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NURSES' FAITH AND ITS IMPACT ON THE PROVISION OF THE SPIRITUAL COMPONENT OF HOLISTIC CARE

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A DISSERTATION

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Abstract

The purpose of this qualitative, transcendental phenomenological study was to explore the impact of nurses' faith on their ability to provide the spiritual component of holistic care to patients in oncology. Ten nurses who have worked in oncology were interviewed to elicit their lived experiences with the phenomenon of faith. Interviews with study participants revealed that these nurses did identify with faith and they believe that their faith does impact their ability to provide spiritual care to patients in oncology. One theme identified through the interviews included the need to tread lightly when providing spiritual care so as to not offend patients. Another theme was that nurses experienced growth in their faith as a result of caring for patients in oncology. The final theme is the need for spiritual care education in nursing curricula and in continuing education. Implications for nursing practice include the need for nurses to be aware of their own personal faith, that patients in oncology especially require spiritual care, and the need to integrate spiritual care education into nursing curricula. Nurse leaders must be attentive to the need for spiritual care to be provided to patients, and must encourage their staff to provide this type of care. Nurse leaders in all types of healthcare facilities must promote continuing education in regards to spiritual care. Nurse educators and leaders must work together to ensure spiritual care is addressed for each patient, and should promote an interdisciplinary approach to this type of care.

Keywords: Spiritual Care, Holistic Care, Oncology, Faith, Education, Nurse Leaders

Dedication

This study is dedicated to my grandfather, Pock, who helped spur in me a love of education, faith as big as a mustard seed, and who taught me to believe in myself. I may have never come this far without your encouragement and that promise I made to you in 2005! Not a day goes by that I do not think about you or the influence you had on my life and the lives of all the people you touched as a faithful minister, fearless leader of our family, and friend.

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CHAPTER ONE: OBJECTIVES OF THE STUDY

Introduction

Nurses strive to provide the highest quality of care while considering the needs of the patient as a whole, rather than just their physical needs. Although nurses attempt to provide care for the mind, body, and spirit (e.g., holistic care), they often fall short in this endeavor (MacFayden, 2013). Too often, nurses take care of a disease process or an illness, and tend to not focus on the other facets that make up a human being. In the fast-paced world of healthcare, nurses have a large number of tasks to complete, and when a nurse ranks these tasks in order of importance, spiritual care often falls to the bottom of the list of tasks (Bowers & Rieg, 2014). The daily tasks for a nurse can include assessing patients, implementing physicians' orders, assisting the patient to complete activities of daily living, administering medication, and performing interventions to maintain or improve the patient's overall level of health.

If nurses do not have time to complete the tasks required for patient safety and quality care, they may not even have an opportunity to ascertain the spiritual needs of the patient in the first place (Kim-Godwin, 2013). Without an assessment of the spiritual needs of the patient, such as the desire to visit with a chaplain or the need for prayer while receiving care, the nurse could risk providing too little or too much of the spiritual component of holistic care (Kim-Godwin, 2013). A spiritual assessment screening tool, such as The Spiritual Needs Assessment for Patients (SNAP), provides nurses with questions they could ask the patient in order to obtain vital information about the spiritual needs of the patient, so that the appropriate interventions can be implemented (Astrow, Sharma, Taxeira, & Sulmasy, 2012). Nurses can find it difficult to provide the more subjective side of spiritual care; the uncertainty of how and what to do can be

uncomfortable (Van Leeuwen, Schep-Akkerman, & Van Laarhoven, 2013). Nurses often prefer scripted questionnaires with closed ended questions to assess the spiritual needs of patients, as opposed to questions that would elicit a deeper response (VanLeeuwen, Schep-Akkerman, & Van Laarhoven, 2013).

If nurses are not attuned to the spiritual needs of the patient, then holistic care cannot be provided, which in turn, can impact patient outcomes, such as impaired healing (Dossey & Dossey, 1998; Gant, O'Neil, & Stephens, 2004). The same can be said for nurses who do not have an awareness of their own faith and the impact their faith can have on the care they provide to patients (Bush & Bruni; 2008; McManus, 2006). When a nurse is aware of his or her own faith, and has adequately assessed the spiritual needs of the patients under his or her care, then holistic care is more likely to result (Bush & Bruni, 2008; Musgrave & McFarlane, 2004).

