of this paper, the local problem with nurses not administering holistic spiritual care to their patients due to the lack of accurate information regarding holistic spiritual care was defined and presented. A literature review was conducted to gather information from credible sources that supported the existence of the local, national, and international problem, and the need for the study. A literature review was conducted to gather information from credible sources that supported the existence of the local, national, and international problem, and the need for the study. The literature also validated that the only way nurses change their behaviors is through identifying their

attitudes and beliefs regarding holistic spiritual care and educating nurses concerning holistic spiritual care (Tiew et al., 2012).

Throughout the literature, the overall views of nurses were similar (Smyth & Allen, 2011). Some nurses agreed with the practices, while others did not (Smyth & Allen, 2011). Nurses' insecurities, fear, and their disagreement with the practice of nurses delivering holistic nursing care were among the reasons given by nurses for not administering holistic spiritual care (Lethard & Cook, 2009). Other reasons for the nurses not implementing holistic spiritual nursing care into their practices were the lack of time, education, or experience (Nixon et al., 2013). Despite all of the negative findings in the literature concerning holistic spiritual care, research has found that the medical and nursing community's renewed interest, as well as society's demand for alternative health care in addition to traditional health care, has caused holistic spiritual care to be on the rise in many health care facilities (Cowling, 2011; McSherry & Jamieson, 2011).

The second section of this paper is the methodology section, and the qualitative descriptive-survey study design is discussed in the first section of the methodology. In the third section, the ethical treatment of participants is discussed, and the consent and protection of the research participants are described. Other sections of the methodology include the data collection methods and analysis that were used in the study.

Section 2: The Methodology

Introduction

This qualitative study was designed to investigate and address a local problem of holistic care not being practiced in hospitals in a local community in the Southwestern United States. I was unable to access nurses to conduct face-to-face interviews at the local institution where I identified holistic spiritual care as not being practiced. Instead, I recruited registered nurses from the local community who were retired or who worked for a registry via Facebook to participate in online surveys. Retired registered nurses are nurses who have chosen to permanently leave full-time employment (Bates & Boylan, 2011). Many retired nurses elect to work part-time as educators, consultants, etc. or volunteer for various positions in nonprofit organizations or hospitals (Bates & Boylan, 2011). The participants in the study were retired, semi-retired, actively practicing, or they volunteer their time within the nursing field. Registry nurses are registered nurses who are independent nurses and who are hired by a nursing agency to work on temporary assignments at hospitals, doctors' offices, clinics, and other health care facilities (Camphor, 2015). All of the nurses who participated in the study worked for a local private health care agency or in a community hospital.

The research question guiding this study was: What are registered retired and registry nurses' attitudes and beliefs relating to holistic spiritual care? I selected a qualitative, online survey approach as appropriate and justified for this research project because qualitative research is intended to investigate how "people make sense of their

experiences" (Merriam, 2009, p. 37). According to Merriam (2009), in a qualitative research project, I must enter into the world of the participant to obtain his or her perception of the phenomenon being investigated. Survey questions in a qualitative research study, such as this one, were designed to "explore, interpret, or understand the social context" being investigated (Lodico et al., 2010, p. 264). Other research designs would not have been effective for this purpose, because they would not have allowed participants to freely express their attitudes and beliefs without being bound by limitations that I might set into place (Hannes, 2011; Lodico et al., 2010).

Participants

Criteria for Selecting Participants

I collected the study data from a convenience sample of local community registered nurses who were retired or who worked for a registry and who voluntarily consented to participate in the study by completing online surveys. I solicited registered nurses from the local community who were retired or who worked for a registry via Facebook. Nurses who volunteered to participant in the study were sent an explanation via email of the research study, a consent form, and survey questions that included a demographic questionnaire. Consent forms (Appendix F) stated that the form did not have to be electronically signed by the participant, because completing the online survey questions constituted their consent to participate.

The convenience sampling was conducted due to my limited time, resources, and plan (Lodico et al., 2010). A convenience sampling was also appropriate for this research

project because of the convenience of being able to solicit local community nurses who are registered nurses who are retired or who work for a registry.

Convenience sampling was utilized in this study to gather rich, more applicable, and diverse information from registered retired or registry nurses regarding holistic spiritual care (Creswell, 2012). The option chosen was especially suitable because convenience sampling allowed participant nurses to participate in online surveys in a timeframe that was convenient, private, and comfortable for them, which was recommended by Creswell (2012). Convenience sampling was also appropriate because I sampled participants who shared very similar characteristics, as recommended by Creswell (2012) and Merriam (2009) – in this case, that all nurses were acute-care registered nurses who were retired or worked for a registry.

Justification for Selecting Participants

I specifically recruited local community acute-care registered nurses who were:

•either male or female,

•aged 22–64 years,

•either retired or worked for a registry.

I recruited these participants on Facebook to participate in online surveys. Researchers conducting qualitative research studies should be concerned with obtaining a range of responses from the participants (Mason, 2010). Qualitative research sample sizes vary, but they are usually small because of the time it takes me to gather in-depth information from individual participants, code the information, and analyze the data for

themes (Lodico et al., 2010). Focusing on gathering the nurses' diverse opinions and interpretations or experiences was my goal (Lodico et al., 2010). "Qualitative research is not intended to be generalizable, but transferred to similar situations and individuals" (Houser, 2012, p. 447).

Procedure for Gaining Access to Participants

I submitted a Walden Institutional Review Board (IRB) application to obtain approval to conduct online research. After this approval was granted by the Walden IRB (approval #: 05-28-14-0099474) to start the research project, I posted an advertisement (flyer) on Facebook soliciting local registered retired nurses who were retired or who worked for a registry to participate in online surveys. Potential volunteer participants were notified by an email prior to sending the survey questions. In the email, the participants were given an explanation of the study and the consent forms. According to Sue and Ritter (2012), the response rate is greatest when respondents have been notified regarding the research study before online research study materials are sent out. At the end of the study, I gave the participants a data summary.

Methods of Establishing a Researcher-Participant Relationship

Registered nurses who were retired or who worked for a registry were recruited on Facebook to participate in an online survey. An advertisement (flier) was placed on Facebook describing the study and the criteria for those interested in participating in the study. The nurse participants who volunteered to participate in the study emailed me with their agreement to participate in the study. I then introduced myself to the respondents,

explained the study, informed them of the purpose of the study, and obtained their consent. I assured the participants that their identity and the information they shared would remain confidential. The participants were also told that the study was voluntary, and they could withdraw from the study at will.

Measures for Ethical Protection of Participants

I have an ethical, moral, and professional duty to protect the rights of research participants. I maintained the rights, dignity, and respect of the participants by not harming them physically or psychologically. A copy of my signed confidentiality agreement, in which I agreed to maintain the participants' confidentiality during the study, can be found in Appendix B.

The research findings were made available via email to the participants after the completion of the study, per the participants' request. After the reports of the findings were shared, all participant email addresses were deleted from the survey forms and the my hard drive. When the research study was completed, copies of the surveys were made, and the online surveys were deleted from my hard drive. Immediately after the research was completed, folders containing copies of the online surveys were stored in a locked file cabinet in my home office. The copies of the online surveys will remain in the locked file cabinet for a period of five years after the study, at which time the information will be destroyed by shredding.

Data Collection

Justifiable Choices About Which Data to Collect

Online surveys were my method of data collection. Electronic surveys are less expensive, easy to administer, and can be created quickly (Burns, 2010). Researchers can gather information on participants' perceptions or opinions of a certain phenomenon by using online surveys (Lodico et al., 2010). Qualitative survey data collection "is an approach for exploring and understanding, the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2014, p. 4). Survey questions can be structured or unstructured, so that I allow participants to comfortably answer questions without being restricted or limited (Burns, 2010; Lodico et al., 2010; Sullivan, 2012). Research has shown that respondents respond more honestly to online survey questions (Sullivan, 2012).

A disadvantage to using online surveys is that the participant may desire to please me by displaying "social desirability" and will not record his or her true feelings (Gibson, 2010). Also, online surveys do not provide me with the ability to observe a participant's body language and other cues (Burns, 2010). Disadvantages to online surveys include technical problems, such as computer glitches, crashes, error messages, and duplication of the data (Sullivan, 2012). Maintaining participant anonymity or confidentiality cannot be guaranteed, and the response rate from participants is highest within the first few days rather than on later days (Sullivan, 2012).

Data Collected Are Appropriate

Online surveys allowed participants to reflect on their attitudes and beliefs regarding holistic spiritual care. All questions asked in the online survey reflected back on the research questions (Houser, 2012). The participants were asked questions that addressed the present rather than the past or future, because these types of questions are more readily answered by participants (Houser, 2012).

There were several steps involved in the conduction of the online surveys: I (a) introduced myself and the research topic to the participant before administering the survey, (b) obtained the participants' consent, (c) ensured that the participants and their responses would be kept confidential, and (d) obtained demographic information about the participants, such as years of experience in nursing and their knowledge of the research topic (Lodico et al., 2010).

Survey questions were structured to allow the participants to type their answers into the online survey comment boxes or directly on the survey form rather than give the participants pre-established answer options (Appendix H). According to Lodico et al. (2010), "the researcher should allow participants to express what they really believe rather than suggesting a particular answer" (p. 168). In order to encourage participants to express their feelings or beliefs, structured questions that did not include yes or no responses were used (Burns, 2010; Roberts & Priests, 2010). The online survey questions asked "What," "When," "Where" and "How" (Roberts & Priests, 2010). The

participant had to answer the questions by making a statement or statements to answer the questions asked.

Online survey questions were also clearly stated, precise, and relevant to the topic; the wording of the questions was not biased, to avoid assuming or offending the participants, and no negative language was used. Short, online survey questions were used. Questions were double-barreled (double questions rather than single ones), simple to answer, and the online survey form was attractive and professional (Lodico et al., 2010). A date for the participants to return the online survey questions was listed on the top of the survey form. In addition, my email address for the return of the online survey questions was provided.

Online Survey

Male and female registered nurses, ages 22-64, who were retired or who worked for a registry, were emailed survey questions. The demographics of participants included one male and 20 females, four are age 60, two are age 40, and three are age 26, while the remaining participants ages ranged from ages 36-64. Four nurses are retired and 17 are registry nurses. The nurse participants' years of experience vary from eight months to 43 years. Participants were sent an invitation email to participate in the study, which included an invitation and an explanation of the study, a consent form, a cover letter for the online survey, and an online demographic questionnaire/survey for the participant to complete (Appendix D, Appendix E, Appendix F, Appendix G, and Appendix H,

respectively). The time limit for the return of the online survey questions was two weeks. Participants were reminded that their participation was voluntary and that they could stop participating in the study at any time.

My Role as Researcher

I have been a registered nurse for 34 years and have worked in an acute-care setting in a local teaching facility for 28 of those years. I am currently enrolled in Walden University's doctoral program. In fulfilling the requirements to obtain my doctoral degree in education, I conducted online surveys to obtain the attitudes and beliefs of registered acute-care nurses, who are retired or who work for a registry, regarding holistic spiritual care. The local problem that I investigated was that nurses were not administering holistic spiritual care to their patients.

According to Houser (2012) and Lodico et al. (2010), qualitative research lends itself to bias because of the close proximity I have to the study. I might have been passionate about the research topic before the research study began, and I might have formed some type of opinions or beliefs and preconceived notions as to the results or outcomes of the research study (Houser, 2012). To control for biases, I conducted online surveys with registered nurses, who were retired or who worked for a registry, with whom I did not have a prior acquaintance.

Data Analysis

How and When the Data Were Analyzed

Once the study changed from the local hospital to a Facebook process, I did not have the study field tested. Instead, I developed my own instrument. According to Lodico et al., 2010, "survey researchers develop their own instruments following a thorough review of the literature in which they identify key variables and themes and then develop subquestions and survey items (p.106). Two research questions I developed were used as a foundation in developing the questions used in the surveys. Online surveys are placed in Appendix H

The data collected were analyzed by hand and computerized color coding. I had more control over the analysis of the themes by manually analyzing the data. Manually analyzing the data for themes allowed me to record, summarize, and analyze what the participants reported (Houser, 2012). Coding was done to maintain the participant's confidentiality and to assist me in organizing, labeling, categorizing, and analyzing the data collected (Houser, 2012; Merriam, 2009). Coding was also used in the process of formatting the data for themes or patterns in the participants' responses. Next, the themes were categorized in order to summarize and interpret the data (Lodico et al., 2010).

Evidence of Quality and Procedures to Ensure Accuracy

In order to ensure quality and accuracy of the instrument to measure participant responses, I developed questions that were clear and precise, bias free, and related to the purpose of the study (Lodico et al., 2010). Also, the language reflected the educational

level of the participants (Lodico et al., 2010). At the completion of the study, a copy of the research summary was given to the nurse participants for their own information and feedback (Lodico et al.).

Procedure for Dealing with Discrepant Cases

Lodico et al. (2010) defined discrepant or negative cases in qualitative research as elements contained in the data that are different or contradictory to the patterns or themes that are found in data analysis or the evidence found in the study that does not match or contradicts the themes that are emerging in the data analysis (Creswell, 2012). If this had occurred, I would have worked to provide an explanation of why there was a difference. I would have also analyzed the deviant case more in order to revise or confirm the patterns that had emerged (Merriam, 2009).

Qualitative Findings

The Process by Which the Data were Generated, Gathered, and Recorded

Local community registered nurses, ages 22-64, who were retired or who worked for a nurses' registry, were recruited on Facebook to participate in online surveys. Twenty-one (21) registered retired or registry nurses responded to the online surveys. According to Pit, Vo, and Pyakurel (2014), low response rates are common in survey collections. Blair, Czaja, and Blair (2013) stated that one of the limitations or disadvantages of conducting online surveys to collect data is the low response rate from participants, especially on sensitive topics or questions. Potential participants are more prone to participate in a study if the topic is of interest or is applicable to their jobs

(Tribe, 2011). Time is another factor that can contribute to a low response rate (Tribe, 2011; Yuan, Bare, Johnson, & Saberi, 2014). Also, low response rates can be attributed to participants' concern for security. "It appears that respondents' concerns about the security of the web may outweigh the anonymity of the self-administered format" (Blair et al., 2013, p. 62).

Data Collection

Participants were emailed a demographic survey after consenting to participate in the online survey study. Participants emailed the completed demographic surveys to my Walden email address. As I received each emailed survey, I assigned each online survey an alphabet to keep each participant's identifying information confidential. Participant identifying information was replaced with an alphabet letter. Also, alphabetizing the surveys assisted me in organizing the surveys. Each participant's online survey responses were carefully read, coded, summarized, and analyzed.

Data Analysis

The system used for keeping track of the data started as soon as I received the first emailed survey. Each participant survey was assigned an alphabet letter, A-U. When all online survey data were collected, each participant's response to the survey questions was hand and color coded by computer. Next, I answered the research question, and summarized and analyzed the raw data. Summarizing and analyzing the data, and organizing the data through a labeling, categorizing, and analyzing process, assisted me in keeping the participants' identifying information confidential (Houser, 2012). A report

of the research findings is in the results section of this paper, and a data summary was emailed to participants, along with a thank you note for their participation in the study.

Findings

The total sample of 21 registered nurses, 20 female and one male, provided 365 responses. Within the coding of the responses, some of the responses overlapped. There were more frequencies of responses than participants. For example, one of the nurse participants responded "yes" to practicing holistic spiritual care, but at the same time, responded that more education was needed. The research question below was answered, themes that emerged were presented, and participants' responses to justify the themes, and a summarization of the study results followed.

Research Question

The study had one research question. The research question asked: What are the attitudes and beliefs of registered retired and registry nurses relating to holistic spiritual care?

Answers to research question:

1. Some nurse participants practice holistic spiritual care while others do not. The practice of holistic spiritual care is not widespread.

2. Nurses practice holistic spiritual care because they feel it is needed to effectively meet patients' physical and spiritual needs, and they feel that providing spiritual care is vital to their patients' wellbeing or healing process. However, they do not believe that religion or spirituality should be forced on patients.

3. Nurses have strong spiritual beliefs and convictions and feel that they have a calling from God to minister spiritually to their patients.

4. Nurses feel secure, confident, and comfortable with their own spirituality, and they feel they can assist their patients spiritually by being able to support them through prayer, meditation, spending time with them, listening to them, and answering questions their patients may have about God or their destiny, thereby, decreasing patients' fears and anxiety.

5. Nurses are employed at a Christian health care facility or hospice where holistic spiritual care is practiced.

6. Nurses who practice holistic spiritual care build better interpersonal relationships with their patients and they are able to create a healthier work environment.

7. Nurses have a fear of retaliation or fear of rejection or judgment by staff or patients, fear of offending others, and fear of legal implications or liabilities.

8. Nurses lack of knowledge, training, and experience in holistic spiritual care, or have a lack of understanding of the holistic spiritual care process.

9. In the health care facility where nurses are employed, the nurses do not practice holistic spiritual care, or they do not have a plan of care, policies, or standards in place to support the practice of holistic spiritual care.

10. Nurses lack confidence in providing spiritual care or they are insecure in their own spirituality or beliefs, and they feel inadequate to administer spiritual care to their patients.

11. The nurses may have had a negative spiritual experience in the past.

Nurses may be experiencing nursing shortages or they feel that administering holistic spiritual care would add more pressure or burden to their workload.

12. Nurse participants believe in holistic spiritual care and they believe holistic spiritual care should be practiced in the workplace.

13. Nurses believe that holistic spiritual care aids in the healing process ("powerful healing tool") in patients and promotes "wellness" or "optimum level of health."

14. Nurse participants believe that it is important to consider the "whole person" (physical, psychological, and spiritual) when caring for patients. Keyword used by participants "Whole Person"

15. Nurse who practice holistic spiritual care and those who do not practice holistic spiritual care agree that there are benefits to providing holistic spiritual care to their patients.

16. Nurses have strong spiritual beliefs and convictions and feel that they have a calling from God to minister spiritually to their patients.

17. Nurses believe nurses should be properly trained in administering holistic spiritual care and that spiritual care should be part of nursing curriculum.

18. Some nurse participants do not believe in holistic spiritual care or they believe that holistic spiritual care is private and individualized.

19. Nurses believe holistic spiritual care aids in the healing process ("powerful healing tool") in patients and promotes "wellness" or "optimum level of health."

20. Nurses believes that holistic spiritual care fosters hope, purpose, and meaning in the lives of patients.

21. Nurses believe that patients heal or pass more peacefully when holistic spiritual care is provided.

22. Nurses believe that better health care outcomes and less disease when the disciplines of physical nursing care and holistic care is provided.

23. Nurses believe patients are involved in their care and they are "empowered, comforted" and they receive "guidance and acceptance," "strength and support," and they can cope with their illness better when holistic spiritual care is a part of their nursing care.

24. Nurses believe that interactive pieces (body, soul, and spirit) of the patient are considered in holistic spiritual nursing care. The patient's physiological, psychological, and spiritual needs are met leading to "faster healing." Patients also experience decreased stress, more peace, and they are more satisfied with their care.

