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Abstract

Using spiritual and religious resources gives patients and families strength to cope during a crisis, but nurses often do not offer spiritual care (Kloosterhouse & Ames, 2002). The purpose of this phenomenological study was to explore nurses" lived experience of giving spiritual care. A descriptive phenomenological approach was used to interview 4 nurses. Data were analyzed using Colaizzi's (1978) phenomenological method. Five themes were identified: spiritual care is patient-centered, spiritual care is an important part of nursing, spiritual care can be simple to give, spiritual care is not expected but is welcomed by patients, and spiritual care is given by diverse caregivers. Spiritual care is an integral part of nursing and nurses can support patients with spiritual interventions.

Keywords
Spiritual Care, Nurse-Client Relationship, and Prayer Phenomenology

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Using spiritual and religious resources gives patients and families strength to cope during a crisis, but nurses often do not offer spiritual care (Kloosterhouse & Ames, 2002). The purpose of this phenomenological study was to explore nurses" lived experience of giving spiritual care. A descriptive phenomenological approach was used to interview 4 nurses. Data were analyzed using Colaizzi's (1978) phenomenological method. Five themes were identified: spiritual care is patient-centered, spiritual care is an important part of nursing, spiritual care can be simple to give, spiritual care is not expected but is welcomed by patients, and spiritual care is given by diverse caregivers. Spiritual care is an integral part of nursing and nurses can support patients with spiritual interventions. Key Words: Spiritual Care, Nurse-Client Relationship, and Prayer Phenomenology

Introduction

An elderly patient in heart failure gasps for air. She looks to the nurse for help as she struggles to breathe, sensing she could die. How will the nurse address her distress? Will the nurse recognize the patient's spiritual need and intervene? Nurses routinely monitor the effects of diuretics and oxygen, but often neglect the patient's spirit.

Health care researchers have suggested a correlation between better mental and physical health and a person's spirituality or religious practices (Koenig, 2002). Indeed, using spiritual and religious resources gives patients and families strength to cope during a crisis (Kloosterhouse & Ames, 2002). Given that little is known about nurses' experiences with spiritual care, one wonders how spiritual care is given (Taylor, 2005), what the experience means to nurses, and how the experience affects nurses and their future actions like how a positive experience could encourage the nurse and others to give spiritual care.

Patient studies confirm that spiritual care can be positive. Hermann (2001) and Sellers (2001) conducted qualitative studies and found that patients desired the inclusion of spirituality by nurses. Moreover, although many nurses would agree that spiritual care is a nursing responsibility, a disparity exists between that belief and the actuality of giving spiritual care (Dettmore, 1985; Piles, 1990).

Researchers have investigated spiritual care as an aspect of the nursing care of HIV patients (Tuck, McCain, & Elswick, 2001) and as an integral part of oncology and hospice nursing (Highfield, 1992; Taylor & Amenta, 1994). Spiritual care, as part of nursing care for patients with other diseases or from diverse populations, has not been widely studied. In addition, nursing education does not routinely include the teaching of spiritual care. Nurses want to give spiritual care but their preparation may be lacking; other barriers such as role confusion and increased workload and lack of time may prevent them from giving spiritual care (Piles, 1990).

Definitions of spirituality vary as individuals vary in their perspectives and opinions. Wilt and Smucker (2001) define spirituality as "…the recognition or experiences of a dimension of life that is invisible, and both within us yet beyond our material world, providing a sense of connectedness and interrelatedness with the universe (p. 5). Others have said spiritual care is not limited to activities emphasizing religion but is any activity that "touches the spirit of another" (Carson, 1989, p. viii). Solari-Twadell and McDermott (1999) addresses spiritual needs in her definition of spirituality:

> That life principle that pervades the entire being, integrating, and transcending all other dimensions of life. It gives meaning to life and death. It offers love and relatedness. It includes the need for forgiveness. It includes hope, trust, and faith. It involves a belief in a supernatural or higher power. (p. 44)

Many studies found that spirituality was a positive factor as patients experienced illness (Albaugh, 2003; Kociszewski, 2003; O'Brien, 1982). Nurses also thought spirituality was important (Narayanasamy & Owens, 2001; Van Dover & Bacon, 2001). Both patients and nurses described spiritual care as interventions that promoted connectedness, a sense of feeling known and understood, as well as a search for finding meaning. Regardless of their level of personal spirituality, nurses provided spiritual care by listening and referring to clergy, and conveying a non-judgmental attitude (Dettmore, 1985).