Often, nurses tend to focus on the skills and knowledge necessary to fix the problem occurring with the patient, and place less emphasis on the incorporation of their faith into their nursing practice. The incorporation of personal faith into the care nurses provide in everyday practice can occur any time there is an interaction with a patient and a nurse. These interactions can occur in any inpatient or outpatient setting, such as in a hospital setting or in home healthcare, chemotherapy, or telephone triage. The fact that nursing care is provided in a vast array of settings and to a variety of patients with differing healthcare and spiritual needs, helps form the basis of the need for this research study. It is important to understand what role, if any, faith plays in a nurse's ability to provide the spiritual aspect of holistic care to his or her patients.

Aside from beginning to understand if faith plays a role in nurses' ability to provide the spiritual component of holistic care to patients, it is equally important to

investigate if a nurse needs to be aware of his or her personal faith and to actively refine that faith in order to provide holistic care to patients, as these could both increase the likelihood of the patient being cared for as a whole person (Beauvais, Stewart, & DeNisco, 2014; Carpenter, Girvin, Kitner, & Ruth-Sahd, 2008; Musgrave & McFarlane, 2004). Perhaps the reason holistic care is rarely provided to patients is because nurses lack an awareness of how their faith impacts the care they provide to patients. Nurses may not know how to provide the spiritual component of holistic care, even though they do embrace personal faith (Baldacchino, 2006; Boswell, Cannon, & Miller, 2013; Murphy & Walker, 2013; Ramenzani, Ahmadi, Mohammadi, & Kazemnejad, 2014).

Statement of the Problem

Holistic care is not a replacement for traditional medicine; however, it allows nurses and patients to work together in a way that optimizes patient healing by addressing the whole person (American Holistic Nurses Association, 2014). The issue at hand is that while nurses are aware holistic care is important, many nurses find it difficult to provide holistic care especially as it relates to the patient's spiritual needs (Boswell et al., 2014; Bush & Bruni, 2008; Gant et al., 2004; Markani, Yaghmaei, & Fard, 2013; McManus, 2006). The personal faith of nurses could play a role in the provision of holistic care, which the researcher seeks to better understand through the course of this study. For the purposes of this study, the researcher will focus on the spiritual component of holistic care.

Purpose of the Study

The purpose of this qualitative, transcendental phenomenological study was to explore the impact of nurses' faith on their ability to provide the spiritual component of holistic care to patients in oncology.

Operational Definitions

Faith: the belief in a power greater than oneself

Spiritual care: the recognition and care of the spirit of a person

Spirituality: how the spirit of a person interacts with the world, with people, and with a higher power. A person's spirituality helps him or her to find meaning for his or her life, and to find peace in life (O'Brien, 2008; Young & Koopsen, 2011)

Holistic care: providing care that addresses the mind, body, and spirit of the patient (MacFayden, 2013). In other words, holistic care will refer to providing care to the whole person, rather than focusing solely on a disease process

Patients in oncology: a group of patients seeking care for cancer-related treatment. This group of individuals will include a wide range of cancer diagnoses

Faith-based university: a small, Midwest, private Christian university steeped in tradition and affiliated with a religious group

Midwest: a group of states centrally located in the United States, including, but not limited to, Kansas, Missouri, Iowa, Nebraska, and Oklahoma

Nurse: A registered nurse continuing his or her post-licensure education in either the Registered Nurse to Baccalaureate of Science in Nursing (RN-BSN) program, or the Master of Science in Nursing (MSN) program

Student: A registered nurse enrolled in the RN-BSN or MSN program at a faith-based university

Assumptions

The researcher assumed that participants would freely and honestly share their experiences and beliefs about their faith. However, faith can be considered a

controversial topic, which might have deterred nurses from sharing their perceptions of their faith with the researcher. The researcher also assumed that she provided a comfortable and open environment where the participants felt safe to freely share information about their faith. Further, one cannot assume that every nursing student who has attended a faith-based institution identifies as having faith. The researcher was also cognizant of the potential for the infusion of her own faith into the interviews with the research participants. Therefore, it was vital for the researcher to build rapport with the nurses who were interviewed for this research study, as well as removing her own personal bias about faith from the research study.