Themes and Participants' Responses

Eight themes emerged from the data:

Theme:

1. Nurses' attitudes and beliefs caused nurses in the study to agree with holistic spiritual care.

Participants' Responses:

A. I feel that as a professional nurse for the past 30 years, I would have loved if holistic spiritual care was embraced as an alternative in caring for patients. In a baccalaureate program the professional nurse is educated in treating the patients as an whole entity and not the sum of the parts, yet the area of spirituality is minor and relegated to one question, what is your faith?

B. I feel like holistic spiritual nursing care is an important aspect of treating the patient as a whole.

C. I believe in holistic spiritual nursing care. I feel that it is imperative to a patient's well-being to treat not only their illness, but to address their psychosocial and spiritual needs as well. Holistic care encompasses physiological, psychological, and spiritual needs, all which are important to the patient's healing process.

D. I feel that it is beneficial.

E. Believe it is an option for some patients. If it is done right and not pushed onto the patient or family

F. I think it is fine for those that "believe in" that

G. I feel holistic spiritual nursing care is the basis for fostering hope, purpose and meaning. Gaining comfort with one's own spirituality is the initial step in developing awareness and sensitivity to patients' spiritual needs.

H. I agree with holistic spiritual nursing care.

I. It is important because we should consider the whole person when giving care.

J. Holistic nursing promotes healing physiologically, psychologically, and spirituality. The 'whole' person concept.

K. The mind and spirit have such a massive impact on healing of the body. Holistic spiritual nursing care is a very powerful tool in healing, hence the term healing arts.

L. It is needed

M. OK

N. Since the person is composed of body, mind, spirit, it is essential to consider all components in nursing care as an interactive process.

O. It is highly important to address all patients as "the whole man" because spiritual & emotional well-being have been proven to affect physical health & vice versa

P. believe holistic spiritual is necessary in total health care.

Q. Holistic spiritual nursing is a way to effectively treat problems that manifest physically and mentally

R. Holistic spiritual care is a way to effectively treat problems

S. I think it is essential in giving complete care to clients

T. Holistic spiritual care is the missing link in our care of the "Whole Person"

U. Very important if the patient has an interest in it

Theme:

2, Nurses' attitudes and beliefs cause them to believe in nursing the whole person, including using the Keyword "Wholeness."

Participants' Responses:

A. My beliefs is that spiritual care should be introduced to the patients in a healing therapeutic way. I disagree is a practitioner forced religion on patients rather than differentiate

B. My beliefs regarding spiritual care being part of the nursing practice is that prayer and believing in a higher power is an important aspect in the healing process of patients. While I am taking care of my patients I pray for my patients internally due to me not knowing their religion or their spiritual belief. Even though the patient and I may not share the same religious beliefs I am still providing spiritual care by being supportive, listening to their needs and taking the time to just be in their presence longer than what is required to complete a task.

C. Spiritual care can be the single most important thing in helping a patient reach their optimal level of health. By allowing a patient to incorporate their spiritual beliefs in their plan of care, they are able to become an active participant in their own health.

D. I feel that the patient's body, soul and spirit should be considered in nursing practice and integrated into the nurses' training.

E. I believe it is very private and individualized.

F. I think you have to have your own inner peace or balance before you can help others. I do believe that it can be very helpful in the healing process, but should be something you are trained in.

G. My belief regarding spiritual care being part of nursing practice is that nursing is more about healing rather than curing. I am saying this because a person might have an illness and go to a doctor, and they expect to be cured, but the healing part is more inside, something which lies within someone, so something which they cannot get to through medicines only, or through what nurses are doing. IT is something inward. So if someone is healing lit is the spiritual area that is touched. Sometimes people lose hope. When you touch the spiritual part of that person, that person feel "I now at least have someone else, I am not alone." When someone has his willpower and the spirit, it assists a lot in curing the body. This is the area which I think might the healing It is important in nursing where the spirit is concerned.

H. My beliefs are that it is needed & should be offered to each individual as an option. Nursing is meant to treat the whole person not just the disease process that is affecting the person at the moment

I. I believe it should be considered an important part of the overall care but that for deeper spiritual holistic care it should be provided by a person who has knowledge & expertise in spiritual practice

J. I believe that as tri-part beings, we shouldn't have to separate our spiritual needs from the needs of the body or the soul

K. I believe in God the Father, Almighty. Creator of Heaven and Earth, I believe in His Son Jesus Christ, I believe in the moving of the Holy Spirit. *I believe that my hands, my heart, and my daily life are guided by Spiritual beings. I believe that a patient who believes in a Higher Power, will heal more peacefully. Also, when patients are dying, and yet have a Spiritual belief system, they pass in a more peaceful manner. Nurses should be comfortable expressing their spirituality with patients who wish to be prayed with or for.

L. the body is not whole without the spirit

M. No response

N. I believe in holistic spiritual nursing care. I feel that it is imperative to a patient's well-being to treat not only their illness, but to address their psychological and spiritual needs as well. Holistic care encompasses physiological, psychological, and spiritual needs, all which are important to the patient's healing process.

O. It is, often times, the sole responsibility of the nurse to address this area of health (and remind others to do so) as it can be easily overlooked by physicians and other providers. Patients depend on us to provide this care because we are closer to the bedside and therefore build a more interpersonal relationship with the patient.

P. Holistic spiritual care should be a part of the Nursing Curriculum

Q. I believe that it is a needed part of our practice but one that is not often called upon.

R. I believe that as tri-part beings, we shouldn't have to separate our spiritual needs from the needs of the body or the soul.

S. SPIRITUAL CARE IS OF VITAL IMPORTANCE SINCE WE ARE MORE SPIRITUAL BEINGS THAN PHYSICAL BEINGS AND THE WHOLE PERSON AS TO BE TAKEN INTO CONSIDERATION IN ORDER TO ACHIEVE COMPLETE CARE

T. It should be a part of the training, showing that it is an important and necessary part of total patient care.

U. Spiritual care should continue to be a part of nursing practice.

Theme:

3. Nurses' attitudes and beliefs cause them to accept that holistic spiritual care is important to a patient's wellbeing.

Participants' Responses:

A. No response

B. My beliefs regarding spiritual care being part of the nursing practice is that prayer and believing in a higher power is an important aspect in the healing process of patients. When I am taking care of my patients I pray for my patients internally due to me not knowing their religion or their spiritual belief. Even though the patient and I may not share the same religious beliefs, I am still providing spiritual care by being supportive, listening to their needs and taking the time to just be in their presence longer than what is required to complete a task.

C. In my opinion, holistic spiritual care is already a part of the nursing practice. We have to consider the cultural and spiritual beliefs of our patients when we implement a plan of care, perform a procedure and carry out a physician's order. The key, however; is the nurse's ability to allow their patients to be actively involved in voicing their spiritual beliefs, while he/she remains unbiased.

D. I feel that it should be integrated as long as it's Christianity.

E. Yes

F. As I mentioned above, I think would be helpful and would aid in healing, but should be a practice that is learned. I do not think all nurses are willing to get "deep"- especially if they are understaffed and are pressured.

G. I feel when holistic spiritual care are being integrated into nursing practice, it may lead nurses to greater awareness of the interconnectness with self, others, nature and spirit. This awareness may further enhance the nurse's understanding of all individuals and their relationships to the human and global community. Nurses who learn to care for the mind, body, and spirit in themselves and others can help individuals access their greatest healing potential.

H. I believe that it should as always be a patient's choice based on their beliefs.

I. It should integrated and used appropriately depending on the patient's needs & wishes and not forced or pressured

J. It is part of the holistic approach to care, and heling promotion.

K. Prayer or meditation should be encouraged by nursing. How many times have I felt overwhelmed, and just a few minutes alone to pray or meditate on Scriptures or Words of Wisdom, and felt incredibly better. I believe our patients need to be free to express themselves, and share their Spirituality in an open and accepting environment. Only then, can true healing begin.

L. should happen speeds healing

M. if it helps-why not

N. I feel that it should be part of the plan of care so that all interactive pieces of the patient are considered

O. I feel that it's already a large part of what we do, but having a standardized POC or standard of care is always helpful.

P.I believe Holistic Spiritual should be an integral part of nursing care.

Q. I feel like it's necessary in order to care for the whole person (mind, body, and spirit)

R. I believe we would have better outcomes and perhaps less disease in general.

S. I FEEL BY DOING SO NURSING CARE WILL BE LESS FRAGMENTED INCORPORATING A MULTIDISCIPLINARY APPROACH TO ACHIEVE MAXIMUM RESULTS

T. Holistic spiritual care should be integrated into nursing practice and embraced by care facilities

U. The ultimate goal is to help a patient reach his or her maximum level of independence, recovery or healing. If nurses are not qualified to assist with such needs. They must be able to refer someone

Theme:

4. Nurses' attitudes and beliefs cause them to believe that holistic spiritual care benefits patients when it is practiced.

Participants' Responses:

A. The benefits of holistic spiritual care is that it would be considered and alternative in achieving wellness in sick patients or even combining the disciplines. Nurses would have to be knowledgeable in introducing this aspect to patients as a formulated care meaning every nurse would have the same framework that they are working from versus their own individual beliefs.

B. It can enhance patient and nurse relationships and create a better work environment

C. There are any benefits to incorporating holistic spiritual. Some patients have strong spiritual beliefs and allowing them to incorporate their beliefs while the nurse aligns their care is important. Patients are known to have better health outcomes when they are cared for holistically.

D. The patient total needs would be addressed and helped.

E. empowerment; comfort, guidance and acceptance

F. I think it would benefit the patient by helping them to realize their physiologic, psychological, and spiritual needs which then would lead to a faster healing potential.

G. I believe some benefits of incorporating holistic spiritual care into nursing practice is that the patient will have the ability to cope with illness better, the prevention of illness, the ability to find meaning and purpose in life, and overall well-being.

H. There are many benefits to incorporating holistic spiritual care into nursing practice such as the connection between the mind and spirit which may then give the person a better outlook on their current situation & future as it relates to what they are currently going through medically.

I. Patients who have spiritual or religious needs will benefit from it as it will bring them closer to a peaceful acceptance and they can gain strength & support from it.

J. Nurse-patient strong relationship; trust, and spiritual needs met.

K. I believe a less stressed patient is a healing pt. When they are free to express themselves, and spend a little time in prayer or meditation, or know that prayers are being said on their behalf, they will be at peace, and experience greater satisfaction

L. What do you believe are benefits of incorporating holistic spiritual care into nursing practice?

Faster healing body mind & soul

M. I do not know much about it to comment

N. When one area of a person's being is not considered, there will be gaps in the recovery process and the overall well-being.

O. As afore stated, better spiritual health leads to better physical outcomes.

P. Total patient care .Mind, Body and Soul

Q. 1. You treat the entire patient

2. You have a deeper connection with your patient

3. The effects of holistic spiritual care is for more reach and longer lasting

R. Less disease, quicker recovery times, less depression, and happier patients

S. ALL NEEDS WILL BE TAKEN INTO CONSIDERATION TO PRODUCE A HIGHER LEVEL OF RESULTS.

T. Benefits include:

1) Better patient cooperation with plan of care

2) Focus on the "Whole Person" not just systems and systems

3) Comfort to patient, less anxiety for family.

U. It will increase healing and recovery.

Theme:

5. Nurse' attitudes and beliefs are reasons why nurses don't practice holistic spiritual care.

Participants' Responses:

A. The state board of nursing does not recognize spiritual nursing care as just a practice.

B. No response

C. Some nurses may not practice holistic spiritual care because they are un-informed and may not have the confidence to adhere to a patient's specific spiritual request

D. Fear of legal/ liability implications if the patient's religious beliefs are different.

E. the unknown, and lack of knowledge; and perhaps a bad history with childhood memories that were less than positive

F. As stated earlier I think it would benefit the patient by helping them to realize their physiologic, psychological, and spiritual needs which then would lead to a faster healing potential.

G. Some reasons I believe some nurses don't practice holistic spiritual care nursing simply because some nurses don't have any spiritual beliefs or religion. Some may lack the formal education that could prepare them to administer effective spiritual care. Some may also worry about the appropriateness of addressing spiritual needs.

H. I believe that some don't because it is either not a part of their own life, they don't want to offend the patient, or in such as task driven health care system, it adds another task to their "to do list" and they see it as a burden.

I. Some nurses may not have strong beliefs themselves to be able to understand it's importance or just feel they don't know enough about it & how they can help

J. Some may think that if it is not to do with the physiological aspect, other specific behaviors should address each aspect; others may not understand the holistic spiritual approach.

K. Fear. Be it fear of retaliation, nonacceptance. Fear of offending others. Fear of being judged or punished.

L. Limitations of facility procedures Also

M. Lack of knowledge also

N. I believe some nurses don't believe in spirituality or a higher being.

O. Some nurses do not have the spiritual understanding or level of spiritual health themselves to be able to give to others. Also, spirituality is a very private and personal area. There may be a perception or misconception that providing for a patient's spiritual needs may be too intrusive either to the patient, the nurse, or both. Also

P. Lack of confidence; Lack of time

Q. They don't know about it

2. They don't understand it

3. They don't believe it'

R. Like doctors, we are more geared towards treatment of illness and focus on symptoms.

S. BECAUSE NURSES ARE AFRAID TO DISCUSS SPIRITUAL ASPECTS OF CARE POSSIBLE DUE TO CONCERNS OF LOOSING THEIR JOBS. IT IS A SENSITIVE ARE

T. a) Institutional philosophy/mission statement

b) Not stated nor implied as part of the care plan

c) Lengthy work shift

U. No belief or lack of knowledge

Theme:

6. Nurses' spirituality influences their attitudes and beliefs related to holistic spiritual care.

Participants' Responses:

A. No response

B. Nurses may be afraid to express or discuss their spiritual views due to possibly being judged by other colleagues or patients

C. Some nurses may practice holistic care because they themselves have strong spiritual beliefs. Others simply may have mastered the art of the nursing practice well by adapting to the individual needs of each patient.

D. Because they are led by the Holy Spirit to do so. Some may respond to a patient's request to do so. Others may see that their patient is approaching death and to not give spiritual care might put that person's soul in jeopardy

E. Same as above: the unknown, and lack of knowledge; and perhaps a bad history with childhood memories that were less than positive

F. I think it would benefit the patient by helping them to realize their physiologic, psychological, and spiritual needs which then would lead to a faster healing potential. Mainly for the reasons stated in #4. And again, only those who feel comfortable incorporating it into practice

G. I believe some nurses practice holistic spiritual care nursing because life-threatening situations sometimes give rise to complex spiritual questions, and patients may wish to address these questions with nurses. Therefore, it is important for nurses to be knowledgeable about and prepared to deal with the spiritual component of care so they can support their patient in times of need.

H. They themselves are spiritually grounded so it is not considered something they "practice," it is a part of who they are and it comes as a second nature to them.

I. Their own spiritual beliefs or religious practices have given them insight into the power & positivity of it in their lives & others

J. Training and experience of the benefits for positive patient outcomes.

K. No response

L. they are working in a Christian facility or hospice

M. because it's proven

N. They believe as I do, that the patient is composed of multiple interactive parts that must all be assessed and cared forto truly recover or be healthy.

O. Nurses who are spiritually grounded and/or recognize the link between physical and spiritual health are becoming more and more proactive in providing for patients' spiritual needs. We can especially see this being practiced in hospice care and oncology as well as other areas of medicine where death is an expected or unavoidable outcome.

P. Some nurses are comfortable listening to patients and make time to give spiritual support when needed'

Q. 1.They have a belief in a higher power

2. They understand that the importance of treating the entire person

R. Some are able to see the patient as more than their disease or illness and would rather focus on prevention rather than treatment.

S. BECAUSE THEY HAVE BEEN ABLE TO SEE THE BENEFITS OF WHAT HOLISTIC SPIRITUAL PROVIDES VERSUS A MORE FRAGMENTED APPROACH.

T. Yes

U. Healing is multidimensional

Theme:

7. Nurses' knowledge and training in holistic spiritual care influences their attitudes and beliefs related to holistic spiritual care and determines their practice of holistic spiritual care.

Participants' Responses:

A. No response

B. Yes, I have practiced holistic spiritual care

C. I have experienced holistic spiritual care and have also practiced it as well. Some OR physicians make it a habit to pray with their OR team while others pray with the patient as well. I have also offered prayer or participated in a religious regime when asked by a patient.

D. I have seen on a very small scale it practiced by someone. I have practiced it on a small scale as well.

E. No

F. No

G. Yes I have experienced holistic spiritual care practice in my workplace

H. Everyday!

I. Have you experienced or practiced holistic spiritual care practices in your workplace?

Not very much.

J. Yes, currently it is highly supported by my workplace, and part of nursing practice

K. Yes, we have chapel services and there are times patients have asked for needs to be met, whether it was a Muslim believer who needed private times to pray, and his room needed to be re arranged to allow for the space for him to lay out a carpet. Or a Jewish believer who needed kosher foods, and was able to share Shabbat with the staff.

L. yes

M. No

N. Yes

O. Yes, daily

P. Yes

Q. Yes

R. Not really.

S. YES I HAVE PRACTICED HOLISTIC SPIRITUAL CARE IN MY WORKPLACE. THE SPIRITUAL ASPECT OF CARE MUST BE APPROACHED IN A WAY NOTTO BE OFFENCIVE TO YOUR CLIENT.

T. Yes, I have both experienced and practiced spiritual care. I felt responsible to the patient to do so. They appreciated the experience.

U. Yes

Theme:

8. Some nurses' attitudes and beliefs determine nurses who practice or are willing to practice holistic spiritual care and others who don't or won't practice holistic spiritual care.

Participants' Responses:

A.I would not practice holistic nursing in Texas but maybe another state that embraces the concept.

B. Yes I would and have.

C. I already practice spiritual care and plan to continue doing so. I feel it vital part of medicine and nursing as a whole.

D. Yes.

E. Probably not, would not close the door on it completely

F. I'm not sure. I think I'd have to take some trainings in the subject in order to see if I felt comfortable with it.

G. Yes I would practice holistic spiritual care as a nurse.

H. Yes!

I. I would if I understood and felt more knowledgeable about it. Also depends on the area of practice I think along with having the time to include it as part of my practice.

J. I currently do

K.YES.

L. yes

M. If I have time-depends

N. Yes

O. Yes. I do on a daily basis

P. Yes I would.

Q. I have the unique honor of being a hospice nurse. Practicing holistic spiritual care is a normal practice in my job. I not only treat the physical symptoms of my patients. I also help ease any emotional trauma they may be going thru because of their decline. I also open pray for my patients and help talk or encourage the ones that are afraid of dying tom accept Jesus as their savior.