Nurses commonly encounter pain and suffering (Davitz & Pendleton, 1969; Wright, 2005), and alleviation of pain and suffering is a focus of a nurse's job (Reed, 2003). What patients believe about their suffering is related to their religious and spiritual convictions (Reed; Wright, 2005). However, persons who are not religious make meaning of their suffering based on their past and present situations (Black, 2007).

In qualitative studies, nurses reported that connecting at a deep, intimate, and transcendent level occurred between the nurse and the patient while giving spiritual care (Carroll, 2001; Van Dover & Bacon, 2001). Nurses sought out each patient's meaning of spirituality (Kociszewski, 2003) and when appropriate, assisted the patient to connect to a higher power (Van Dover & Bacon). Nurses in Kociszewski (2003) and Van Dover and Bacon's studies said the experience of giving spiritual care was powerful, full of meaning, highly individual for both the nurse and the patient, and had positive benefits such as creating healing and meaning.

Researcher's relationship to spiritual care

Recent experiences with spiritually distressed patients made a profound impact on how the researcher viewed spiritual care. As a nurse educator, she observed a student and the patient she was caring for, an elderly patient in congestive heart failure. The student and her nurse preceptor were taking care of the patient's physiological needs, giving furosemide to reduce her fluid overload status and oxygen to support her respirations. The patient labored to breathe and the researcher could sense her anxiety and fear of death. As she tried to really listen and attend to her, she realized the gravity of this situation. The researcher asked if the patient would like the researcher to pray with her,

she seemed relieved and nodded yes. The researcher said a very short prayer, something like, "God, please be with Mrs. _____ during this time and comfort her and let her know of your presence. Amen." As the patient opened her eyes, the researcher could see a sense of relief in her face. She felt very close to the patient and felt like she was able to assist in giving her comfort through the prayer. This was a very important experience for the researcher, and she remembers relating the experience to several nurse faculty colleagues. She later learned that the patient died later that day. In recalling her experiences as a nurse in the emergency department, including life-threatening situations, she cannot remember a previous specific situation where she actually prayed with a patient.

Other similar experiences added to the researcher's interest in spiritual care. J. Cromer, a student nurse (personal communication, February 21, 2002) shared an experience with an elderly patient, who had cancer,

> …one patient began to stand out to me that she needed more from me than just basic nursing….She was in terrible pain and it was hard to see her suffer….I asked her if it would be ok for me to pray with her. She began to cry again. She told me yes, she would love that….She squeezed my hands and said, "Let's pray." I was overwhelmed with joy as we held hands and prayed for God to wrap his loving arms around her, to comfort her, and protect her. I also prayed for her family. It was really a life changing experience for me….I wish I could help people like this every single day for the rest of my life.

Through the researcher's life experiences, especially difficult times, her personal spirituality has increased. She found comfort and hope in all situations through prayer and reading the Bible. After a recent experience with a serious injury, she experienced her own spiritual distress but found a peace and a deeper spiritual well-being as time passed. It became more apparent to her after this experience how spiritual care positively affects all aspects of recovery.

As the researcher began the doctoral program, her interest shifted to chronically ill patients who use spirituality to cope with their situations. A 20/20 television special (ABC News, 1999) on spiritual care became a touchstone for increasing her interest in spirituality. A large teaching hospital on the East Coast started a spiritual care program, which included training of nurses, physicians, and social workers by chaplains to give spiritual care. The examples shown were meaningful. For example, one nurse prayed with a patient with terminal pancreatic cancer. The look of peace on the patient's face and the connection between the nurse and the patient was powerful and reminded the researcher of her experience praying with a patient.

About the same time, the researcher was reading and seeing more about Harold Koenig, MD (Koenig, 2002) and his research on spirituality and coping with illness. He found that personal spirituality helped persons cope. All of this information validated the researcher's need to know more about spirituality from a nursing perspective.

During another pivotal doctoral course, reviewing the literature sparked a continuing interest related to how nurses give spiritual care and how that care affects

patients. As she examined qualitative studies on spiritual care, she realized interviewing nurses would be the best way to understand the experience of giving spiritual care.
Method

Phenomenology served as the methodological framework for this study. Phenomenology is the study of lived experience in which the researcher is discovery-oriented. The researcher is on a quest to know answers to the following questions. "What is this every day experience like? What is its meaning? How is it experienced?" Through reflection, a deeper knowing of the essence of an experience emerges (van Manen, 1990). Lopez and Willis (2004) asserted that the phenomenological approach and nursing are a good fit because phenomenology seeks to understand unique individuals and experiences. The aim of this study was to understand fully the essence of the experience of giving spiritual care.