Limitations and Delimitations

Limitations of this study included the potential for not having a large enough sample size, paired with only studying nurses who have worked in the specialty of oncology, which may decrease the relevancy and transferability of this study's findings to other nursing specialties. Specifically, the researcher planned to interview study participants until she reached saturation within the interviews.

However, one limitation of the study included finding an adequate number of study participants who met the criteria for participation in the study, and who have experience with faith and holistic care. Another limitation was that in transcendental phenomenological research, the assumptions of the researcher can impact the interpretation of the interviews. The researcher engaged in strategies to minimize this potential limitation through bracketing, which is explained further in the next section. The study participants also were asked to recall their lived experiences of faith and the provision of holistic care, and because these lived experiences might have happened several years ago, this may have impacted their ability to recollect events accurately. The

order of the interview questions helped to reduce this limitation, because the need to recall memories of providing spiritual care to patients was asked after more general questions about holistic care.

There were also several delimitations in this study. A delimitation of this study was that the nurses interviewed were either current students or alumni at a faith-based institution, continuing their education to complete their Registered Nurse to Baccalaureate of Science in Nursing (RN-BSN) or Master of Science in Nursing (MSN) degrees. The fact that the nurses chose a faith-based institution for the furthering of their nursing education could be due to their affiliation with religious or spiritual practices, which may not be true for all nurses (Beauvais et al., 2014). The students at a faith-based institution have access to a university chaplain and free counseling for support, which may not be evident at other universities. In addition, the post-licensure students in the RN-BSN program are required to take a course about the Bible and another about their wellness and spirituality, while students in the MSN programs have the opportunity to take a course about spirituality in nursing as an elective. Course faculty incorporate a daily devotion and/or prayer into both the on campus and online courses. Further, a forum for the students to connect spiritually, through praise and prayer, is present in the Learning Management System utilized by the university, which allows students to share spiritual requests and encouraging words with one another. Chapel services are held each week on Tuesdays (community chapel) and Thursdays (student-led chapel) which post-licensure nursing students are encouraged, but not required to participate in on campus. Essentially, since faith and spirituality are integrated into the curriculum of the RN-BSN and MSN programs, students could likely have a stronger connection or awareness of their own faith (Taylor, Testerman, & Hart, 2014). While these nurses have attended a

faith-based institution, and participated in faith-based courses within their curriculum, it is vital to remember that participation in a university is not indicative of an affiliation with a faith or religion. For this very reason, the researcher chose to specifically interview nurses who have attended a faith-based institution, to identify a possible correlation with attending a faith-based institution to the personal faith of nurses, and the provision of spiritual care to patients in oncology.

Another delimitation is studying the specialty of oncology nursing care, because these nurses care for a specific population of patients who are faced with a life threatening diagnosis. Patients with a cancer diagnosis have increased spiritual care needs, and in one study 73% of patients identified with at least one spiritual need (Astrow, Wexler, Texeira, & Sulmasy, 2007). Therefore, patients in oncology could require different types of spiritual care needs than patients in a general population of patients, such as a medical surgical unit.

Bracketing

It is imperative for the transcendental, phenomenological researcher to identify her biases and personal experiences with the phenomenon through a procedure known as bracketing (Creswell, 2013). Bracketing allows the researcher to examine her personal experiences with the phenomenon in the beginning of the study, so that throughout the remainder of the study she is focused solely on the experiences of the study participants (Creswell, 2013). Hence, the purpose of bracketing is to focus the researcher in a way that will allow her to see the phenomenon of nurses' faith from a fresh perspective (Creswell, 2013). Because the researcher is a nurse who self-identifies as having faith, bracketing was a vital component of this research study, so that she could approach the study and data without projecting herself into the study.

Significance of the Study

The research topic of nurses' faith and its impact on their ability to provide the spiritual component of holistic care to patients in oncology impacts nurses, patients, and the healthcare system as a whole. While the impact on nurses and patients is more obvious, the impact on the healthcare system may not be as apparent. The foundation of the healthcare system is built upon the shoulders of nurses, as nurses comprise the largest group of individuals working within the healthcare field (American Association of Colleges of Nursing [AACN], 2014).

Nurse educators, for example, while not providing direct patient care, can be directly impacted by the findings of this study. The findings from this study can help direct nurse educators as they design continuing education courses for licensed nurses. Additionally, for educators employed in universities and colleges, the findings of this study could aid them in implementing a curriculum which focuses on a holistic based approach to patient care. Even the AACN, an organization which publishes essentials for baccalaureate education, mentions the need for "holistic, patient-centered care" (AACN, 2008, p. 32).