R. Given the opportunity, I would.

S. Yes

T. Yes I would with pleasure for the opportunity.

U. Yes

The finding from the study indicated that nurses believe in holistic spiritual care and 15 out of 21 nurses consider holistic care as caring for the "whole person." Some nurses practice or have practiced holistic spiritual care while others do not or have not practiced holistic spiritual care. There were identifiable barriers in the study such as fear, personal or religious insecurities, lack of time or training, or the lack of administrative support that prevented some nurses in the study from practicing holistic spiritual care. Two tables listing the research questions, survey questions, themes, and study participants' responses are listed in Appendix I

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Outcomes

The outcomes were logically and systematically summarized and interpreted in relation to the problem and research questions in this research study. The local problem that prompted this qualitative online survey research study was that nurses were not administering holistic spiritual care to their patients due to the lack of accurate information regarding holistic spiritual care. The following research question in this study was: (1) What are registered retired and registry nurses' attitudes and beliefs relating to holistic spiritual care?

As a result of the findings of the study, it was determined that the project that will be developed will be a three-day workshop series for nurses, nurse educators, nurse leaders, and administrators of health care facilities. In the introductory phase of the workshop, participants will be given an overview of holistic spiritual care. Holistic spiritual care experts will be invited as guest speakers to speak with the group and to answer questions or address concerns that participants may have concerning holistic spiritual care. Small group sessions will be held during the workshop series to discuss various holistic spiritual care components, how to implement a holistic spiritual care program, and to answer questions participants have regarding holistic spiritual care. Participants may also share their views and practices, as they relate to holistic care. There will be a PowerPoint presentation addressing what was discussed in the workshops, followed by a question and answer session. Participants will be given a summary of the events of the day, as well as a workshop packet, and a fact sheet on holistic spiritual care. The workshop series will be video recorded and placed online for

nurses who could not attend the series. At the end of the workshop, participants will evaluate their overall experiences in the workshop.

Conclusion

Qualitative research investigated how "people make sense of their experiences" (Merriam, 2009, p. 37). In this online survey research study, I investigated the attitudes and beliefs of registered nurses, who wereretired or who worked for a registry, regarding holistic spiritual care nursing. Eighteen nurses of the 21 nurses who participated in the online study stated that they believed in holistic spiritual care, and all 21 participants in the study agreed that holistic spiritual care should be integrated into nursing practice, but when asked if they would practice holistic spiritual care nursing, only 11 nurses stated they would practice holistic spiritual care nursing. Eleven nurses in the study stated they had experienced or practiced holistic spiritual care nursing, and stated that nurses who provide holistic spiritual care are knowledgeable and confident. Eighteen nurses stated that nurses and patients benefit from the provision of holistic spiritual care in the workplace but nurses often fail to provide holistic spiritual care because of their spiritual insecurities, fear of rejection or retaliation, and lack of time or training.

All participants' survey information was summarized and analyzed for themes based on the nurses' responses. Coding helped to maintain each participant's confidentiality, and coding was used as an organizational tool after the data were collected (Lodico et al., 2010).

Section 3 will cover the actual research project. This section was completed after the research had been conducted. In the research study, the surveys were completed, the results were analyzed, and the findings were reported.

Section 3: The Project

Introduction

The purpose of this qualitative online survey study was to investigate the attitudes and beliefs of local community registered nurses, who were retired or who worked for a registry, regarding patients not receiving holistic spiritual care due to nurses' lack of accurate information regarding holistic spiritual care. The findings of this study were used to develop a project designed to address this local problem by informing key stakeholders regarding holistic spiritual care, including local community nurses, nurse educators, nurse leaders, and health care administrators. This project is designed to transform, enhance, and improve nurses' attitudes and beliefs towards this type of care.

This section includes a description, goals, and rationale for the project. In addition, a review of the current literature offers an explanation as to why this type of project would be the best choice for this project study. This section also includes a discussion of the implementation of the project, as well as potential resources, existing supports, potential barriers, a proposal for implementation, and a timetable. It also discusses the roles and responsibilities of myself and others; the project evaluation; its implications, including for social change, the local community, and far-reaching results; and a conclusion.

Description and Goals

The related research study results indicated that most of the nurses surveyed believed in the value of holistic spiritual care, but also felt that they needed to be educated in such care in order to practice. These nurses' attitudes and beliefs indicated that they agreed with holistic spiritual care and that holistic spiritual care involved:

"nursing the whole person," holistic spiritual care is important to patients' well-being, and it is beneficial to patients. The nurses indicated that attitudes and beliefs determine why nurses don't practice holistic spiritual care. The nurses also stated that attitudes and beliefs regarding holistic spiritual care were influenced by spirituality, knowledge and training, and determined whether or not nurses practice or are willing to practice holistic spiritual care. The participants stated that nurses don't provide holistic spiritual care because of their spiritual insecurities, their fear of rejection or retaliation, or lack of time or education.

This project is also designed to help nurses who are actively providing holistic spiritual care to their patients to improve their practice of holistic spiritual care. The overall goal of the workshop series included in this project is to provide nurses, nurse leaders, nurse educators, and administrators with a clear understanding of holistic spiritual care. It is also intended to give them a better understanding of the importance of implementing a holistic spiritual care program and how to implement holistic spiritual care at their institutions.

Workshop Goals

A specific goal of this workshop is to inform the attitudes and beliefs of nurses regarding holistic spiritual care through education. The workshop is designed to change the attitudes of nurses whose attitudes and beliefs are in disagreement with holistic spiritual care to attitudes and beliefs of agreement with holistic spiritual care. Participating nurses will be instructed in nursing with the "whole person" concept, the benefits of providing spiritual care, and reasons why nurses do and do not practice spiritual care. The second goal of the workshop is for nurses to be able to explore and

share their own spirituality. The third goal is for nurses to receive the knowledge and training to provide holistic spiritual care so that they will be able to determine whether or not they want to practice holistic spiritual care. The nurses who practice holistic spiritual care will be instructed on how to improve their holistic care program. The fourth goal of the workshop is for the participants to interactively participate by verbalizing their feelings and sharing their opinions relating to holistic spiritual care with the other participants.

This project consists of a three-day workshop series for nurses who do or do not practice holistic spiritual care, nurse educators, nurse leaders, and administrators of health care facilities. Workshops are excellent tools for providing in-depth educational experiences for nurses, nurse educators, nurse leaders, and administrators in a short period of time (University of Kansas, 2013). This three-day workshop series will provide participants pertinent and in-depth information in a relatively short time frame, and it requires no ongoing reading or continuing education classes.

Workshop Objectives

At the end of the workshop, participants will be able to:

- Verbalize the definition of holistic spiritual care, components of holistic spiritual care, administration, implementation of holistic spiritual care, and barriers to the implementation of a holistic spiritual care program;
- Verbalize the understanding of holistic spiritual care, the definition, components, administration, implementation, and barriers;
- Verbalize their feelings and concerns regarding implementation of holistic spiritual care into the workplace;
- Identify the benefits of incorporating holistic spiritual care into nursing practice;
- Interact and collaborate to develop a plan to implement a holistic spiritual care program in their health care facility.

- Verbalize how they have developed a deeper understanding and/or appreciation of holistic spiritual care.

Day1 of the Workshop

Upon arrival at the workshop, participants will be given a workshop packet and a fact sheet. The workshop packet will contain a notepad for taking notes or for writing questions and will contain the workshop agenda. The workshop packet will also contain information on pertinent community resources such as the Holistic Nurses Association. The fact sheet is a reference sheet that briefly emphasizes the key points of holistic spiritual care that the nurses can refer to after the workshop is completed.

At the beginning of the workshop, I will give participants a general overview of holistic spiritual care. Other topics that will be discussed at this stage include the definition of holistic spiritual care; spirituality versus religion; myths and misconceptions concerning holistic spiritual care; what holistic spiritual practices entail; and the reasons holistic spiritual care is not widely practiced in nursing in the United States.

The workshop will also include a discussion of a recent local online survey study investigating the attitudes and beliefs of local community registered nurses, who are retired or who work for a registry, regarding holistic spiritual care. Workshop participants will be informed that the nurse participants in the study revealed they believe in and support holistic spiritual care, but there are barriers, such as fear of rejection or retaliation, spiritual insecurities, and the lack of time or education, that prevent some of them from practicing holistic spiritual care. The nurses' attitudes and beliefs in the study (a) showed that they agreed with holistic spiritual care, (b) contributed to them believing in nursing the "whole person" and that holistic spiritual care should be part of nurse

practice, (c) prompted them to accept that holistic spiritual care is important to patients' well-being, (d) attributed to them believing that holistic spiritual care benefits patients when it is practiced, and (e) determined why nurses don't practice holistic spiritual care. Attitudes and beliefs of nurses were influenced by their spirituality, knowledge, and training; and their attitudes and beliefs determined whether or not they practiced or were willing to practice holistic spiritual care.

I will present a PowerPoint presentation to reinforce information provided to participants in the workshop. This PowerPoint presentation will serve as a guide in lectures and discussions on holistic spiritual care. During the presentation, participants will be encouraged to take notes and to write down questions that they may need to ask. Participant interactions with the group, the speakers, or the facilitator may take place at this time.

Day 2

On Day 2 of the workshop, participants will be given the opportunity to choose one holistic spiritual care workshop class of interest that will be offered during the small-group sessions. The two classes that may be chosen by participants will be Assessing Patients Spiritual Needs and Providing Spiritual Care. Following the classes, there will be special music ministry. Role playing sessions that demonstrate components of holistic spiritual care will be performed by the chaplain, a holistic spiritual care nurse educator, and a volunteer from the audience. During role play, the participants will learn by taking on the role of a patient to learn how their actions may impact the life of a patient.

Day 3

Day 3 of the workshop will include short classes and testimonials. Two classes that will be held are:

- The Mind, Body, and Spirit Connection: Listening and Empowering Patients, and
- Benefits of Holistic Spiritual Care: Promoting Wellness by Helping Patients to Alleviate Anxiety and Decrease Stress, Pain, Blood Pressure, and Insomnia.

Testimonials will be given by health care professional who have experienced the positive effects that holistic spiritual care has had in their patients' lives and in their own lives. Also on Day 3, the workshop I will instruct participants on transformative learning, which includes reflection and self-reflection strategies.

Transformative learning takes place when an individual observes his or her own life and decides to make a decision based his or her professional experiences and makes a change in their lives (Atherson, 2013). This decision may change or alter nursing practices that may improve their practice of providing care to their patients (McNaron, 2009). Reflective and self-reflective strategies include journaling one's feelings, scripture reading, prayer, meditation, discussions with peers or organized groups, questioning and validating holistic spiritual care practice, evaluating potential problems that may arise that may reflect patient care outcomes, and being flexible and willing to change.

Routine Daily Activities That Will Occur in the Workshop Series

The workshop series will have daily guest speakers who are experts in the field of holistic spiritual care. The guest speakers will include a minister from the community, a representative from the AHNA and NCF holistic spiritual care nursing organizations, a hospice care nurse, and a holistic care nurse educator. These speakers will give lectures to the group about holistic spiritual care and how holistic spiritual care could be implemented including the barriers to implementing a holistic spiritual care program. The speakers will also discuss the benefits of providing holistic spiritual care to patients, as well as answer the participants' questions.

Daily small-group sessions will also be held during the workshop series for the participants to discuss various components of holistic spiritual care including prayer, bible reading, meditation, listening, and music. The participants will be able to verbalize their feelings concerning holistic spiritual care, and they will be able to ask questions and receive answers. Question-and-answer sessions will be held each day for the participants to ask questions and receive answers. Reflections of each day's events will be presented by volunteer participants and myself. At the end of each workshop day, participants will be given a summary of the day's workshop. An online video recording of the workshop will be made available to the nurses who were registered but were not able to attend the workshop, or who were not registered but had other obligations, and for review for the nurses who were in attendance. A three-day holistic spiritual care workshop agenda is included in Appendix A.

Rationale

Why the Project Genre was Chosen

This project was chosen because of an online survey study that investigated the attitudes and beliefs of registered nurses, who were retired or who worked for a registry, regarding holistic spiritual care was conducted and the results revealed that nurses needed information and instruction regarding holistic spiritual care. Holistic spiritual care education may transform nurses' attitudes and beliefs regarding holistic spiritual care daily in the workshop series. A workshop series will educate key stakeholders who are the local community nurses, nurse educators, nurse leaders, and health care administrators regarding holistic spiritual care.

A workshop is a meeting between professional people who share a common interest or problem (Solanki, 2013). Accenture's (2014) website article stated that a workshop would allow the provision of an intense education in a stimulating environment. A facilitated holistic spiritual care workshop would foster creative thinking between nurses, nurse educators, nurse leaders, and administrators that may result in action-oriented decisions being made to implement holistic spiritual care in the workplace. During the workshop series, holistic care nurses will learn ways to improve their practice or how to implement holistic spiritual care.

Other reasons a workshop series was chosen over any other teaching modality was because: (a) workshops are informal, (b) workshops are limited by time, and (c) information presented in a workshop is comprehensive and does not require the participants to have to read or study, like in a class that would require the participants to do more reading or studying (Sandoval, 2010).

How the Problem Was Addressed through the Content of the Project

The problem identified in the study was that nurses need education in holistic spiritual nursing care to help them better understand holistic spiritual care and this project may transform their attitudes and beliefs regarding holistic spiritual care. This finding will be addressed through the content of the project. Also, the project will assist nurses who practice holistic spiritual care to enhance their practice and to learn new ways to administer holistic spiritual care. Nurse educators, nurse leaders, and administrators who take part in the project will learn the benefits of holistic spiritual care.

Adults learn differently than children; therefore, different educational strategies should be employed in a workshop. One of the advantages of conducting a workshop is that participants will be allowed to take part in various learning techniques and activities (National Science Foundation (NSF), 2014). Participants are motivated to learn when different learning strategies are employed (NSF, 2014). In this workshop, the participants will actively participate in the learning process. Participants will interact with one another through sharing their experiences, voicing their opinions, and/or asking questions related to the practice of holistic spiritual care. There will be daily lectures, small group discussions, a question and answer session, role playing with demonstrations, and a skit. Holistic spiritual care classes and testimonials will be included in the workshop as well. Music ministry will be provided during the workshop. Reflection and self-reflection strategies which may help to transform the attitudes and beliefs of nurses concerning integrating holistic spiritual in their workplace will be taught to nurses who attend the workshop.

Other advantages of a workshop such as this holistic spiritual care workshop include: (a) participants receiving a wealth of information at one time and at one place from expert speakers; (2) participants develop friendships by collaborating with participants who share similar interest, problems, or concerns; (3)participants build their confidence by spending time with people who understand their problems, fears, or anxieties; and (4) participants may see this as a time to take a vacation, especially if the workshop is out of town and if the workshop is held at a hotel (Sandoval, 2010).

Review of the Literature

There was a problem with local community nurses not administering holistic spiritual care to their patients due to the lack of accurate information regarding holistic spiritual care. I recruited local community registered nurses, who were retired or who worked for a registry, on Facebook to conduct online qualitative surveys in order to obtain more diverse attitudes and beliefs regarding holistic spiritual care.

The purpose of this online qualitative survey study was to investigate the attitudes and beliefs of local community registered nurses, who were retired or who worked for the registry, regarding patients not receiving holistic spiritual care due to a lack of accurate information regarding holistic spiritual care. When local community nurses' attitudes and beliefs relating to holistic spiritual care were compared to national nurses' attitudes and beliefs, they were similar. The majority of nurses in the nation reveal that they believe in the efficacy of spirituality being practiced in the workplace, yet it is not always a reality (Jenkins et al., 2009). Despite all the positive benefits of nurses integrating holistic care into practice, holistic spiritual care is still a neglected part of nursing regionally and nationally (Jenkins et al., 2009; Murray, 2010). The study findings

revealed that nurses believe in holistic nursing, but holistic nursing is not being widely practiced. Also, it was determined from the results of the study that nurses need education in holistic spiritual care to help them understand holistic spiritual care.

An extensive search was undertaken to determine the best project based on the research data collected. The review was drawn primarily from recent articles published in acceptable peer-reviewed journals or sound academic journals and texts. Walden online databases, CINAHL, Ebcohost, Sage full text, and Google Scholar were used to collect articles. Literatures from diverse perspectives, such as online articles, were used in the search as well to validate the project. Textbooks were also used in the search.

Based on the findings from the study and an extensive literature review, I determined that an interactive workshop would be appropriate for educating nurses, nurse educators, and administrators about holistic spiritual care nursing. Nurses need education in holistic spiritual care that may transform their attitudes and beliefs regarding holistic spiritual care. Holistic care nurses can take advantage of training that would enhance or improve their practice by refining their knowledge and skills (Timmins, 2013). Nurse leaders and administrators in the community will be educated on the benefits of a holistic spiritual care program.

Nurses require specific training in spiritual care and "education in this area is urgently needed" (Timmins, 2013, p.123). In this workshop, nurses will come together to learn, study, and share. This literature review embraced the conceptual/theoretical framework and genre that will support this project, which is a workshop to educate nurses regarding holistic spiritual care.

Conceptual/Theoretical Framework

There are many adult-learning and nursing theories. Based on the findings from the project study, there are three theoretical frameworks that best support the project. The project will be based on the theoretical frameworks of Mezirow (1997, 2003), Knowles (1980,1984, 1989), and Watson (2012, 2013). Mezirow's (2003) theory is known as a transformation learning theory. Knowles (1984) theory is an adult learning theory. Watson's (2012) nursing theory is caring. All three theories, and their application to the project, will be discussed in depth in this paper.

Mezirow's Transformation Theory

Mezirow first introduced his transformational learning theory in 1978, and his transformational learning theory has been applicable in classrooms, online instructions, e-learning, and on-the-job training programs, seminars, conferences, workshops, etc. Mezirow's (2003) transformation theory was not a typical adult-learning theory. This transformational theory did not address the learning process, rather it was one that described the influence learning had on the learner's beliefs and values (Cunningham, 2014).

Beliefs and values of the learner had been formed by their past, contextual and discrepant experiences, and by their culture (Cunningham, 2014; Taylor & Cranton, 2013). Past experiences were those experiences brought about by habits and societal influences (Taylor & Cranton, 2013). Contextual experiences were related to occupational or workplace influences (Taylor & Cranton, 2013). Discrepant experiences were the negative past and cultural experiences that the learner had to contemplate during the learning process (Taylor & Cranton, 2013). Cultural influences were those influences

that are ingrained by family, social influences, or by religious affiliations (King, 2012; Taylor & Cranton, 2013). These experiences were believed to have influenced how adults learned and how they transformed their lives from what they had learned (Harbeck, 2012).