Edmund Husserl, a German philosopher, developed phenomenology as a response to the traditional scientific method, which measures and values concrete, observable events (Powers & Knapp, 1995). He argued that the scientific method could not appropriately capture the abstractness of phenomena. Husserl recommended a "return to 'the things themselves,' essences that constitute the prescientific world of human consciousness and perception" (Powers & Knapp, p. 123). Husserl described a life world (Lebenswelt) or lived experience. In order to understand this experience, a person reflects on a realm of what persons normally "…take for granted and therefore fail to explore…" (Powers & Knapp, p. 123). To explain this idea, persons do not really think about their day-to-day experiences unless they critically reflect on them. Phenomenology, then, provides the tools for deep exploration into human existence and experience (Munhall & Oiler, 1986) in order to understand the actual lived experience of a phenomenon by examining persons' accounts of their experiences. Nurse researchers have used phenomenology to investigate a variety of phenomenon such as empathy (Ballie, 1996), the lived experience of new nurses working in a neonatal unit (Litchfield & Chater, 2006), and non-caring and caring in the clinical setting (Riemen, 1986).

The researcher examined nurses' accounts of their experiences of giving spiritual care using descriptive phenomenology, which is associated with the writings of Husserl (Cohen, Kahn, & Steeves, 2000).

Participants

The researcher conducted a pilot study with four participants using face-to-face, audio taped, unstructured interviewing techniques asking open-ended questions about spirituality and spiritual care. One participant was recruited from a mailed nursing program alumni recruitment letter. After the interview, the first participant referred a co-worker who asked to be contacted by phone. The researcher recruited the last two participants by an announcement and posting the recruitment letter on an RN-transition on-line course at The University of Texas at Tyler, College of Nursing. The instructor's approval was obtained and the researcher posted an announcement asking anyone interested in participating in a research study about spiritual care to contact the researcher. Two participants emailed the researcher of their interest in participation in the study and they were contacted by email.

Each participant was contacted and a convenient location and time was determined for the interview. Prior to the interview, the researcher asked the participants to sign the consent form and completed a demographic form. Interviews lasted between 30 minutes and one hour. Participants chose pseudonyms to identify themselves throughout the study. The researcher transcribed the interviews verbatim. Ages of the participants ranged from 39 to 49 years of age. Three were Baptist and one was Methodist. Three were white females with one was Hispanic male. The newest nursing graduate had graduated 3 years prior to the interview and one participant graduated from nursing school 28 years ago. All participants worked 40 or more hours per week. Two participants held associated degrees in nursing. The other two had bachelor degrees in nursing (BSN) with one having an additional master of science (MS) in library science. Two nurses were clinicians in a general surgery clinic within a hospital. One nurse was a school nurse, and the last worked in a psychiatric unit.

Data collection

Approval for the study was obtained from the Institutional Review Boards at Texas Woman's University and The University of Texas at Tyler. Informed consent was obtained prior to the interview along with completion of the Demographic Data Form. The researcher conducted audio-taped face-to-face interviews with each nurse participant. The interview began with the researcher asking participants to, "Talk to me about spiritual care." Questions related to specific experiences of giving spiritual care were asked, along with questions related to spiritual distress, differences between religion and spirituality, preparation to give spiritual care, patient's expectations, and differences between spiritual care and psychosocial care. The interviews lasted approximately 1 hour. The researcher transcribed the interviews verbatim.

Data analysis

Data were analyzed using Colaizzi's (1978) phenomenological method because this method of data analysis is associated with descriptive phenomenology (Cohen et al., 2000). Researchers have used this approach to investigate nurses' lived experiences of giving spiritual care. Kocizewski (2004) used Colaizzi's data analysis method to discover that critical care nurses integrated spiritual care into their everyday nursing care. Spiritual care was important to the nurses and was associated with job satisfaction. Conco (1995) also employed Colaizzi's method to determine that Christian patients described how spiritual care, given at a vulnerable time, allowed them to rise above their situation and find meaning and connection with the nurse. Likewise, Ballie (1996) conducted a phenomenological study using Colaizzi's method to understand the nature of empathy as perceived by registered nurses. Colaizzi's data analysis was determined to be an appropriate methodology for this study with its focus on finding the essence and meaning of the experience of giving spiritual care for dialysis nurses. The analysis included the following procedural steps suggested by Coliazzi.