Nursing leaders can use the information found in this study to develop a faith-based education program which could explain how to incorporate faith into care. Nursing managers, for example, could use spiritual assessment tools to assess the perceived spiritual needs of their nurses, in an effort to develop opportunities for spiritual growth (Cockell & McSherry, 2012). Most importantly, the study exposes the idea of faith in practice, which might promote a move towards a more holistic based care program as opposed to treatment of a disease process. A leader might better understand his or her subordinates by first understanding that faith could play a large role in how those

subordinates function on a day-to-day basis (Lowney, 2003).

Leaders can also utilize the findings from this study to better understand how to shape the culture within the healthcare organization. For example, because the emergence of the beliefs and values of the nurses in this study included an incorporation of their faith into their nursing practice, leaders can be encouraged to focus on a more holistic approach to patient care. Allowing nurses to incorporate their faith into nursing practice can increase the nurses' commitment to the organization (Kazemipour, Amin, & Pourseidi, 2012). Leaders who do not provide direct patient care may not understand what is important to a group of nurses who staff a unit.

A leader can also utilize the themes identified in the research to better understand if nurses' faith might play a role in their ability to provide holistic care to patients. While managers and leaders within healthcare organizations tend to focus on patient satisfaction scores, this research study informs an important piece of patient satisfaction: being provided with holistic care (Astrow et al., 2012; Pearce, Coan, Herndon, Koenig & Abernethy, 2012; Peteet & Balboni, 2013; Richardson, 2012). Finally, accrediting agencies are encouraging, and in some cases mandating that nurses provide holistic care to patients, or at the very least assess patients' spirituality upon admission to a healthcare facility (The Joint Commission, 2008). Keeping this in mind, nursing leaders could utilize the research findings to help nurses understand why it might be important to incorporate their faith into their nursing practice.

Summary

The need for further research to better understand if and how nurses' faith impacts their ability to provide the spiritual component of holistic care is apparent. While possessing the necessary skills and knowledge vital to care the physical needs of a patient

is important, an understanding of how faith and spirituality is integrated into this physical care is just as important.

Providing holistic care to a group of patients' means a nurse is in tune to what the patients need physically, mentally, and spiritually (MacFayden, 2013). If nurses are not aware of how they feel about their own faith, how can they promote spiritual care for their patients? The researcher hopes to understand how nurses' faith can impact their ability to provide the spiritual component of holistic care, and in doing so, she hopes to uncover potential ways in which nursing leaders can promote holistic nursing practice.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Holistic care, while not a new term in the profession of nursing, is often a difficult concept for nurses to grasp. The idea of providing care for the entire person rather than a specific disease process can prompt feelings of uneasiness or inadequacy (Dossey & Dossey, 1998). Nurses can be unsure of how to provide care that is holistic in nature, yet patients have a desire for all aspects of their care to be addressed (Richardson, 2012).

For the profession of nursing, the ability to provide holistic care can be dependent on a number of factors including, but not limited to, the spiritual preference of a nurse, whether the organization at which he or she is employed allows for a culture of spiritual awareness, and the educational training of a nurse (Bush & Bruni, 2008; Gant et al., 2004; Markani et al., 2013; McManus, 2006).

Prior to conducting research, it was vital for the researcher to conduct a review of the literature already published, which is related to the topic of research. The literature review provided valuable insight into what research had already been conducted, as well as the need for further research due to a lack of findings or inconsistencies within previous research studies. The following literature review focuses on four themes that inform the current research: faith, holistic care, spirituality as a component of holistic care, and the needs of patients in oncology. Each of these themes will be reviewed and will provide a foundational basis for the study.

The Concept of Faith

The concept of faith is not unique to the nursing profession, and therefore, should be explored prior to focusing on faith in nursing. The idea of incorporating faith at work is not uncommon in organizations that are faith based. However, for secular

organizations, the individuals who work there might not have experience being able to utilize or practice their faith at work.