Transformational Learning

According to Cunningham (2014), Mezirow (1997) described transformative learning as being a rationale, cognitive, objective, and a social process that transforms the learner's life. Mezirow (1997) stated,

> Education that fosters critically reflective thought, imaginative problem posing, and discourse is learner-centered, participatory, and interactive, and it involves group deliberation and group problem solving. Instructional materials reflect the real-life experiences of the learners and are designed to foster participation in small-group discussion to assess reasons, examine evidence, and arrive at a reflective judgment . . . . Learning contracts, group projects, role play, case studies, and simulations are classroom methods associated with transformative education. The key idea is to help the learners actively engage the concepts presented in the context of their own lives and collectively critically assess the justification of new knowledge. (pp. 10-11)

Transformative learning can be insidious or slow (Harbeck, 2012). Change can be an enjoyable or a fearful experience for the learner (Hodge, 2010). It can be a welcomed experience or one that the individual has to make a serious lifestyle adjustment in which they are not prepared to make (Hodge, 2010). Mezirow (1997) believed that

transformational learning took place in phases. Each phase took place at a different time, and the learner reacted differently, depending on the situation (Harbeck, 2012).

Mezirow's (2003) stages of transformation:

1. A disorienting dilemma;
2. Self-examination with feelings of guilt or shame;
3. A critical assessment of epistemic, socio-cultural, or psychic assumptions;
4. Recognition of one's discontent and the process of transformation is shared and that others have negotiated a similar change;
5. Exploration of options for new roles, relationships, and actions;
6. Planning a course of action;
7. Acquisition of knowledge and skills for implementing one's plans;
8. Provisional trying of new roles;
9. Building of competence and self-confidence in new roles and relationships; and
10. A reintegration into one's life on the basis of conditions dictated by one's new perspective. (Hodge, 2010, p. 54)

Mezirow's (2003) transformational theory is applicable to the project because the participants in the project will come from diverse ethnic and cultural backgrounds, have different beliefs and religions, and have varied experiences. Also, the facilitator recognizes that participants learn differently and in different stages. Some participants may have to take time to reflect on their experiences before they can translate the information learned and make a transformation to holistic spiritual care. "A changed, expanded perception or understanding is the hallmark of transformational learning,"

(King, 2013, p. 9). Therefore, the events that were designed for the project were aimed at reflecting the nurses' real-life experiences and bringing about transformation or change in the nurses' practice.

This project provides information that will be relevant and informative to a diverse group of participants. Like Mezirow (1997), the facilitator will create a learner-centered atmosphere where the participants can interact with other participants to discuss, deliberate, and solve problems. Small-discussion groups will allow participants to freely express their feelings concerning holistic spiritual care in the workplace. Role playing, in the form of a demonstration and a skit, will be used as transformative or learning tools to teach adult learners the components of holistic spiritual care and how to administer holistic spiritual care. Other transformational learning tools that will be used in the workshop include discussions, holistic spiritual care classes, testimonials, conversations between participants, reflections, question and answer sessions, and speakers who will bring innovative and up-to-date information and ideas to the group on holistic spiritual care implementation, the benefits of implementing holistic spiritual care, and barriers to implementation.

Knowles' Adult Learning Theory

Knowles (1984) was known as the andragogy or the adult learning theorist. Andragogy was defined by Knowles (1984) as being "the art and science of helping adults learn" (p. 43). Knowles (1984) believed that adults brought their life experiences into their learning environment, they expected to be active participants in their learning, adults had to have an interest in the topic being taught, they needed to be knowledgeable

about what they needed to learn, and they learned by problem solving (Clapper, 2010; Nnolim, 2010; Ross-Gordon, 2011; Yardley, Teunissen, & Dornan, 2012).

Also, Knowles (1984) stated that adults believed that they had to have a need to learn, learning had to be applicable to their lives and jobs, and they were task-centered learners (Hodge, 2010; Horton, DePaoli, Hertach, & Bower, 2012; Nnolim, 2010; Ross-Gordon, 2011). According to Knowles (1984), adults are also independent, self-guided learners, who have a strong internal desire to learn, and they are goal-oriented, but they require motivation by educators to participate in the learning process (Clapper, 2010; Brockett & Donaghy, 2011; Gegenfurtner, 2012; Taylor & Hamdy, 2013). Knowles assessed adult learning and developed six assumptions of adult learning. These assumptions were believed by Knowles to be the foundation from which adult learning programs were designed (Knowles, 1984).

Knowles' Six Assumptions of Adult Learning

1. As a person matures, his or her self-concept moves from that of a dependent personality toward one of a self-directed human being.
2. An adult accumulates a growing reservoir of experience, which is a rich resource for learning.
3. The readiness of an adult to learn is closely related to the developmental tasks of his or her social role.
4. There is a change in time perspective as people mature—from future application of knowledge to immediacy of application. Thus, an adult is more problem centered than subject centered (Knowles, 1980, pp. 44-45).

In 1984, Knowles and Associates, added a fifth and sixth learning assumption to the first four learning assumptions. "(5) The most potent motivations are internal rather than external" (p. 12), and "(6) Adults need to know why they need to learn something" (p. 12).

From each of these assumptions, Knowles (1984) was able to design, implement, and evaluate a program plan (Knowles, 1984). For example, assumption one stated that adults were self-directed learners, therefore programs should be designed by program planners that would allow adult learners to diagnose their learning needs, set their own goals, and evaluate their own learning outcomes (Fabel, 2010; Nnolim, 2010).

Knowles and Associates (1984), six assumptions of adult learning will be applicable in this project. I will allow for the diversity of the learners who will attend the workshop by planning different activities and learning strategies, creating an atmosphere where the adult learners will be in control of their own learning, they will be treated with respect and be motivated, and the environment will be calming, relaxing, and conducive to learning (Cafferella, 2010). Speakers will provide the participants with relevant information and materials that will be useful to the participants in their jobs and lives. According to McNeil (2012), facilitators must shift their focus from themselves to the learner. I will serve as the group leader, but will allow the participants the freedom to be interactive with the group at large or in their discussion groups. Participants will be able to verbalize their feelings without judgment, to ask questions and receive answers, as well as reflecting on their learning. Participants will be encouraged to evaluate their learning at the end of the workshop.

Watson's Caring Theory

Watson (2013) believed that caring stemmed from the perspective of the nurse-patient relationship. A healthy environment was conducive to healing and there had to be continuous caring. Caring was defined by Watson "as a universal, social phenomenon that is only effective when practiced interpersonally considering humanistic aspects and caring" ("Caring Science"). Caring was the foundation of nursing stated Watson (Current Nursing, 2013; Hefferman, 2014; Watson, 2013). Watson's caring concepts were the totality of delivering nursing care. Nurses had to be actively engaged with patients personally, socially, morally, and spiritually and trust had to be established between the nurse and the patient.

Carita Concept

"Carita" was one of Watson's theoretical concepts. Carita means to cherish (Hefferman, 2014; Watson, 2012). Patients were to be cherished, and they were deserving of special love and attention.

Three other major concepts were identified in Watson's theory: (1) the carative factors, (2) the transpersonal caring, and (3) caring occasion/caring moment.

Carative Factors

Carative factors were those factors that influence the way nursing care was delivered. Watson believed that a person was a "Whole" (Watson, 2012, p. 3), not separate parts, and each part must be cared for in order for there to be harmony, and to maintain and to protect a person's mind, body, and spirit. Nurses and patients shared a bond when they were together that caused each one to be able to exchange, grow, and help one another. Watson (2013) had ten carative factors in her theory, which were:

1. Embrace human-altruistic values, and practice loving kindness with self and others.
2. Instill faith and hope, and honor others.
3. Be sensitive to self and others by nurturing individual beliefs and practices.
4. Developing helping-trusting, caring relationship.
5. Promote, and accept positive and negative feelings and emotions as you authentically listen to another's story.
6. Use creative scientific problem-solving methods for caring decision making.
7. Share teaching and learning that addresses the individual needs and comprehension styles.
8. Create a healing environment for the physical and spiritual self, which respects human dignity.
9. Create a healing environment for the physical, emotional, and spiritual human needs.
10. Open to mystery and allow miracles to enter ("Caring Science").

According to Watson (2012), care transcended the physical care that nurses provided to their patients, and the nonphysical aspects of care were the priority. Watson also stated that nursing was not just task oriented but nurses had to have a moral obligation and commitment toward preserving humanity (McSherry & McSherry, 2012; Watson, 2012, 2013). Listening to the thoughts of patients meant more in terms of caring than routine nursing care. Caring was a learned behavior and should have been nurtured through constant reflection and continuous training (Watson, 2013).

Transpersonal Caring

Transpersonal caring meant that one individual was able to transcend caring to another, and they were able to receive this transfer, thereby, entering a relationship with one another (Watson, 2012). The transpersonal caring relationship included the spiritual realm. Watson believed that caring sought to connect and embrace the spirit or soul of another through the process of caring and healing in an authentic relationship in the moment (Watson, 2012, 2013).

Caring Occasion

Caring occasion was Watson's third carative concept. The caring occasion was known as the human-to-human moment where caring was developed (Watson, 2012, 2013). This human-to-human moment occurred when the nurse and the patient were engaged in conversation. Through the caring moments, the nurse and patient were able to form a bond and develop a relationship. According to Watson, these caring moments allowed the nurse and the patient's spirits to join.

Watson (2013) believed "the spiritual could not be separated from the body and the spirit required care" ("Caring Science"). Human caring is a serious endeavor and requires skill and personal growth in preparation as a lifelong journey" ("Caring Science"). Watson's theoretical framework is applicable to this project because nurses will learn how caring for their patients, not just in the physical, but in the spiritual, will positively impact their relationships with their patients, as well as help their patients to heal. Nurses will learn through information given by the speakers, through a PowerPoint presentation, their interactive participation with the group, in small group discussions, in question and answer sessions, and through role playing.

Researcher Planning, Organizing, and Facilitating the Workshop

When educators are planning an educational program, such as a workshop, they should be aware of the needs of the participants. Based on the results of this project study, I determined that nurses needed to be educated in holistic spiritual care. Nurses who are practicing spiritual care in their workplace may improve their practices, and administrators will learn the benefits of incorporating the practice of holistic spiritual care into their health care facility in this workshop.

In this workshop, I will plan the workshop with the needs of the learners in mind. Understanding the needs of the participants will help the educator to determine what needs to be done and how to do it (KU, 2013). The workshop will be geared toward educating adults who are different ages, and they come from different cultural, religious, educational, and experiential backgrounds. Participants have diverse learning styles. Also, participants' willingness to learn or apply what they have learned may vary. Accommodations will be provided to learners with physical limitations.

As I am planning and organizing the workshop, I will make sure that I have all the necessary equipment such as an easel or chart board, a video recorder, overheads, projected computer-screen images, handouts, paper, and plenty of pencils and pens (Education Training Unit (ETU) 2013; KU, 2013; NSF, 2014). Also, I will ensure that the room is spacious, has comfortable furniture, with proper seating arrangements, and ample lighting (KU, 2013). Coffee and tea will be provided during the workshops for participants.

At the start of the workshop, I will introduce herself and the guest speakers to the participants, followed by giving a very brief explanation for holding the workshop (ETU,

2013; KU, 2013). Next, I will request that participants introduce themselves to one another. I will share workshop agenda, breaks, and meal time information. Also, during the different phases of the workshop, I will keep track of the time to ensure activities are kept timely (KU, 2013).

The Workshop

Workshops should be interesting and activities should vary (KU, 2013). During the three-day workshop series (Appendix A) there will be guest speakers addressing the audience, small group sessions, and a PowerPoint presentation will be presented. A question and answer session will allow the participants to ask questions and receive answers from the speakers and other participants. Reflective and self-reflective strategies will be discussed as well. The participants will be able to visualize the impact of including holistic nursing into their practice because a demonstration and an interactive skit in the form of role play (National Science Foundation (NSF), 2013) will be presented on the different components of holistic spiritual care such as prayer, bible reading, meditation, listening, and music. Participants also will be instructed on how to appropriately administer holistic spiritual care to their patients. Music ministry, holistic spiritual care classes, and testimonials will be offered to the participants. In the closing phase of the workshop, the facilitator briefly will review the day's agenda and address information that might not have been covered in the workshop. At that time, I will request feedback from the participants. Participants will be asked about their experience in the workshop, and they will be asked if the information provided in the workshop was or was not helpful. Participant challenges and concerns regarding holistic spiritual care will also be discussed.

Anonymous evaluation forms with five evaluation questions will be given to participants to complete at the close of the workshop. Participants will rate their overall experience in the workshop from 1-5, ranging from strongly agree to strongly disagree (KU, 2013). Workshops are evaluated on the clarity of the presentation, the various learning activities, relevance and usefulness of the material presented, as well as how interesting the workshop was (ETU, 2013; KU, 2013; NSF, 2014). A space on the evaluation form will be provided for the participant to write general comments. The evaluation form is in Appendix A.

Discussion of the Project

This next section will cover implementation of the project, potential resources, existing supports, and potential barriers. Next, the proposal for the implementation and the timetable, and roles and responsibilities for the project will be discussed. Project evaluation, implications including social change in the community and far-reaching change will also be covered in the next section.

Implementation of the Project

After analyzing the results of the study, the data indicated that there was a need for nurses to be educated in holistic spiritual care to overcome barriers that prevent them from practicing holistic spiritual care in their workplace. Based on the findings, I determined that a workshop would be the best tool to educate nurses. The workshop series will be a three-day event where key stakeholders, who are the local nurses, nurse leaders, nurse educators, and nursing administrators, will be invited to attend and learn about holistic spiritual care. The workshop will teach the participants the meaning of holistic spiritual care, the components of spiritual care, the appropriate way to administer

spiritual care, answer participants' questions, as well as clarify any misconceptions about holistic spiritual care the participants may have. Also, the benefits of holistic spiritual care will be discussed. Reflection and self-reflection transformational strategies will be shared with the nurses. These transformational strategies may promote transformation or change in the nurses' attitudes and beliefs regarding holistic spiritual care.

Potential Resources and Existing Supports

Potential resources and existing supports for the implementation of the workshop identified in the study were registered retired and registered registry nurses. Study participants supported holistic spiritual care but they needed to be educated in holistic spiritual care to overcome barriers that prevented them from practicing such care. Other potential resources and existing supports could be nurse educators, nurse leaders, and health care facility administrators.

Potential Barriers

I am supportive of incorporating holistic spiritual care into nurses' practice, and I am aware, from the study, that nurses believe in and support holistic spiritual care practices. I am also aware that there will be barriers to overcome as well in implementing a workshop (Solanski, 2013). Research studies have shown that workshops have been very effective for helping transform adult learners (Burgess & Curry, 2012; Chuan, Chen, Hsu, Lin, & Chrisman, 2011; Perscellin & Goodrick, 2010; Tupper, Pearson, Meinersmann, & Dvorak, 2013). According to Yousefi, Nahidian, & Sabouhi (2012) "workshop training significantly improved the level of knowledge, attitude, and practice of intensive care nurses" (p. 91).

A mixed-method study was conducted by Tarnow, Gambino, & Ford (2013)to assess the effects of a continuing education workshop had on nurses' delivery of patient care and team work (Tarnow et al., 2013). Nurses who had attended the workshop were asked to complete questionnaires and were also interviewed (Tarnow et al., 2013). The results of the study indicated that 75% of the nurses had changed their attitudes toward patient care and team work (Tarnow et al., 2013). In addition, charge nurses reported that the nurses who had attended the workshop had either enhanced or greatly improved their patient care and teamwork (Tarnow et al., 2013).

Despite research findings that indicate workshops are effective, there still remains the human element that may make workshops ineffective in changing attitudes, beliefs, and behaviors in the workplace (Solanki, 2013). There are many people who attend workshops and obtain information, think about the information, and decide to change, but as time goes on, people regress back to their old behaviors (Sandoval, 2010). Still, there are others who attend workshops and feel like the workshop did not benefit them or the information was not applicable (Persellin & Goodrick, 2010; Sandoval, 2010). Another pitfall is that some participants may not attend because they cannot afford to take time off from their busy schedules or lives (Sandoval, 2010). My workshop will be a 3-day series that will occur during working hours. Workshops are not always subsidized by employers, leaving the expense to the employee to absorb (Sandoval, 2010).

During the workshop I will encourage participants to be actively involved in the workshop by asking questions, collaborating within the smaller groups, with the speakers, and with other participants, or by taking time to reflect on what they have learned in the workshop (Percival, 2014). Transformation or a positive change in a person's attitudes,

beliefs, or behaviors may result when participants share their experiences, ask questions or answer questions, receive or offer support, and receive validation from other members collectively, in a group setting, or on a one-to-one basis with speakers or other participants (Burgess & Curry, 2014; Tupper et al., 2013). Whether the participants share with one another individually or in a group setting, collaboration of this nature tends to prevent or decrease any misconceptions the participants may have (Tupper et al., 2013). Tupper et al. (2013) stated, "Challenge participants to see, learn, and experience 'ah-ha moments'" (p. 274). The workshop will be videotaped for those who will not be able to attend, and for reinforcement of materials for those who will attend. Participants may want to contact outside resources if they have any further questions, need more information, or want to find out if there are any local meeting they can attend to receive further support.

Proposal for Implementation and Timetable

This workshop will be a three-day event. The main goal of the workshop is to provide education to nurses on holistic spiritual care; however, implementation of holistic spiritual care will be a focus as well. Upon completion of the doctoral program at Walden University, I will work toward promoting this holistic spiritual care workshop series—and future workshops as well—which will help nurses in local community health care institution to realize the importance of incorporating holistic spiritual care into their routine practice. An estimated timeframe for implementing the workshop series will be early November, 2014. According to the research, program planning should begin 90 days up to one year before the program is scheduled to start (NAGT, 2014; Tupper et al, 2013). After the completion of the first planned workshop series, I hope that nurses will

take the information provided in the workshop and begin to practice holistic spiritual care in their workplace, and nurse leaders, nurse educators, and administrators will implement holistic spiritual care policies and standards into their workplaces as well.

Roles and Responsibilities of the Facilitator and Participants

In order for a workshop to be successful, the and the participants and I have specific roles we must play and tasks we must perform. In this workshop, I will be the facilitator. As a facilitator, I will plan the meeting with the needs of the participants in mind. I will set goals and objectives for the workshop. I will obtain funding and equipment and supplies needed for the workshop, and I will locate a meeting place, set the date and time, and notify potential participants. I will request volunteers to assist me in completing the planning process, in implementing, and conducting the workshop. I will also facilitate or guide the workshop by keeping the agenda, monitoring the time, and maintaining a comfortable, safe, and productive environment for the participants by motivating them to be actively involved (Booth & Schwartz, 2012, 2013; International Council on Archives, 2010; KU, 2013; Solanski, 2013). All participants will be greeted by me upon arrival. Coffee and tea will be provided during the workshop.

Participants will be responsible for being respectful and being actively involved in the workshop (KU, 2013; Solanki, 2013). The participants will remain active in the workshop by collaborating with the group, as a whole, or in small group discussions. Participants will also participate in a question and answer and session, in reflection time by reflecting on what they have learned in the workshop, and by discussing reflection and self-reflection strategies, and they will participate in role playing. Lastly, participants will be responsible for evaluating the workshop. When the participants and I

cooperatively work together as a team, the workshop can be a success and can lead to nurses transforming their practice by including holistic spiritual care.