First, the researcher read all participants' descriptions of the phenomenon for a general overview. She then read each interview two times and began to color code with the highlighter function the various themes for each interview. The researcher noted the

following themes: spiritual care is patient-centered; patient's religion affects spiritual care, spiritual care interventions, benefits of spiritual care, influences of the nurse to give spiritual care, nurse's personal importance of spiritual care, and evaluation of spiritual care.

The researcher read through the highlighted areas and searched for specific statements for each theme. Each statement was analyzed for its significance and where it might fit in the different theme areas. Statements from all participants that were similar were grouped together or clustered into one list of themes.

Then the researcher wrote an exhaustive description of the nurses' experience of giving spiritual care. This description can be found in the findings section. The researcher sent participants a copy of their transcript along with a summary of the researcher's perceptions of the interview for validation. No new data were revealed from the participants.

Rigor

The trustworthiness and authenticity criteria were a focus of this study. Trustworthiness is determined by credibility, transferability, dependability, and confirmability (Erlandson, Harris, Skipper, & Allen, 1993). Credibility is determined as the researcher collects and analyzes the data through a process of "reflecting, sifting, exploring, judging its relevance or meaning, and ultimately elucidating the themes and essences that comprehensively, distinctly, and accurately depict the experience" (Moustakas, 1990, p. 32). Before data is analyzed, the researcher sets aside their potential prejudices and biases, a technique in phenomenological research called bracketing (Cohen et al., 2000).

Member checks were used to establish credibility. The researcher sent each participant their transcript and asked them to review and verify the transcript content. Each participant agreed with his or her transcript.

Transferability refers to the extent to which the results of a study can be applied to similar situations. Interrelationships in one study may be applied to other situations as readers judge transferability. Thick description and purposive sampling are strategies to help foster transferability (Erlandson et al., 1993). Thick description refers to the documentation of data that reflects inferences and the context of the experience that is described (Powers & Knapp, 1995). Exerpts of participant's experiences helps the researcher capture the essence of the phenomena.

Purposeful sampling is a method to increase in-depth understanding by selecting information-rich cases (Patton, 2002). Patients in a health crisis are more likely to seek spiritual support (Coyle, 2002; Emblem & Peverall, 2002; Wright, 1998), and nursing areas involved in critical care could yield much in determining the lived experience of giving spiritual care. This was partially fulfilled as two nurses worked with patients about to have heart surgery, one nurse had experience in the emergency department, the other nurse had clinical experience in acute care facility and was working currently as a school nurse.

Dependability is like consistency and was established by an audit trail, which involved maintaining and preserving all transcripts, notes, audiotapes, peer debriefing notes, and journals. Confirmability maintains that data can be linked to their sources,

which supports the logic of research decisions and was demonstrated by an audit trail. A reflexive journal assisted in phenomenological reduction and involved writing down insights, thoughts, emotions, or reactions that occurred during the study (Erlandson, et al., 1993; Streubert & Carpenter, 1999).

While trustworthiness refers to methodological sufficiency, authenticity refers to reporting each participant's story in a way that maintains respect for the context of the data. Fairness includes presenting all perspectives equally so that the reader can come to an impartial decision and setting aside the researcher's own biases (Patton, 2002).

Findings

Following Colaizzi's data analysis method, the following themes were identified: spiritual care is patient-centered, importance of spiritual care, simplicity of giving care, patients do not expect spiritual care but welcome it, and spiritual caregivers are diverse.

Themes

Following Colaizzi's data analysis method, each interview was read then specific statements were extracted and repeated statements were eliminated. The process of identifying themes involved highlighting and color coding statements by the participants. Statements that had similar meanings were coded in the same color. All the same color statements were put in a separate document for further consideration. Meaning was ascribed and the following themes were identified: spiritual care is patient-centered, spiritual care is an important part of nursing, spiritual care can be simple to give, spiritual care is not expected but is welcomed by patients, and spiritual care is given by diverse caregivers.

Spiritual care is patient-centered

All participants agreed that nurses follow the lead of patients regarding discussions of spiritual matters. Joe said, spiritual care "…is what the patient wants." Spiritual care is a subjective, unique and individualized matter for the patient and the nurse. Speaking of patients, Joe said, I've always allowed them to initiate anything and then if they say something then ok then I just go with wherever they lead. I let them direct wherever they want to go… I never bring my religion or my beliefs to the situation. If they initiate the conversation or if they initiate the question, you know then I'll go with that. Cindy said,

> I think that often the patient brings it [spirituality] up with their concerns
> and their feelings … because most patients that are struggling with some
> sort of some disaster …or concern make it pretty obvious… and I would
> never want to push anyone into a conversation that they are uncomfortable
> with.