Project Evaluation

The Evaluation Design and Approach

Feedback from participants will assist me to determine the effects of the workshop in whether the program worked or did not work. A summative evaluation will be made of this workshop. According to Lodico et al. (2010), summative data are provided at the end of a program to evaluate whether the program met its goals and objectives. Summative evaluations focus on the results or outcomes of a program throughout the life of the program (Caffarella, 2010). Also, the results obtained from summative data may be indicative of whether the participants received enough relevant information to make an informed decision whether or not to incorporate holistic spiritual care into their practice. An advantage to evaluating a program at the end is that the program has been completed and a comprehensive assessment of the results of the program can be made (Caffarella, 2010). Assessing the outcomes of the workshop will assist me in revising or restructuring future workshops (Caffarella, 2010). Stakeholders who participated in the workshop will be informed of the results or outcomes of this workshop via email. Participants will be encouraged to give additional feedback concerning the workshop at this time also.

Overall Evaluation Goals

The findings have determined that nurses in the study needed education in holistic spiritual care, and a workshop was chosen to educate nurses on the implementation of holistic spiritual care. The first overall evaluation goal following the workshop was to

evaluate whether information provided in the workshop effectively addressed the needs of the participants. Another overall evaluation goal was to evaluate whether participants, through education provided in the workshop, had made a decision to implement holistic. Lastly, an overall goal of the workshop was to determine if the workshop goals and objectives had been met or whether the workshop would have to be revised.

Key Stakeholders

At the end of the workshop, participants who are the key stakeholders in this project will be asked to complete a five-question anonymous evaluation form. The participants will rate their experiences in the workshop from 1-5, ranging from strongly agree to strongly disagree (KU, 2013) (Appendix A). Feedback from the evaluation form will assist me in determining if the stakeholders feel they have received adequate information in the workshop or if more education is needed. Based on the evaluation results, future workshops will remain the same, be improved, or be changed completely. This workshop is only the beginning move toward the implementation of holistic spiritual care in the workplace, and the evaluation process will be ongoing with each holistic spiritual care workshop that is implemented. New information will be learned from each workshop that is conducted.

Implications Including Social Change

Social changes that are effective take place when those who are initiating change decide to change a problem or situation locally and globally (Solanski, 2013). Local changes are those changes that occur in the community, whereas, global changes are far-reaching. Education is the key to social change in the area of holistic spiritual care implementation. In order for holistic spiritual care to become a routine part of nurses'

practice, locally, nationally, or worldwide, barriers that prevent nurses from practicing in this manner must be removed through the educational process (Murray, 2010). A workshop, which I will be conducting, to educate nurses in holistic spiritual care may be instrumental in bringing about this change (Solanki, 2013). The importance of the project to local stakeholders and to a larger context (far-reaching effects) will be discussed in detail.

Social Change in the Local Community

Educating local nurses, nurse educators, nurse leaders, and administrators in holistic spiritual care is the initial step toward the implementation of holistic spiritual care into the workplace and then into routine nursing practice (Solanki, 2013). The above-mentioned leaders must realize the positive impact that the practice of holistic spiritual care has on their patients' lives. The study results have shown that nurses believe in and support holistic spiritual care. However, local nurses are not widely practicing holistic spiritual care because they need to be educated to overcome barriers that prevent them from practicing this care. Social change may occur on a local level when nurses, nurse educators, nurse leaders, and educators come together to gain knowledge, collaborate, and work together to solve the problem (Accenture, 2014).

Social changes that may result from nurses incorporating holistic spiritual care into their practice include: patients' lives being saved, patients recover faster from their illnesses, they experience inner peace, they are more involved in their health care, and they experience a better health care outcome (Dorsey et al., 2013). Social changes can also result when nurses overcome barriers such as fear, feelings of inadequacy, lack of training, and/or knowledge concerning holistic spiritual care (Sartori, 2010). Nurses

may then able to provide better care to their patients, and they may build trusting relationships with their patients, families, and co-workers in their workplace (Nixon et al., 2013). Patient satisfaction ratings increase when holistic spiritual care is provided by nurses, which results in hospitals being reimbursed for their higher ratings (Halderman, 2013). Nurses who practice holistic spiritual care create a secure and healing atmosphere for their colleagues as well as their patients (Okonta, 2012). Nurses are more satisfied in their jobs, and thus there is a decrease in nurse turnover, which results in less nurse shortages (Okonta, 2012).

Other social changes in the community that may evolve from nurses incorporating holistic spiritual care into their practice include patients recovering faster and returning to their families, jobs, and lifestyles (Sartori, 2010). According to McBrien (2010) nurses who practiced holistic spiritual care helped their patients' spiritual maturity by administering spiritual care. When patients are discharged from the hospital, they are able to adhere to their treatment regime, diets, or lifestyle changes better (Dorsey et al., 2013). Many patients are able to accept their illnesses and learn to live life to the fullest by enjoying their lives (Dorsey et al., 2013).

Patients' relationships are improved as a result of patients receiving holistic spiritual care (Bensing, 2013). Through nurses providing holistic spiritual care, patients often experience forgiveness and restoration of relationships as a result (Bensing, 2013). Hope, peace, joy, and fulfillment are some of the attributes patients experience from holistic spiritual care (Tiffany, 2012). Health care costs are also reduced when holistic spiritual care is in place because the patients' stay in the hospital is generally shorter (Halderman, 2013). As more nurses become knowledgeable about holistic spiritual care

and they decide to embrace the practice, they may venture into their communities to share how holistic spiritual care can play a vital role in a person's health and well-being (Satori, 2010). Nurses may decide to speak to senior citizen groups, for example, conduct workshops, conferences, seminars, etc., in their communities (Sartori, 2010).

Far-Reaching Social Change

Far-reaching effects can result if the outcome of the local workshop is positive (Solanki, 2013). Information and teaching strategies used in the workshop may be transferable in implementing workshops in other cities, states, and even around the world (Accenture, 2014). Educating local nurses, nurse educators, nurse leaders, and administrators in holistic spiritual care can present me with a great opportunity to share with nurses nationally and internationally (Tiffany, 2012). Just as nurses locally are not widely practicing holistic spiritual care, nurses globally are experiencing the same dilemma (Tiffany, 2012). If the local workshop is a success, nurses globally may get the opportunity to benefit from this type of education (Solanki, 2013). A social change may spread worldwide as a result of local social change brought about through this workshop (Solanki, 2013). Globally, nurses may transform their practices to include holistic spiritual after receiving training (Solanki, 2013).

Research studies around the world have revealed that the quality of patient care was improved when holistic spiritual care was implemented in the workplace, and nurses who practiced holistic spiritual care reported that their patients and their own lives had been improved as a result of implementing holistic spiritual care (McSherry & Jamieson, 2011). Nurses were able to communicate and build trusting relationships with their patients and their families (McSherry & Jamieson, 2011). Patients' overall health

outcomes were also positive as a result of implementing holistic spiritual care (McSherry & Jamieson, 2011). Lind et al. (2011) stated that patients have a desire for their spiritual needs to be met.

Additional far-reaching effects of holistic spiritual care include nurses helping patients to find meaning in their lives and assisting patients to achieve a harmonious balance in their body, soul, and spirit (Wardell et al., 2012). Consumers are seeking "a health care system that addresses their biological, psychological, social, and spiritual needs" (Guzetta, 2010, p. 54). Worldwide people are demanding more answer with regard to health care than just the same conventional answers that often do not alleviate pain, suffering, or mental anguish (Antigoni & Dimitrios, 2009; Barlow, 2011; Guzetta, 2010; Murphy & Walker, 2013). Patients are seeking alternatives to heal their bodies, such as prayer, bible reading, meditation, touch, music, etc. Holistic spiritual care will make a global impact on the way nursing care is delivered (Murphy & Walker, 2013). "Communicating and caring for people in a holistic manner, embracing different professional approaches to treatment is important" (Pitt, Kelly, & Carr, 2014, p. 291), and this will only be achieved through health care professionals working together collectively to implement "policies or guidelines that govern the practice" Pitt et al., 2014, (p. 291). Instructional information from this local workshop on how to implement a holistic spiritual care program may be shared with nurses around the world as well (Accenture, 2014; Solanki, 2013) Nurses who are trained to administer holistic spiritual care will be able to offer these alternatives to conventional care (Pitt et al., 2014).

There is a call for nurses to pursue advance degrees, and many nurses today are returning to school to pursue advanced degrees in holistic nursing (Cowling, 2011;

Handwerker, 2012). Globally, more nursing schools are starting to incorporate classes on holistic spiritual care into curricula (Cowling, 2011). Incorporating local holistic care workshops that nurses can attend may motivate more nurses to return to school to obtain advanced degrees in holistic nursing (Cowling, 2011). Nurses who graduate with advanced degrees in holistic spiritual care may bring about social change by incorporating holistic spiritual care into their practice, and they may work toward the facilitation of this care locally and globally (Handwerker, 2012).

Conclusion

This qualitative online survey research study was conducted to investigate the attitudes and beliefs of registered nurses, who are retired or who work for a registry, regarding patients not receiving holistic spiritual care due to the lack of accurate information regarding holistic spiritual care. Data analysis revealed that nurses believe in and support holistic spiritual care, but they are not widely practicing holistic spiritual care, because they need more education in holistic spiritual care to overcome the barriers that prevent them from practicing holistic spiritual care. Based on the research findings and the literature, the best educational tool to educate nurses would be a three-day workshop series to teach nurses, nurse educators, nurse leaders, and administrators about holistic spiritual care and the benefits of incorporating holistic spiritual care into the workplace. Education provided in the workshops may assist nurses, nurse educators, nurse leaders, and administrators in possibly implementing holistic spiritual care in their health care facilities. Through education and collaboration, these leaders may bring about positive social change in their local community, nationally, and globally (Handwerker, 2012).

Section 4: Reflections and Conclusions

Introduction

This project was rooted in a qualitative online survey research study designed to investigate the attitudes and beliefs of registered nurses on holistic spiritual care. It specifically analyzed these beliefs using a local population of nurses in the Southwestern United States, all of whom were retired or worked for a registry, regarding patients not receiving holistic spiritual care due to a lack of accurate information regarding holistic spiritual care. After the data was collected and analyzed, I determined that all the nurses who participated in the study believed and supported the practice of holistic spiritual care in nursing, but the practice was not widespread in the local community because the nurses needed to be educated to overcome barriers that prevented them from practicing holistic spiritual care.

After reviewing my study findings, I chose to develop an educational project to educate nurses in holistic spiritual care; this project consists of a three-day workshop.

In this section, I discuss the project strengths, my recommendations for remediation of limitations in addressing the problem, pertinent scholarship, the project development, leadership, and change. My self-analysis as a scholar, practitioner, and project developer are also included in this section. The project's potential impact on social change, implications, applications, and directions for future research, as well what applications that can be made to the educational field, are also included, along with the conclusion.

Project Strengths

The purpose of this study was to investigate the attitudes and beliefs of holistic spiritual care nurses regarding holistic spiritual care. I collected qualitative online survey data from local nurses, and determined that a workshop series would be the best educational tool to educate nurses in holistic spiritual care. In this series, participants will be provided with the necessary information to make a decision to implement a holistic spiritual care program in their facilities as well as how to implement such a program.

One of the strengths of the project is that it is based on data that I collected. This data helped me in determining the appropriate educational tool that would best meet the needs of the participants. The second strength of the project is that it is designed to work with the participants' busy schedules, since the prospective participants are busy individuals who do not always have the time or resources to attend extended educational meetings. This workshop series will provide participants with relevant and useful information, in one location and at one time. The workshops are designed to not require the participants to do additional reading or studying because all of the information that will be discussed in the workshop; any additional information that might be required will be placed in takeaway resources such as the workshop packets, fact sheet, and an online video recording of the workshop.

The third strength of the project is that hopsital stakeholders will receive a better understanding of holistic spiritual care, which is expected to positively inform their decisions about incorporating holistic spiritual care into their workplaces. Participant-centered instructional strategies and tools will be used to teach holistic spiritual care in the workshop. The participants will be instructed on my recommended definition of

holistic spiritual care, as well as the components, appropriate administration of, barriers to implementing, and the benefits of incorporating holistic spiritual care into their health care facilities. This improved understanding will also be conveyed by guest lectures and by question-and-answer sessions with experts in holistic spiritual care. Other tools to improve participant understanding include group interaction and collaboration via group discussions, small-group sessions, question and answer sessions, and a reflection session. The workshop will also include role-playing demonstrations, a skit, and a PowerPoint presentation.

Project Limitations

This project has strong advantages, but also has some limitations in addressing the problem. Workshops are convenient and beneficial for professionals. However, a lack of participation will significantly limit their influence. Some participants may not attend workshops because they are unable to take time off from work or they have family obligations that prevent them from attending (Sandoval, 2010). Others report that their schedules conflict with the workshop, or they are not motivated to attend because they do not want to attend during the work day or after work. Most workshops are held during the week during business hours (Sandoval, 2010). My three-day workshop series will be held on three consecutive weekdays; with the first two days held from 8:00 a.m. until 4:30 p.m. and on the third day the workshop will be held from 8:00 a.m. until 2 p.m. Another limitation of workshops is that funding may be a problem for potential participants (Sandoval, 2010). Participants often have to absorb the cost of the workshop, itself, then the hotel fees, meals, and transportation in order to attend (Sandoval, 2010). This workshop will be offered locally and will be free of charge.

Participants often attend workshops, leave with good intentions of changing, but regress back to the same behaviors (Persellin & Goodrick, 2010; Sandoval, 2010). Some participants attend the workshop but they feel like the workshop was not beneficial. Other workshop attendees feel that they could not apply what they learned in the workshop to their jobs or lives and they do not change their attitudes, beliefs, or behaviors (Persellin & Goodrick, 2010; Sandoval, 2010). Another limitation to the workshop is that it has yet not taken place; therefore, it is impossible to realistically assess the disadvantages this workshop may or may not have. Because of this reason, the information and strategies proposed, as well as whether the workshop was effective in changing the attitudes and beliefs of participants concerning holistic spiritual care cannot be determined. In order for the workshop to be effective, participants must attend, and stakeholders must be able to gather together in one place to collaborate and find a solution to the problem (Solanki, 2013).

Recommendations for Remediation of Limitations

There are recommendations for ways to address the problem differently based on the work of the study. The study was limited to registered nurses who were retired or who worked for a registry. In follow-up research, the survey administration should be expanded to include non-registered nurses such as licensed vocational nurses; nurses who do not work in acute-care settings; nurse leaders; nurse educators; and nurse administrators. This expansion in scope should provide significantly more diversity in the study population.

Face-to-face interviews with nurses would have been another option for collecting data instead of online surveys. Face-to-face interviews would have allowed me to

interact directly with participants by entering their world in order to interpret the participants' attitudes and beliefs regarding holistic spiritual care, as noted by Merriam (2009). Interviews would have also allowed me to visually capture the essence of what the interviewee was saying about his or her life situations that were being investigated (Merriam, 2009).

With face-to-face interviews, participation could be problematic but less problematic than online survey administration (Sandoval, 2010). Some participants who volunteer to participate in face-to-face interviews may decide not to participate or they drop out of the study, but more online survey participants are known not to volunteer to participate at all because of the sensitivity of the topic, lack of interest, lack of time, or fear that confidentiality will be breached (Sandoval, 2010). However, doing so would have made the results of this study less generalizable because it was a qualitative study (Lodico et al., 2010). However, participant responses may have been reflective of other nurses' attitudes and beliefs concerning holistic spiritual care (Lodico et al., 2010).

Scholarship

Scholarship is a higher level of learning (Concordia College, 2014). This type of learning is research and theoretically based (Concordia College, 2014). The Walden doctoral program incorporates research and theory. Academic courses and project study courses offered at Walden prepare professionals to research, plan, and implement programs designed to make local and global social changes.

My doctoral journey started four years ago. The journey has been long and challenging. However, I have relied on prayer, my family, my closest friends, colleagues, and my instructors for support, encouragement, and motivation. When I

started the program, I wondered to myself if I had what it took to make it. I felt inferior to other colleagues who used elaborate words and wrote more scholarly than I. My computer literacy has evolved over time, but I am still not completely there yet. Despite all of the challenges associated with this journey, I am still standing by the grace of God. I will see my dream come true.

I have learned so much in researching and writing my proposal, and planning my project about holistic spiritual care, and the great impact the practice has on patients and their lives. I also know that there is so much I still need to learn. The literature has shed so much light on holistic spiritual nursing care and how much more needs to be done in the way of global institution of this practice. However, very minimal research has actually been conducted on how to help nurses overcome barriers to the implementation of holistic care nursing (Antigoni & Dimitrios, 2009; Casarez & Engebretson, 2012; Murray, 2010; Rojas et al., 2009). Nurses, nurse educators, nurse leaders, and administrators must be educated in holistic spiritual care to overcome these barriers if there is to be a global implementation of holistic spiritual care nursing in the workplace. This workshop will have the benefit of educating nurses around the world because it will be online for all nurses, everywhere, to access and to build their knowledge and transform their thinking.

There are many adult-learning theories as well as nursing theories. For this project, I chose three that I felt were most applicable. The two learning theorists were Knowles (1984) and Mezirow (2003). One nursing theorist that I selected was Watson (2012). Knowles' theory supported adult-learning or andragogy. Mezirow's theory dealt with transformational learning. Watson's theory was the theory of caring.

In spite of all the challenges and times of discouragement, crying, or sitting idle when I had experienced a brain freeze, I would not trade my experience for anything. I do not have any regrets for continuing the program. I will be able to use the theoretical and research-based education I have received to bring about social change locally, nationally, and globally. My educational journey will not stop at the doctoral level. I will continue to be a lifetime learner—always seeking answers to solve a problem. The sky, indeed, is the limit for me.

Project Development and Evaluation

Project development took thought, time, research, and finally making the decision to plan a project to educate nurses in holistic spiritual care. A qualitative online interview study was conducted online. Data was collected, summarized, and analyzed to make the data meaningful, and themes emerged from the data collected. Based on the research findings, the decision was made to conduct a workshop as a project to address the problem. Nurses in the study believed and supported holistic spiritual care, but they did not all practice holistic spiritual care because of barriers that prevented them.

Initially, I planned on conducting face-to-face interviews with acute-care nurses in a health care facility. However, I had to change my site, and decided to conduct online surveys with nurses recruited on Facebook. After two weeks, 21 participants had participated in the study by completing the online demographic surveys. Results from the surveys revealed that nurses needed education in holistic spiritual care to assist them in overcoming barriers that prevented them from practicing holistic spiritual care. A workshop was chosen to educate nurses, nurse educators, nurse leaders, and administrators who are the stakeholders, about holistic spiritual care. The education

provided in this workshop will not only educate the nurses and administrators, but it may transform their beliefs and attitudes, and they may decide to incorporate holistic spiritual care into their workplace. My goal will be to conduct a workshop that is innovative, engaging, applicable, and transformative that will allow participants to reflect on their need to change their beliefs or attitudes regarding holistic spiritual care implementation in the workplace (Accenture, 2014; Chuan, Chen, Hsu, Lin, & Chrisman, 2011).

Summative evaluation was selected as an evaluation tool for the workshop. Participants will evaluate the overall workshop, whether the workshop was interesting, informative, or useful (Hunter & Nielson, 2013). Evaluation information will serve to assist me in determining the needs of the participants, whether the participants understood the information enough to make decisions to implement a holistic spiritual program at their facilities, or whether the program met its goals and objectives (Grohmann & Kauffeld, 2013). Also, this summative evaluation will help me to determine whether to correct problems associated with the workshop or whether to restructure or change the workshop (Grohmann & Kauffeld, 2013; Hunter & Nielson, 2013). Summative evaluations will be ongoing and will be done at every future workshop.

What I have learned in developing this project study is that this it was not an easy process. I had no idea, at first, what I was going to do for a project, and when I had decided, it was very tedious. I had to read the literature on workshop planning. Sorting through the Walden library was difficult. There were not as many up-to-date and scholarly articles and books as I had thought would be in the library and online. I spent hours on research. After navigating through the literature process, I really think

workshops are excellent for educating nurses because of the short duration and convenience of a workshop.

Patience is truly a God-given virtue, and I did learn patience and endurance through this entire process. This process has been very challenging; however, I feel a bit more confident with program planning now. I look forward to implementing the workshop and future workshops that will help nurses overcome barriers that prevent them from practicing lifesaving holistic spiritual care.

Leadership and Change

In order to bring about social change, a good leader must demonstrate good leadership characteristics. A good leader is a motivator; he or she is focused, has integrity, has a passion for what he or she believes, and is credible. Also, leaders should be caring, supportive, and empowering. Leaders promote engagement and collaboration among team members.

Throughout this doctoral journey, I either developed more leadership skills or enhanced the ones I already had. I have become more of a motivator, and I have become more supportive and caring throughout this doctoral program. I have learned to stay more focused, to maintain my integrity at all costs, and I have a passion for holistic spiritual care. I have learned more about promoting engagement and collaboration as I started planning the project.

I completed the data collection and analysis process and decided to plan and implement an educational workshop series for nurses. While planning the workshop, I learned that leaders empower other people by making them feel powerful, important, and that they are part of the team. Leaders have a desire for positive social change; therefore,

they gain knowledge and request the support of others around them to bring about these social changes. From the knowledge I have gained from scholarly leaders at Walden University, I feel I am now empowered, and I can exemplify my leadership skills by implementing my project, which may bring about social change in the way nurses practice.

Analysis of Self as a Scholar

Throughout my doctoral journal, I have continued to learn new things about myself as well as who I am as a scholar. I have learned that I must work hard, stay focused, and never give up—even when times are trying. Keeping my eyes on the prize is what has inspired me to push forward. I can see the bigger picture, which is achieving my dream of obtaining my doctoral degree.

Writing was probably the most challenging in this program. I read my papers over and over again, and I had others read and review my papers. I do see improvement though. I learned throughout the whole process of writing paper after paper that I must be patient and persistent. Scholarly writing takes practice and more practice. To assist me in writing and improving my computer skills, I completed a writing course at Walden University and a community computer course at my local high school.

Reading scholarly research and theoretical articles proved almost as challenging as the writing. I found myself asking, "How do I apply this information to situations, or what exactly is the researcher or theorist trying to say?" I admit, some of the information seemed like jargon, at first, but the more I read and researched, the clearer these topics became. I am now able to apply research and theoretical concepts.

Analysis of Self as a Practitioner

I am a Christian, registered nurse and a doctoral student. I have a deep-rooted passion and a leading from God to see holistic spiritual care implemented in health care institutions globally. Holistic spiritual care is an evidence-based practice, which is a nursing practice based on research and evidence (Ruder, 2013). Research provides answers, helps solve problems, and can be used to bring about changes in an organization (Casarez & Engebretson, 2012).

As a nurse leader, I will use the knowledge and practical experience I have acquired from my nursing experience, my courses at Walden, as well as my research study, to assist other nurses and nursing leaders in the implementation of holistic spiritual care in the workplace. This process will start with my implementation of a local workshop to educate nurses in holistic spiritual care to overcome barriers that prevent them from practicing such care. I will be instituting social change in nursing practices through this project.

Analysis of Self as a Project Developer

I have learned that project development is not an easy task. It requires knowledge and skill. From the data collected, I was able to see how important providing holistic spiritual care was to nurses. However, their practice was hindered because they need education in holistic spiritual care to overcome barriers that prevent them from practicing holistic spiritual care. Findings from the study helped me decide on a project. A workshop will enable me to share my knowledge of holistic spiritual care with other nurses. I want nurses to understand the real meaning of holistic spiritual care and its implications in nursing practice. In the workshop, the nurses, nurse educators, nurse

leaders, and administrators will be able to interact, collaborate, and possibly find solutions to their problems. I realize that this workshop is only the beginning of a possible long process to the global implementation of holistic spiritual care programs. However, this workshop, which will start the process, will provide stakeholders with information that may lead to their decision to implement holistic spiritual nursing care in their health care facility.

As a project developer, preparation for developing this project began with me analyzing the data I collected in the study, and then deciding on what project would be applicable for educating nurses about holistic spiritual care; it also it required me to read and research the literature on project development before planning the project. In planning the workshop, I needed to know when the workshop would occur, what time frame I had to work within, where the event would be held, what content would be provided in the workshop, what would be the objective(s) of the workshop, and what would be the learning materials I needed for the workshop (Caffarella, 2010; International Council on Archives, 2010). I also needed to know who the speakers would be at the workshop. After working through all these steps, I believe that a successful workshop has been planned and developed that will bring about social change in the practice of nursing.

The Project's Potential Impact on Social Change

This study was conducted to investigate the attitudes and beliefs of registered nurses who were retired or who worked for a registry. Local nurses believe in holistic spiritual care, but the practice is not widespread. There are barriers that prevent nurses from practicing holistic spiritual care. Nurses need education in holistic spiritual care

that may transform their attitudes and beliefs and help them overcome barriers that prevent them practicing holistic spiritual care. Holistic spiritual nursing is providing care to the "whole person," and it includes the body, soul, and spirit of the patient (Halderman, 2013). Holistic spiritual care is beneficial to the lives, well-being, and health care outcomes of patients (Okonta, 2012).

Nurses locally, nationally, or internationally are global health nurses (Wood, 2010). What impacts nurses and the delivery of patient-centered care locally affects nurses and patients globally (Wood, 2010). Technology connects nurses worldwide (Wood, 2010). They communicate and share information constantly through the Internet (Wood, 2010). They correspond with other nurses and health care professionals to produce changes in health care policies or develop models of care that affect the delivery and improvement of patient care practices of a country (Wood, 2010). Well-educated nurses are in a position to reform health care systems globally (Wood, 2010). This workshop may be in its infancy, but it could have a global impact on the delivery of the future of nursing care through the use of technology (Wood, 2010). The project's potential impact on social change may mean that the information provided in this local workshop could be shared with nurses around the world (Wood, 2010). This social change could impact health care systems globally (Wood, 2010).

Nurses, nurse educators, nurse leaders, and administrators will be taught the definition of holistic spiritual care, barriers, proper administration, as well as the benefits of incorporating holistic spiritual care into the workplace. Speakers will provide up-to-date and invigorating information, learning strategies and tools will be employed, and there will be interactive and collaborative sharing among participants in the workshop.

Evaluation of the workshop will be performed by the participants to assist me in making decisions about the implementation of future workshops (Grohmann & Kauffeld, 2013).

Education is the goal of this workshop, and it is also my goal of bringing about social change locally, nationally, and internationally. Nurses, nurse educators, nurse leaders, and administrators need education in holistic spiritual care before there can be a social transformation to holistic spiritual care in all health care facilities. "Current societal and health care system trends highlight the need to transform nursing education to prepare nurses capable of outstanding practice in the 21st century" (Handwerker, 2012, p. 1548). This local workshop will provide a meeting place for stakeholders to come together to collaborate, problem solve, and possibly make decisions that affect the way nursing is practiced locally and/or worldwide (Handwerker, 2012).

Implications, Applications, and Directions for Future Research

I can look back from the beginning of my doctoral journey, and I can hardly believe I have come this far. There was my husband, my adult children, and grandchildren, who were there to pray, motivate, encourage me along the way, listen to my complaints, put up with my mood swings, and volunteer to help me when I could not take care of chores around the house or run errands. Thanks to my family, they were there to help me when I had computer issues. There were others I can credit for my success. My prayer partners, members of my church, my friends, my classmates at Walden University, and my chair and committee member.

I realize the spiritual, personal, and professional growth that has occurred for me along the way. Courses that did not seem all that important at the time, all the papers I had to write, and deadlines I had to meet culminated into where I am now. I am thankful

for learning some of the material that did not seem interesting or important at the time. Information I gathered was invaluable because I am now able to reflect on these experiences. Because of these experiences, I feel I am prepared to make social change in the lives of nurses as far as holistic spiritual care is concerned.

I encountered some problems and obstacles along the way as I was attempting to conduct my research. I had to change my site, my target audience, data collection method, and data analysis. Originally, I was going to conduct face-to-face interviews at a local hospital with only acute-care nurses, but I had to change to online surveys with my audience being registered retired and registered registry nurses. I recruited participants on Facebook, and 21 nurses participated. These roadblocks I encountered were frustrating but prayfully, I was able to overcome them.

Holistic spiritual care nursing was a vision I acquired many years ago. My original thoughts were about nursing the "whole person," but when I started writing my prospectus, I had to condense my topic and be more specific, so I decided, with the help of my chair, to change to holistic spiritual care nursing. I practiced holistic spiritual care when I worked in a clinical setting. I was able to see the positive impact holistic spiritual care had in the lives of my patients and their families. I saw people completely healed, people whose recovery period shortened, or people who were dying, died peacefully. Some of my patients experienced calmness, joy, and hope, and they were more cooperative and involved in their care. I was also able to communicate better with my patients.

My experience with holistic spiritual care courses, the course that I have taken at Walden, my project study, and planning my project have prepared me to confidently

implement a workshop that could bring about social change by educating local nurses, nurse educators, nurse leaders, and administrators about holistic spiritual care. If my workshop is successful, information from the workshop can be shared with nurses nationwide and abroad, and they may decide to embrace the practice of holistic spiritual care.

I plan to conduct future workshops to educate nurses in holistic spiritual care nursing. Each workshop will be evaluated. In the future, I hope to present research seminars, conferences, and have parts of my dissertation published in nursing journals and other professional literature. I also plan to write articles for a Christian journal. Whether it is a workshop, seminar, conference, or writing, I will be disseminating information about holistic spiritual care that will, hopefully, bring about social change to nurses locally and globally. My dissertation will be published on Pro-Quest at Walden University for anyone seeking information on holistic spiritual care.

After implementing the workshop and evaluating the results, I would like to conduct another research study. I would like to conduct another online qualitative research study with participants who attended the workshop. I would like to know how they felt about holistic spiritual care after attending the workshop, and did the workshop help them in deciding to implement or not implement holistic spiritual care into their practice. The purpose of the study will be to examine the effectiveness of the workshop in meeting the needs of the participants and whether the workshop did transform the nurses' beliefs and attitudes enough that they decided to implement a holistic spiritual care program in their workplace. In the future, I hope to conduct face-to-face interviews,

including nurses who work in all areas of nursing, to obtain more diverse attitudes and beliefs concerning holistic spiritual care.

Conclusions

I determined from the data collected in the study that nurses need education in holistic spiritual care. A three-day workshop series was chosen to educate nurses regarding holistic spiritual care. Because I had practical experience in holistic nursing care, had taken core courses at Walden University on the subject, conducted a research study, and instituted a plan to implement a workshop, I am prepared to implement a workshop in my local community. One very important aspect of conducting this workshop is that stakeholders will be gathering together, interacting and collaborating, to solve the problem of holistic spiritual care not being widely practiced locally. Nurses will obtain holistic spiritual care information in the workshop, and they may implement holistic spiritual care programs in their health care facilities. As a result of the research I will be implementing a workshop to educate local nurses, and nurses around the world will have the opportunity of taking advantage of my workshop because I will share this information. Local, national, and international social change in the practice of nursing may be the result of this workshop and future workshops I plan to conduct.

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Appendix A: The Project

The Project – A Three-Day Holistic Spiritual Care Workshop:

A Calling to Care

Holistic Care Workshop

A Calling to Care

Holistic Spiritual Care Workshop

A CALLING TO CARE

Workshop Agenda

Day 1

8:00–8:15 am	Registration: Fellowship and Refreshments
8:15–9:00 am	Welcome/Introduction/Opening Prayer
	Purpose of the Workshop
	Brief Introduction of Speakers
	(*Each speaker will draw from his or her experiences and will talk for approximately 45 minutes (for a total of 90 minutes. There will also be time for Q&A at the end of the sessions.)*

Workshop Overview and Definition of Holistic Spiritual Care

9:00–10:30 am	Fostering an Environment of Caring: Components of Holistic Spiritual Care, How to Implement a Holistic Spiritual Care Program, and How to Overcome Barriers to Implementing a Holistic Spiritual Care Program
	Speaker 1: Minister and Holistic Spiritual Care Instructor
	Spirituality vs. Religion: Dispelling the Myths of Spiritual Care
	Speaker 2: Professor of Biblical Studies
	Helping Students and Nurses Practice Spiritual Care from a Biblically Based Christian Perspective
	Speaker 3: Director and Editor of Nurse Christian Fellowship (CNF)
10:30–11:45 am	Question and Answer Session
11:45 am–1:00 pm	Lunch
1:00–1:30 pm	Small Group Discussions

1:30–2:00 pm	Participants will reconvene with the large group to discuss small group discussions and to ask questions.
2:00–2:30 pm	Break
2:30–3:00 pm	PowerPoint Presentation
3:00–4:00 pm	General Assembly Question and Answer Session
4:00–4:15 pm	Reflections of the Day's Events: Feedback welcomed from participants.
4:15 pm	Adjourn

Day 2

8:00–8:15 am	Fellowship and Refreshments
8:15–9:00 am	Welcome/Opening Prayer (*Each speaker will draw from his or her experiences and will talk for approximately 45 minutes (for a total of 90 minutes. There will also be time for Q&A at the end of the sessions.)*
9:00–10:30 am	Holistic Spiritual Care Practices and the Integration Of These Practices in the Hospital Speaker 1: Founder of the American Holistic Nurses Association (AHNA) Integrative Medicine Program Utilizing Conventional Medical and Holistic Practices in the Treatment of Patients Speaker 2: Clinical Nurse Educator Integrative Medicine Center
10:30–10:45 am	Break
10:45–11:15 am	Special Music: Pastor Ghee Minister of Music
11:15–12:00 pm	Small Group Sessions Two workshops classes (choose 1) 1. Assessing Patients' Spiritual Needs 2. Providing Spiritual Care
12:00–1:30 pm	Lunch
1:30–3:00 pm	Role Playing Sessions Demonstration of the components of holistic spiritual care and the proper administration of holistic spiritual care: a chaplain, a representative hospice care nurse, and a holistic care nurse educator will demonstrate components of holistic spiritual care. Volunteers from the audience to role play administering some of the components of holistic spiritual care in a skit.
3:00–4:00 pm	General Assembly Question and Answer Session
4:00–4:30 pm	Reflections of the day's events

	Feedback welcomed from participants
4:30 pm	Adjourn

Day 3

8:00–8:15 am	Fellowship and Refreshments
8:15–9:00 am	Welcome/Opening Prayer
9:00–9:45 am	Class: The Mind, Body, and Spirit Connection: Listening and Empowering Patients Holistic Care Approach Facility R.N.
9:45–10:00 am	Coffee Break/Fellowship
10:00–10:45 am	Class: Benefits of Holistic Spiritual Care: Promoting Wellness by Helping Patients to Alleviate Anxiety and Decrease Stress, Pain, Blood Pressure, and Insomnia R.N. Cancer Center
10:45–11:30 am	Lunch
11:30 am–12:30 pm	Testimonials Holistic Spiritual Care: Evidence-Based Practice: How Holistic Spiritual Care Has Impacted Patient Care Outcomes Holistic Care Nurse Practitioner The Positive Impact of Implementing Holistic Spiritual Care into Routine Practice: Policies and Procedures Administrator/Chaplain of a Holistic Spiritual Care Facility
1:00–2:00 pm	General Assembly Question and Answer Session Transformative Learning: Reflection and Self-Reflection Strategies Workshop Facilitator
1:30–2:00 pm	Reflections of the day's events Feedback welcomed from participants.

2:00 pm Adjourn

Before leaving the workshop, participants will complete a five-question evaluation of the workshop. Participants who attended the workshop and those who were unable to attend can view a video taping of the workshop on You Tube.

Holistic Spiritual Care Workshop

Workshop Packet

Please use the workshop packet to help you keep up with the workshop agenda, for taking notes or jotting down questions you may want to ask during the workshop, or to refer to the workshop packet for reinforcement of your learning after the completion of the workshop. Also, within the workshop packet, there is a list of community resources to contact for additional information or support.

Fact Sheet: Referral sheet that briefly, quickly, and clearly emphasizes the key points of holistic spiritual care for nurses.

Purpose of the Workshop

A local online survey study was conducted that investigated the attitudes and beliefs of registered nurses who are retired and who work for a registry regarding holistic spiritual care. Findings from the study indicated that the nurse participants believed in holistic spiritual care, but some nurses practiced holistic spiritual care nursing while others did not. The reasons given were because of barriers that prevented them from practicing. Nurses in the study needed to be educated in holistic spiritual care in order to overcome barriers that prevented them from practicing. Barriers identified in the study were fear, lack of training and time, and insecurities. Chan (2009) and Murray (2010) believed that nurses needed training in holistic spiritual care to become confident enough to provide spiritual care to their patients. Based on the study results, I decided a workshop would be the best educational tool to teach nurses holistic spiritual care.

The purpose of this educational workshop is to teach nurses, nurse educators, nurse leaders, and administrators about the implementation of holistic spiritual care.

Reflection and self-reflection strategies on which the research study was built, will be shared with the nurses. These transformational strategies may promote transformation or change in the nurses' beliefs and attitudes toward the implementation of holistic spiritual care into their workplace.

Workshop Overview and Definition of Holistic Spiritual Care

This workshop will educate nurses on the definition of holistic spiritual care, the components and administration of holistic spiritual care, as well as how to implement a holistic spiritual care program, along with the barriers to the implementation. Benefits of incorporating holistic spiritual care into the workplace will also be discussed in the workshop.

Holistic spiritual care is defined as "all nursing that has healing the whole person as its goal and is recognized by the American Holistic Nursing Association as an official nursing specialty with its own defined scope and standards of practice" (American Holistic Nursing Association [AHNA], 1998).