Donna was more proactive in introducing spiritual care as she said, "I always mention Jesus or God or prayer or there's a higher power and just feel through and let

them follow up. If they don't pursue it then I don't force it." She went on to say that mentioning Jesus or God was part of her everyday world.

Simplicity of giving spiritual care

As participants discussed spiritual care, the simplicity of the interventions came through. Joe called them "comfort measures." Actions like taking time to sit with patients and listen, affirm, or explain procedures they may not know much about were listed as spiritual care. Linda reported praying for a patient and his spouse at a later time. Donna reported giving out cards with specific scriptures to comfort patients who she had relationships with, such as patients who had a repeat visit to her clinic or a repeat hospitalization and said spiritual care meant just relaying little thoughts of "yes I agree prayer is the most important…" Cindy reported "…it's pretty easy to step right into their [patient's in crisis] spiritual needs." Joe said that quality of the time spent with the patient was more important than the quantity of time.

Patients do not expect spiritual care but welcome it

Joe said that he did not really think patients expected nurses to give spiritual care, but he thought that patients in hospitals that were affiliated with a religious organization would expect it more than a hospital not affiliated with a religious organization. Linda and Donna both said they did not know whether patients expected it but that it was a comfort when patients experienced it. Cindy said, "I think most do, I think there may be a few that don't want it and don't expect it and shouldn't be forced to experience it.

Spiritual caregivers are diverse

One surprising theme that was mentioned by three participants was the idea that anyone who had patient contact, like the housekeeper mopping the room, the laboratory technician drawing blood, or the chaplain could give spiritual care and comfort. This comfort was relayed by the demonstrated behaviors like developing a rapport during patient contact. Donna said,

> If you're stronger in your faith you pick on these [people who can support you   spiritually] people quicker…I think of so many times we are witnesses by the way we present ourselves by the way we respond to situations, and we don't even realize it but the patients are very aware. They pick up on it.

Exhaustive description

These participants reported the importance of spirituality and spiritual care in nursing. They all have given spiritual care that ranged from praying for a patient at a later time to simply sitting and listening with a patient. All participants agreed that the patient, not the nurse, leads the journey through spiritual care giving. The goal is patient peace

and comfort. Not only nurses can give spiritual care, but also anyone coming in contact with the patient can comfort the patient.

Participants also agreed that they do not know whether patients expect spiritual care, but when it is given it is a positive experience. Linda went on to say, "Well, I think it's [spirituality] very important. I couldn't do what I do without knowing that God was there…" She spoke of a sense of purpose "…feeling He has put me here for a reason and I can go to him to help me deal with patients…" Joe said, "But in actuality it's [spiritual are] one of the…biggest benefits we can bring to our patients, you know, and unfortunately it's been on the back burner and a lot of them [nurses] have forgotten about it." Donna spends 30 minutes to an hour with patients and their families getting them ready for cardiac surgery, she said of that time, "That [being in a preoperative situation with a patient and a family] is one of my fulfilling needs."

Revisions based on the pilot experience

The interview guide was evaluated for more congruence with the phenomenological approach (Colaizzi, 1978; Patton, 2002; van Manen, 1990). Questions that were deemed unhelpful in helping participants describe their experiences of giving spiritual care were deleted. Items that sought the difference between religion and spirituality and the difference between spiritual care and psychosocial care were deleted and were replaced with questions about the actual experience of giving spiritual care. Brief note-taking will also be added to the interview process in order to jot down key words for future exploration.

Conclusion

Pilot studies enhance the likelihood of success of a research project. Although pilot studies are generally underreported, they can yield valuable information. van Teijlingen and Hundley (2001) maintain that "…investigators should be encouraged to report their pilot studies, and in particular report in more detail the actual improvements made to the study design and the research process" (p. 4).

The pilot served its purpose to explore the research process and make changes based on the experience. Two main problems discovered was the interview schedule was too long and it did not always ask the questions that described the essence of spirituality. The importance of spirituality ascribed by the nurses is supported by research about nurses giving spiritual care (Carroll, 2001; Stranahan, 2001; Taylor, Highfield, & Amenta, 1994). According to the participants, spiritual aspects of care should be initiated by the patient and be patient-centered not nurse-centered. The nurse-client journey through spiritual care was documented by Kociszewski (2003). Spiritual care appears to be beneficial to the patients when a shared belief is noted. The nurse can support the patient with spiritual interventions such as time spent with them, listening, and if they request, praying with them. Spiritual care is an integral part of nursing.

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