Workshop Objectives

- Participants will be able to verbalize the definition of holistic spiritual care, components of holistic spiritual care, administration, implementation of holistic spiritual care, and barriers to the implementation of a holistic spiritual care program.
- Participant will be able to verbalize the understanding of holistic spiritual care, the definition, components, administration, implementation, and barriers.
- Participant will be able to verbalize their feelings and concerns regarding implementation of holistic spiritual care into the workplace.

- Participants will be able to identify the benefits of incorporating holistic spiritual care into nursing practice.
- Participants will interact and collaborate to develop a plan to possibly implement a holistic spiritual care program in their health care facility.

Lectures

Holistic spiritual experts will speak to the audience about how holistic spiritual care should be implemented, including the barriers, and the speakers will address the benefits of incorporating holistic spiritual care into the workplace.

Small Group Discussions

Small group sessions will be held for participants to discuss various components of holistic spiritual care and implementing a workshop in their workplaces. Participants can verbalize their feelings concerning holistic spiritual care or ask questions and receive answers. Participants will be given the opportunity to choose a class of interest in the Day 2 small group discussions. Participants will reconvene with the large group to discuss small-group discussions and to ask questions.

PowerPoint Presentation

A PowerPoint presentation will be presented by the facilitator. The purpose of the PowerPoint presentation is to reinforce information participants learned in the workshop. The PowerPoint presentation will be used as a guide to explain holistic spiritual care. The facilitator will use PowerPoint to direct the lectures and discussions. During the PowerPoint presentations, participants will be encouraged to write notes in their workshop packets of questions they may have. Also, participants can interact with the

group, the speakers, or the facilitator and ask questions during the PowerPoint presentation.

Role Play: Demonstration and Skit

Participants will be shown a demonstration of the components of holistic spiritual care, along with the appropriate way to administer holistic spiritual care. Participants will be asked to volunteer in a skit of a real-life situation where holistic care was being administered appropriately and inappropriately. In role playing, participants will learn by taking the role of person (patient) who may be affected by a situation or issue. When the nurses assume the role of another the person, they will learn how their actions or failure to act might impact the life of another.

Holistic Spiritual Classes

Holistic Spiritual Classes will be held to educate nurses about the mind, body, and spirit connection. Participants will learn how the mind, body, and spirit can affect the lives and health care outcomes of patients. Also, nurses will learn techniques that will help them to become better listeners for their patients, thereby empowering their patients to take control of their health.

Testimonials

Participants will be able to listen to the testimonials of health care professionals who have experienced the positive effects of providing evidence-based holistic care to their patients.

General Assembly Question and Answer Session

Participants will be encouraged to ask questions about holistic spiritual care in the general assembly. Participants can direct questions to other participants, speakers, or to the facilitator.

Transformative Learning: Reflective and Self-Reflective Strategies

The concept of transformational learning was introduced by Jack Meizrow (year). Meizrow defined transformational learning:

> Perspective transformation is the process of becoming critically aware of how and why our presuppositions have come to constrain the way we perceive, understand, and feel about our world; of reformulating these assumptions to permit a more inclusive, discriminating, permeable and integrative perspective; and of making decisions or otherwise acting on these new understandings. *More inclusive, discriminating permeable and integrative perspectives are superior perspectives* that adults choose if they can because they are motivated to better understand the meaning of their experience. (Mezirow, 1990, p. 14 [author emphasis])

In essence, transformational learning takes place when an individual looks at his or her life and makes a decision based on his or her personal or professional experiences and decides that a change has to made (Atherson, 2013). Transformational learning is a process that involves reflection and self-reflection. Autonomous adult learners question the status quo and make a decision to make changes based on reflection, their experiences, values, beliefs, and research (McNaron, 2009). Nurses should be proactive and make decisions to change or alter practices that will improve their practice of providing care to their patients (McNaron, 2009). The nursing practice is constantly

changing, and the nurse must willingly change his or her perspectives in order to provide patient-centered care. In this workshop, nurses will be given reflective and self-reflective strategies that will assist them in transforming their evidence-based practice.

Reflective and Self-reflective Strategies

1. Journal your feelings, or get a friend that you can rely on to listen to you and not judge you.
2. Scripture reading, prayer, and meditation
3. Peer discussions on holistic spiritual care
4. Organized groups or committee meetings to discuss holistic spiritual care
5. Sharing through formal or informal education
6. Questioning your practice as well as others' practice
7. Analyzing and validating holistic care practices
8. Research
9. Simulation
10. Evaluate problems or potential problems that may arise that may affect patient care outcomes
11. Be flexible and willing to change
12. Be acceptable to the diversity of other individuals' beliefs and values
13. Maintain your core values and keep your nursing practice patient-centered. (McNaron, 2009).

Works Cited

Atherton J. S. (2013) *Learning and teaching; Critical reflection* [Online: UK]. Retrieved November 11, 2014 from http://www.learningandteaching.info/learning/critical1.htm

McNaron, M. E. (2009). Using transformational learning principles to change behaviors in OR. *Association of Perioperative Registered Nurses, 89*(5), 851-860.

Meizrow, M. S. (1970). *Critical reflection.* Retrieved November 13, 2014, from http://www.marcusball.com/studies/psychology/learning/critical.htm

Reflection

The facilitator will briefly review the day's agenda and address information that may have not been covered in the workshop. Participants will reflect on their learning at this time and will be encouraged to give feedback to the facilitator concerning their experience in the workshop, and whether or not they felt the workshop was helpful.

Video Recorded Workshop

Participants who attended the workshop and those who were unable to attend may access the workshop online. The website to access video recording may be found on www.youtube.com

Evaluation

Participants will complete a five-question evaluation form of the workshop. The participants will rate the workshop from 1-5, ranging from strongly agree to strongly disagree.

Community Resources

Participants may contact the following community resources for support:

- American Holistic Nurses Association: www.ahna.org
- Christian Nurses Fellowship: www.chf.org
- Nursing Christian Fellowship: www.ncf.org
- M.D. Anderson Integrative Medicine Program: http://www.mdanderson.org/education-and-research/departments-programs-and-labs/programs-centers-institutes/integrative-medicine-program/index.htm
- Accredited Hospices of America: http://accreditedhospicesofamerica.com/

Holistic Spiritual Care Workshop

A Calling to Care

Fact Sheet

"Nurses not only work at the bedside caring for patients, but they are also researchers, administrators, educators and policymakers. I love the nursing profession, because it allows me to make a difference in an individual's life, a group of people or an entire population."

What is Holistic Spiritual Care?

Holistic spiritual care is defined as "all nursing that has healing the whole person as its goal, and it is recognized by the American Holistic Nursing Association as an official nursing specialty with its own defined scope and standards of practice" (American Holistic Nursing Association [AHNA], 1998).

Barriers to the Implementation of Holistic Spiritual Care

- Fear
- Lack of training
- Lack of time
- Insecurities
- Nurses are unsure of their own spirituality
- Feel administration of holistic spiritual care is not their job and someone else should assume this role
- Nursing shortage
- Nurses do not believe in holistic spiritual nursing care

Components of Holistic Spiritual Care

- Bible reading prayer
- Meditation
- Music
- Listening

How to Overcome Barriers:

Education and Experience

Benefits of Providing Holistic Spiritual Care

- Saves lives
- Patients heal faster and experience better health care outcomes
- Patients are at peace, they are more calm, and joyful
- Patients are more compliant and involved in their care
- Helps patients build or restore relationships with family, friends, and health care team

In order for holistic spiritual care to be integrated into nurse practice, nurses and administrators must come together with experts or consultants in their field of interest to find a solution to the problem (Solanki, 2013; Portland State University, 2013). Professionals will foster creative thinking that may result in action-oriented decisions being made to implement holistic spiritual care in the workplace (Accenture, 2014).

Community Resources Nurses can refer to for Support

American Holistic Nursing Association: www.ahna.org

Christian Nurses Fellowship: www.cnf.org

Nurses Christian Fellowship: ncf.org

M.D Anderson Integrative Medicine Program: http://wwwmdanderson.org/education-and-labs/programs-centers-institutes/integrativemedicine-program/index.html

Accredited Hospice of America: http://accreditedhospiceofamerica.com

Evaluation

Job Title: _____

Years in present position? (Please circle.) <1, 1-3, 3-5, 5+

INSTRUCTIONS

Please circle your response to the items below. Rate the aspects of the workshop on a 1 to 5 scale:

1 = "Strongly disagree," or the lowest, most-negative impression

3 = "Neither agree nor disagree," or an adequate impression

5 = "strongly agree," or the highest, most-positive impression

Choose N/A if the item is not appropriate or not applicable to this workshop. Your feedback is sincerely appreciated. Thank you.

WORKSHOP CONTENT (Circle your response to each item.)

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly agree

N/A = Not applicable

(Circle your response to each item.)

1. This workshop lived up to my expectations.

   1 2 3 4 5 N/A

2. The workshop activities stimulated my learning.

   1 2 3 4 5 N/A

3. I accomplished the objectives of this workshop.

   1 2 3 4 5 N/A

4. I will be able to apply what I have learned in this workshop on my job

   1 2 3 4 5 N/A

5. The instructor (facilitator) was well prepared and helpful

   1 2 3 4 5 N/A

Comments_____

_____

_____

Thanks so much for attending the workshop.

Appendix B: Confidentiality Agreement

Confidentiality Agreement

Name of Signer: Beverly Ward

During the course of my activity in collecting data for this research: "Investigating the Attitudes and Beliefs of Retired and Registry Nurses Regarding Holistic Spiritual Care." I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge copy, release, sell, and loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.

7. I will only access or use systems or devices I'm officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

By signing this document, I acknowledge that I have read the agreement, and I agree to comply with all of the terms and conditions stated above.

Signature: **Date:**

Beverly Ward 4/6/2014

Appendix C: Recruitment Flyer

RESEARCH VOLUNTEERS NEEDED

Volunteer participants for a research study are needed:

"Investigating the Attitudes and Beliefs of Retired and Registry Nurses Regarding Holistic Spiritual Care"

North Carolina Agricultural and Technical State University. Retrieved from www.ncat.edu www.GoogleClipArt

Project Description

The purpose of this qualitative online survey research study is to investigate the attitudes and beliefs of registered retired and registry nurses regarding holistic spiritual care.

You must be a retired or registry male or female registered nurse between the ages of 22 and 64, and reside in Houston, Texas.

Participants will be asked to participate in an eight question confidential online survey on Facebook.

Appendix D: Explanation of the Study

What Is Holistic Spiritual Care?

Holistic spiritual care nursing is nursing care that not only involves nurses caring for patients' physical needs but their psychological, social, economic, and their spiritual needs. Spiritual care is nursing that focuses on assisting patients to discover or rediscover meaning in his or her life, to promote the patient's hope and resilience, and to help the patient to build their inner strength when they are faced with acute, chronic, or terminal illness, injuries, or loss. Spiritual care is the nurse connecting with the patient not only on a religious level but on a level where the nurse and the patient touch each other but not necessarily physically. Attributes of holistic spiritual care include care, respect, and emotional support given by nurses. Holistic spiritual care also includes prayer, meditation, scripture reading, listening, music, touch, etc. Studies have shown that patients who are given holistic spiritual care experience better health care outcomes and the patient's life may be saved.

Work Cited

American Holistic Nursing Association (2012). What is holistic nursing? Retrieved March 12, 2012, from http://www.ahna.org/AboutUs/What is HolisticNursing/tabid/1165/Default.aspx

Appendix E: Letter of Invitation

Dear Retired or Registry Nurse,

You are invited to participate in a qualitative research study that will allow you to reflect on your feelings and beliefs concerning holistic spiritual care. The purpose of this study is to investigate the attitudes and beliefs of retired and registry nurses related to holistic spiritual care. This study will be conducted via an online survey by Beverly Ward, who is a doctoral student at Walden University.

Research Question

RQ: What are the retired and registry nurses' attitudes and beliefs relating to spiritual care?

Survey questions that will be asked (based on the research question) include:

1. How do you feel about holistic spiritual nursing care?
2. What are your beliefs regarding spiritual care being part of nursing practice?
3. What are your feelings about holistic spiritual care being integrated into nursing practice?
4. What do you believe are the benefits of incorporating holistic spiritual care into nursing practice?
5. What are the reasons you believe some nurses don't practice holistic spiritual care nursing?
6. What are the reasons you believe some nurses do practice holistic spiritual care nursing?
7. Have you experienced or practiced holistic spiritual care practices in your workplace?

8. Would you practice holistic spiritual care as a nurse?

All information shared in the survey will remain confidential. Participation in this study is voluntary.

If you desire to participate in this study, please respond to Beverly Ward by email at beverly.ward@waldenu.edu. You may also contact Beverly Ward by email if you have any questions. Your consideration is greatly appreciated. All responses can be made to Beverly Ward.

Sincerely,

Beverly Ward

Appendix F: Consent Form

CONSENT FORM

You are invited to take part in a research study investigating the attitudes and beliefs of retired or registry nurses relating to holistic spiritual care. I am inviting retired and registry male and female nurses, ages 22-64, who reside in Houston, Texas to participate in a qualitative online survey research study.

You are not required to electronically sign this consent form because the completion of the online survey constitutes your consent. This study is being conducted by a researcher named Beverly Ward, who is a doctoral student at Walden University.

Background Information

The purpose of this study is to investigate the attitudes and beliefs of retired and registry nurses regarding holistic spiritual care. You will be asked questions that allow you to reflect on your feeling concerning holistic spiritual care. The central research question include: What are the retired and registry nurses' attitudes and beliefs relating to holistic spiritual care?

Procedures

If you agree to be in this study, you will be asked to:

Participate by answering survey questions based on your perception of holistic spiritual care and the incorporation of holistic spiritual care.

- Survey questions will be sent to your email addresses to complete and to be returned to beverly.ward@waldenu.edu.
- The survey questions will take about 30 minutes to complete.

- All data collected will be kept confidential and will not be shared with anyone and will be secured in a locked file cabinet in my home office.
- Please complete and returned surveys within two weeks to beverly.ward@waldenu.edu.
- Results of the research findings will be emailed to you.

Here are some sample survey questions you will be asked:

1. How do you feel about holistic spiritual nursing care?
2. What are your feelings about holistic spiritual care being incorporated into nursing practice?

Voluntary Nature of the Study

This study is voluntary. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as misunderstanding the questions or normal apprehension in being a part of the study, and feeling stressed or threatened because of the sensitive nature of information being shared. You can be sure that all information provided in the survey will remain confidential and will not be shared with anyone else. Being in this study will not pose risk to your safety or well-being.

The potential benefit to this study is to gain insights into the attitudes and beliefs of registered retired and registry nurses as they relate to holistic spiritual care. I expect that knowledge obtained during the study will identify what nurses believe and how they feel about holistic spiritual care.

Payment: There will be no payment provided to participants.

Privacy

Any information you provide will be kept confidential. I will not use your personal information for any purposes outside of this research project. Also, I will not include your name, or anything else that could identify you, in the study reports. Data obtained from interviews will be kept secure by being kept in a locked file cabinet in my home office. Data will be kept for a period of at least five years, as required by the university.

Contacts and Questions

You may contact me via email at beverly.ward@waldenu.edu. If you have any questions or if you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210.

Walden University's approval number for this study is 05-28-14-0099474 and it expires on May 27, 2015.

The researcher will give you a copy of this form to keep.

Statement of Consent

I have read the above information, and I feel I understand the study well enough to make a decision about my involvement. By completing the survey, I understand that I am agreeing to the terms described above. I understand that I am agreeing to the terms described above.

Please print or save a copy of this consent form for your records.

Appendix G: Cover Letter for Survey

Holistic Spiritual Care Survey

Note: Please return survey by June 13, 2014

The survey you have received is part of a qualitative online survey research study. The purpose of this study to investigate the attitudes and beliefs of retired and registry nurses regarding holistic spiritual care. The study is designed to allow you to reflect on your feelings relating to holistic spiritual care. All of your personal information that you provide in the survey will be kept confidential and will not be shared with anyone or in any manner that will identify you as an individual. Only data that has been analyzed will be reported in the final results. Your participation in this study is completely voluntary, and you are free to withdraw at any time or for any reason without consequences. Thank you for your time and participation. Should you have any questions regarding this study, feel free to contact: Beverly Ward by email at beverly.ward@waldenu.edu.

Appendix H: Demographic Questionnaire/Survey

Questionnaire

All the information contained in this questionnaire is strictly confidential.

Age..... Sex.....

Education.....

Years of Experience.....

Circle

Retired or Registry Nurse

E-mail address……..…..

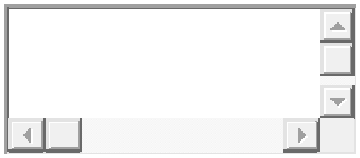
If you are interested in participating in this research study and to return the questionnaire/interview contact the principle investigator of the study, Beverly Ward, doctoral student Walden University, beverly.ward@waldenu.edu, (713) 434-9374

Survey Questions

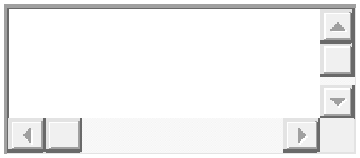
Survey due by: June 13, 2014_____

Please write answers in the fill in boxes after each question. You are not required to answer every question if you do not desire to do so.

1. How do you feel about holistic spiritual nursing care?



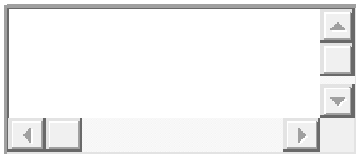
2. What are your beliefs regarding spiritual care being part of nursing practice?



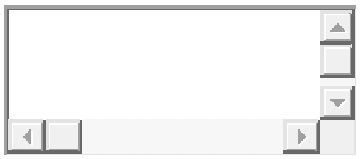
3. What are your feelings about holistic spiritual care being integrated into nursing practice?

4. What do you believe are benefits of incorporating holistic spiritual care into nursing practice?

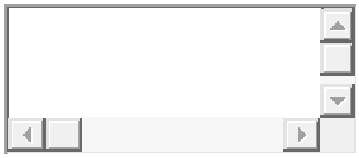
5. What are the reasons you believe some nurses don't practice holistic spiritual care nursing?



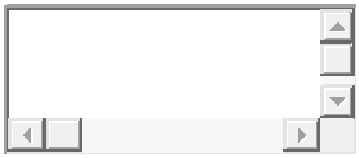
6. What are the reasons you believe some nurses do practice holistic spiritual care nursing?



7. Have you experienced or practiced holistic spiritual care practices in your workplace?



8. **Would you practice holistic spiritual care as a nurse?**



Appendix I Research Questions, Survey Questions, Themes, and Participant Responses

Table 1

Online Surveys: Section 1, Registered Retired and Registry Nurses' Attitudes and Beliefs related to Holistic Spiritual Care

Research Question	**Survey Question 1**	**Survey Question 2**	**Survey Question 3**	**Survey Question 4**
RQ: What are the retired and registry nurses' attitudes and beliefs relating to spiritual care?	How do you feel about holistic spiritual nursing care?	What are your beliefs regarding spiritual care being part of nursing practice?	What are your feelings about holistic spiritual care being integrated into nursing practice?	What do you believe are the benefits of incorporating holistic spiritual care into nursing practice?
	Theme: Nurses' attitudes and beliefs caused nurses in the study to agree with holistic spiritual care.	**Theme:** Nurses' attitudes and beliefs cause them to believe in nursing the whole person, including using the Keyword "Wholeness."	**Theme:** Nurses' attitudes and beliefs cause them to accept that holistic spiritual care is important to a patient's wellbeing.	**Theme:** Nurses' attitudes and beliefs cause them to believe that holistic spiritual care benefits patients when it is practiced.
	Participant Responses A. I feel that as a professional nurse for the past 30 years, I would have loved if holistic spiritual care was embraced as an alternative in caring for patients. In a baccalaureate program the professional nurse is educated in treating the patients as an whole entity and not the sum of the parts, yet the area of spirituality is minor and relegated to one question, what is your faith? B. I feel like holistic spiritual nursing care is an important aspect of treating the patient as a whole. C. I believe in holistic spiritual nursing care. I feel that it is imperative to a patient's well-being to treat not only their illness, but to	**Participant Responses** A. My beliefs is that spiritual care should be introduced to the patients in a healing therapeutic way. I disagree is a practitioner forced religion on patients rather than differentiate B. My beliefs regarding spiritual care being part of the nursing practice is that prayer and believing in a higher power is an important aspect in the healing process of patients. While I am taking care of my patients I pray for my patients internally due to me not knowing their religion or their spiritual belief. Even though the patient and I may not share the same religious beliefs I am still providing spiritual care by being supportive, listening to their needs and taking the time to just be in their presence longer.	**Participant Responses** A. No response B. My beliefs regarding spiritual care being part of the nursing practice is that prayer and believing in a higher power is an important aspect in the healing process of patients. When I am taking care of my patients I pray for my patients internally due to me not knowing their religion or their spiritual belief. Even though the patient and I may not share the same religious beliefs I am still providing spiritual care by being supportive, listening to their needs and taking the time to just be in their presence longer than what is required to complete a task.	**Participant Responses** A. The benefits of holistic spiritual care is that it would be considered and alternative in achieving wellness in sick patients or even combining the disciplines. Nurses would have to be knowledgeable in introducing this aspect to patients as a formulated care meaning every nurse would have the same framework that they are working from versus their own individual beliefs. B. It can enhance patient and nurse relationships and create a better work environment

(table continues)

address their psychosocial and spiritual needs as well. Holistic care encompasses physiological, psychological, and spiritual needs, all which are important to the patient's healing process. D. I feel that it is beneficial.	than what is required to complete a task. C. Spiritual care can be the single most important thing in helping a patient reach their optimal level of health. By allowing a patient to incorporate their spiritual beliefs in their plan of care, they are able to become an active participant in their own health	C. In my opinion, holistic spiritual care is already a part of the nursing practice. We have to consider the cultural and spiritual beliefs of our patients when we implement a plan of care, perform a procedure and carry out a physician's order. The key however; is the nurse's ability to allow their patients to be actively involved in voicing their spiritual beliefs, while he/she remains unbiased**.**	C. There are any benefits to incorporating holistic spiritual. Some patients have strong spiritual beliefs and allowing them to incorporate their beliefs while the nurse aligns their care is important. Patients are known to have better health outcomes when they are cared for holistically. D. The patient total needs would be addressed and helped.
E. believe it is an option for some patients. If it is done right and not pushed onto the patient or famil' F. I think it is fine for those that "believe in G. I feel holistic spiritual nursing care is the basis for fostering hope, purpose and meaning. Gaining comfort with one's own spirituality is the initial step in developing awareness and sensitivity to patients' spiritual needs. H. I agree with holistic spiritual nursing care. I. It is important because we should consider the whole person when giving care. J. Holistic nursing promotes healing physiologically, psychologically, and spirituality. The 'whole' person concept. & vice versa K. The mind and spirit have such a massive impact on healing of the body. Holistic spiritual nursing care is a very	D. I feel that the patient's body, soul and spirit should be considered in nursing practice and integrated into the nurses' training. E. I believe it is very private and individualized. F. I think you have to have your own inner peace or balance before you can help others. I do believe that it can be very helpful in the healing process, but should be something you are trained in. G. My belief regarding spiritual care being part of nursing practice is that nursing is more about healing rather than curing. I am saying this because a person might have an illness and go to a doctor, and they expect to be cured, but the healing part is more inside, something which lies within someone, so something which they cannot get to through medicines only, or through what nurses are doing. IT is something inward. So if someone is healing lit is the	D. I feel that it should be integrated as long as it's Christianity. E. Yes F. As I mentioned above, I think would be helpful and would aid in healing, but should be a practice that is learned. I do not think all nurses are willing to get "deep"- especially if they are understaffed and are pressured. G. I feel when holistic spiritual care are being integrated into nursing practice, it may lead nurses to greater awareness of the interconnectness with self, others, nature and spirit. This awareness may further enhance the nurse's understanding of all individuals and their relationships to the human and global community. Nurses who learn to care for the mind, body, and spirit in themselves and others can help Individuals access their greatest healing potential. H. I believe that it should as always be a patient's choice based on their beliefs.	E. empowerment; comfort, guidance and acceptance F. I think it would benefit the patient by helping them to realize their physiologic, psychological, and spiritual needs which then would lead to a faster healing potential. G. I believe some benefits of incorporating holistic spiritual care into nursing practice is that the patient will have the ability to cope with illness better, the prevention of illness, the ability to find meaning and purpose in life, and overall well-being. H. There are many benefits to incorporating holistic spiritual care into nursing practice such as the connection between the mind and spirit which may then give the person a better outlook on their current situation & future as relates to what they are currently going through medically.

(table continues)

powerful tool in healing, hence the term healing arts.

L. it is needed

M. OK

N. Since the person is composed of body, mind, spirit, it is essential to consider all components in nursing care as an interactive process.

O. It is highly important to address all patients as "the whole man" because spiritual & emotional well-being have been proven to affect physical health

P. believe holistic spiritual is necessary in total health care

Q. Holistic spiritual nursing is a way to effectively treat problems that manifest physically and mentally

R. Holistic spiritual care is a way to effectively treat problems

S. I think it is essential in giving complete care to clients

T. Holistic spiritual care is the missing link in our care of the "Whole Person"

U. Very important if the patient has interest

spiritual area that is touched. Sometimes people lose hope. When you touch the spiritual part of that person, that person feel "I now at least have someone else, I am not alone." When someone has his willpower and the spirit, it assists a lot in curing the body. This is the area which I think might the healing It is important in nursing where the spirit is concerned.

H. My beliefs are that it is needed & should be offered to each individual as an option. Nursing is meant to treat the whole person not just the disease process that is affecting the person at the moment

I. I believe it should be considered an important part of the overall care but that for deeper spiritual holistic care it should be provided by a person who has knowledge & expertise in spiritual practice

J. I believe that as tri-part beings, we shouldn't have to separate our spiritual needs from the needs of the body or the soul

K. I believe in God the Father, Almighty. Creator of Heaven and Earth, I believe in His Son Jesus Christ, I believe in the moving of the Holy Spirit. *I believe that my hands, my heart, and my daily life are guided by Spiritual beings. I believe that a patient who believes in a Higher Power, will heal more peacefully. Also, when patients are dying, and yet have a Spiritual belief system, they pass in a more peaceful manner. Nurses should be comfortable

I. It should integrated and used appropriately depending on the patient's needs & wishes and not forced or pressured

J. It is part of the holistic approach to care, and heling promotion.

K. Prayer or meditation should be encouraged by nursing. How many times have I felt overwhelmed, and just a few minutes alone to pray or meditate on Scriptures or Words of Wisdom, and felt incredibly better. I believe our patients need to be free to express themselves, and share their Spirituality in an open and accepting environment. Only then, can true healing begin.

L. should happen speeds healing

M. if it helps-why not

N. I feel that it should be part of the plan of care so that all interactive pieces of the patient are considered

O. I feel that it's already a large part of what we do, but having a standardized POC or standard of care is always helpful.

P.I believe Holistic Spiritual should be an integral part of nursing care.

Q. I feel like it's necessary in order to care for the whole person (mind, body, and spirit)

R. I believe we would have better outcomes and perhaps less disease in general.

I. Patients who have spiritual or religious needs will benefit from it as it will bring them closer to a peaceful acceptance and they can gain strength & support from it.

J. Nurse-patient strong relationship; trust, and spiritual needs met.

K. I believe a less stressed patient is a healing pt. When they are free to express themselves, and spend a little time in prayer or meditation, or know that prayers are being said on their behalf, they will be at peace, and experience greater satisfaction

L. What do you believe are benefits of incorporating holistic spiritual care into nursing practice? Faster healing body mind & soul

M. I do not know much about it to comment

N. When one area of a person's being is not considered, there will be gaps in the recovery process and the overall well-being.

(table continues)

O. As afore stated, better spiritual health leads to better physical outcomes.

P. Total patient care .Mind, Body and Soul

Q. 1. You treat the entire patient

expressing their spirituality with patients who wish to be prayed with or for. L. the body is not whole without the spirit M. No response N. I believe in holistic spiritual nursing care. I feel that it is imperative to a patient's well-being to treat not only their illness, but to address their psychological and spiritual needs as well. Holistic care encompasses physiological, psychological, and spiritual needs, all which are important to the patient's healing process	S. I FEEL BY DOING SO NURSING CARE WILL BE LESS FRAGMENTED INCORPORATING A MULTIDISCIPLINARY APPROACH TO ACHIEVE MAXIMUM RESULTS T. Holistic spiritual care should be integrated into nursing practice and embraced by care facilities assist with such needs. They must be able to refer someone	2. You have a deeper connection with your patient 3. The effects of holistic spiritual care is for more reach and longer lasting R. Less disease, quicker recovery times, less depression, and happier patients S. ALL NEEDS WILL BE TAKEN INTO CONSIDERATION TO PRODUCE A HIGHER LEVEL OF RESULTS. T. Benefits include: systems and systems.
O. It is, often times, the sole responsibility of the nurse to address this area of health (and remind others to do so) as it can be easily overlooked by physicians and other providers. Patients depend on us to provide this care because we are closer to the bedside and therefore build a more interpersonal relationship with the patient. P. Holistic spiritual care should be a part of the Nursing Curriculum Q. I believe that it is a needed part of our practice but one that is not often called upon. R. I believe that as tri-part beings, we shouldn't have to separate our spiritual needs from the needs of the body or the soul. S. SPIRITUAL CARE IS OF VITAL IMPORTANCE SINCE WE ARE MORE SPIRITUAL BEINGS THAN PHYSICAL BEINGS AND THE WHOLE PERSON AS	U. The ultimate goal is to help a patient reach his or her maximum level of independence, recovery or healing. If nurses are not qualified to	1) Better patient cooperation with plan of care 2) Focus on the "Whole Person" not just 3) Comfort to patient, less anxiety for family. U. It will increase healing and recovery

(table continues)

TO BE TAKEN INTO CONSIDERATION IN ORDER TO ACHIEVE COMPLETE CARE

T. It should be a part of the training, showing that it is an important and necessary part of total patient care.

U. Spiritual care should continue to be a part of nursing practice

Table 2

Online Surveys: Section 2, Registered Retired and Registry Nurses' Attitudes and Beliefs related to Holistic Spiritual Care

	Survey Question 5	**Survey Question 6**	**Survey Question 7**	**Survey Question 8**
	What are the reasons you believe some nurses don't practice holistic spiritual care nursing?	What are the reasons you believe some nurses do practice holistic spiritual care nursing?	Have you experienced or practiced holistic spiritual care in your workplace?	Would your practice holistic spiritual care holistic spiritual care as a nurse?
	Theme: Nurses attitudes and beliefs are reasons why nurses don't practice holistic spiritual care.	**Theme:** Nurses' spirituality influences their attitudes and beliefs related to holistic spiritual care.	**Theme**: Nurses' knowledge and training in holistic spiritual care influences their attitudes and beliefs related to holistic spiritual care and determines their practice of holistic spiritual care.	**Theme:** Some nurses' attitudes and beliefs determine nurses who practice or are willing to practice holistic spiritual care and others who don't or won't practice holistic spiritual care.
	Participant Responses	**Participant responses**	**Participant Responses**	**Participant Responses**
	A. The state board of nursing does not recognize spiritual nursing care as just a practice. B. No response C. Some nurses may not practice holistic spiritual care because they are un-informed and may not have the confidence to adhere to a patient's specific spiritual request D. Fear of legal/ liability implications if the patient's religious beliefs are different.	A. No response B. Nurses may be afraid to express or discuss their spiritual views due to possibly being judged by other colleagues or patients C. Some nurses may practice holistic care because they themselves have strong spiritual beliefs. Others simply may have mastered the art of the nursing practice well by adapting to the individual needs of each patient.	A. No response B. Yes, I have practiced holistic spiritual care C. I have experienced holistic spiritual care and have also practiced it as well. Some OR physicians make it a habit to pray with their OR team while others pray with the patient as well. I have also offered prayer or participated in a religious regime when asked by a patient. D. I have seen on a very small scale it practiced by someone. I have	A. I would not practice holistic nursing in Texas but maybe another state that embraces the concept. B. Yes I would and have. C. I already practice spiritual care and plan to continue doing so. I feel it vital part of medicine and nursing as a whole. D. Yes. E. Probably not, would not close the door on it completely F. I'm not sure. I think I'd have to take some

E. the unknown, and lack of knowledge; and perhaps a bad history with childhood memories that were less than positive

D. Because they are led by the Holy Spirit to do so. Some may respond to a patient's request to do so. Others may see that their patient is approaching death and to not give spiritual care might put that person's soul in jeopardy

practiced it on a small scale as well.

E. No

F. No

trainings in the subject in order to see if I felt comfortable with it.

G. Yes I would practice holistic spiritual care as a nurse. H. Yes!

(table continues)

F. As stated earlier I think it would benefit the patient by helping them to realize their. physiologic, psychological, and spiritual needs which then would lead to a faster healing potential

G. Some reasons I believe some nurses don't practice holistic spiritual care nursing simply because some nurses don't have any spiritual beliefs or religion. Some may lack the formal education that could prepare them to administer effective spiritual care. Some may also worry about the appropriateness of addressing spiritual needs.

H. I believe that some don't because it is either not a part of their own life, they don't want to offend the patient, or in such as task driven health care system, it adds another task to their "to do list" and they see it as a burden.

I. Some nurses may not have strong beliefs themselves to be able to understand it's importance or just feel they don't know enough about it & how they can help

J. Some may think that if it is not to do with the physiological aspect, other specific behaviors should address each aspect, others may not understand the holistic spiritual approach.

E. same as above: the unknown, and lack of knowledge; and perhaps a bad history with childhood memories that were less than positive

F. I think it would benefit the patient by helping them to realize their physiologic, psychological, and spiritual needs which then would lead to a faster healing potential. Mainly for the reasons stated in #4. And again, only those who feel comfortable incorporating it into practice

G. I believe some nurses practice holistic spiritual care nursing because life-threatening situations sometimes give rise to complex spiritual questions, and patients may wish to address these questions with nurses. Therefore, it is important for nurses to be knowledgeable about and prepared to deal with the spiritual component of care so they can support their patient in times of need.

H. They themselves are spiritually grounded so it is not considered something they "practice," it is a part of who they are and it comes as a second nature to them.

I. Their own spiritual beliefs or religious practices have given them insight into the

G. Yes I have experienced holistic spiritual care practice in my workplace

H. Everyday!

I. Have you experienced or practiced holistic spiritual care practices in your workplace?
Not very much.

J. Yes, currently it is highly supported by my workplace, and part of nursing practice

K. Yes, we have chapel services and there are times patients have asked for needs to be met, whether it was a Muslim believer who needed private times to pray, and his room needed to be re arranged to allow for the space for him to lay out a carpet. Or a Jewish believer who needed kosher foods, and was able to share Shabbat with the staff.

L. yes

M. No
N. Yes

O. Yes, daily

P. Yes

Q. Yes

R. Not really.

S. YES I HAVE PRACTICED HOLISTIC SPIRITUAL CARE IN MY WORKPLACE. THE SPIRITUAL ASPECT OF CARE MUST BE APPROACHED IN A WAY NOTTO

I. I would if I understood and felt more knowledgeable about it. Also depends on the area of practice I think along with having the time to include it as part of my practice.

J. I currently do

K.YES.

L. yes

M. If I have time-depends

N. Yes

O. Yes. I do on a daily basis

P. Yes I would.

Q. I have the unique honor of being a hospice nurse. Practicing holistic spiritual care is a normal practice in my job. I not only treat the physical symptoms of my patients. I also help ease any emotional trauma they may be going thru because of their decline. I also open pray for my patients and help talk or encourage the ones that are afraid of dying tom accept Jesus as their savior.

R. Given the opportunity, I would.

S. Yes

T. Yes I would with pleasure for the opportunity.

(table continues)

K. fear. Be it fear of retaliation, nonacceptance. Fear of offending others. Fear of being judged/punished.	power & positivity of it in their lives & others		
L. limitations of facility procedures Also M. lack of knowledge Also N. I believe some nurses don't believe in spirituality or a higher being. O. Some nurses do not have the spiritual understanding or level of spiritual health themselves to be able to give to others. Also, spirituality is a very private and personal area. There may be a perception or misconception that providing for a patient's spiritual needs may be toointrusive either to the patient, the nurse, or both. Also P. Lack of confidence; Lack of time Q. They don't know about it 2. They don't understand it 3. They don't believe it' R. Like doctors, we are more geared towards treatment of illness and focus on symptoms. S. BECAUSE NURSES ARE AFRAID TO DISCUSS SPIRITUAL ASPECTS OF CARE POSSIBLE DUE TO CONCERNS OF LOOSING THEIR JOBS. IT IS A SENSITIVE ARE	J. Training and experience of the benefits for positive patient outcomes.K. No response L. they are working in a Christian facility or hospice M. because it's proven N. They believe as I do, that the patient is composed of multiple interactive parts that must all be assessed and cared forto truly recover or be healthy. O. Nurses who are spiritually grounded and/or recognize the link between physical and spiritual health are becoming more and more proactive in providing for patients' spiritual needs. We can especially see this being practiced in hospice care and oncology as well as other areas of medicine where death is an expected or unavoidable outcome. P. Some nurses are comfortable listening to patients and make time to give spiritual support when needed' Q. 1.They have a belief in a higher power 2. They understand that the importance of treating the entire person R. Some are able to see the patient as more than their disease or illness and would rather focus on prevention rather than treatment.	BE OFFENCIVE TO YOUR CLIENT. T. Yes, I have both experienced and practiced spiritual care. I felt responsible to the patient to do so. They appreciated the experience U. Yes	U. Yes