Walker (2013) found that when people are able to integrate their faith into their work, they experience a greater commitment to their organization and have an increase in satisfaction in life. Utilizing the Faith at Work Scale, Walker (2013) had 216 people who self-identified as having faith complete this scale to determine if the ability to integrate faith into work is related to an increase in satisfaction in life and job performance. Walker (2013) hypothesized that participants would indicate a greater satisfaction with life, good job performance, and an increased organizational commitment by being given the opportunity to incorporate their faith with their job, and that there would be a decreased intent to leave their job. Though Walker (2013) was correct in that overall life satisfaction and organizational commitment are higher as a result of the integration of faith into work, there was not an increase in job satisfaction or job performance. Consequently, participants did not express any less intention to leave their job by incorporating their faith at work (Walker, 2013). If people are able to incorporate their faith into their jobs, since doing so could increase their life satisfaction and organizational commitment, employers might experience a decrease in employee turnover.

Overall life satisfaction could be linked to being able to incorporate faith into a person's job, but is likely impacted more by the ability to integrate faith into relationships with others. McAloney (2013) studied inter-faith relationships by surveying 17,800 individuals who were married or in civil partnerships. Of these 17,800 individuals, 15% did not identify with a religion, 78% were Christian, and 7% were of a non-Christian religion (McAloney, 2013). The majority of people involved in this study were in a relationship with someone of the same religion as them (McAloney, 2013). McAloney

(2013) found that for those who had a partner of a different faith than them there was a significant detrimental effect on their psychological well-being.

The study conducted by McAloney (2013) may illuminate why it can be difficult for nurses to provide holistic care to patients, especially when their patients are of a different faith than them. Perhaps nurses experience psychological distress when asked to provide the spiritual component of holistic care to patients when the patients are of a different faith than them.

Faith in Nursing

The concept of faith is not new to the nursing profession, yet nurses struggle with the concept of faith, and how their faith can influence the spiritual care they provide to patients. The incorporation of faith into nursing practice does not imply that a nurse would impose his or her faith upon the patient, but that he or she would utilize that faith to provide better care (Polzer Casarez & Engebretson, 2012).

Though the concept of faith is not new to nurses, there is a lack of research regarding the phenomenon of faith and what it means to nurses (Dyess, 2011). Faith has been explained in studies of resilience and spirituality, but has not been given the consideration it should be given as its own phenomenon (Dyess, 2011). Nurses identify faith as an integral part of each human being, yet nurses do not address faith in nursing practice (Battey, 2012; Dyess, 2011). The definition of faith is unclear, which creates ambiguity and uncertainty about why faith is important in the nursing profession (Dyess, 2011). The term faith can be defined in a subjective manner, meaning each individual nurse may define faith in a different way (Dyess, 2011). Nursing research should focus on faith and what it means to the profession. Whether the definition of faith is generalizable to the entire profession or not, it is important to have an awareness of what

faith may mean to a specific group of nurses, such as nurses who have worked in oncology (Dyess, 2011).

Much of the literature about faith in nursing is about religiosity and the impact it has on spiritual care (Bjarnason, 2010; Taylor, Park, & Pfeiffer, 2014). Religion denotes an affiliation with a religious order, whereas faith can indicate a faith in a higher being without an affiliation with a specific religion. One cannot assume that religion and faith would be given the same definition or meaning by nurses. For example, in a study about religion and its impact on spiritual care, Taylor et al. (2014) found that nurses often prayed multiple times throughout their shift. While a nurse that is religious might choose to pray, a nurse who identifies with faith might not incorporate prayer into her day at all. In other words, it is imperative that researchers remember to approach the topic of faith in a sensitive and respectful manner, with an understanding that faith is subjective (Taylor et al., 2014). On the other hand, nurses may not identify with faith at all, so it is vital that that the researcher not assume all nurses identify with faith. The lack of research about the faith of nurses indicates there is a need for further research in this area.

Holistic Care

Holistic care is a term commonly used in nursing literature, yet few nurses understand how to ensure the care they provide is holistic in nature (Astrow et al., 2012; Pearce et al., 2012; Peteet & Balboni, 2013). When care is delivered in a holistic manner, it includes care for the mind, body, and spirit, rather than focusing solely on a disease process (MacFayden, 2013). The key in holistic nursing is that the spirituality of the patient is addressed and often at the center of the care provided. According to Murphy and Walker (2013), "although nurses have a strong understanding of the importance of holistic care and agree that providing spiritual care is critical to patient care, not all nurses

believe they can provide spiritual care", mostly due to feelings of inadequacy (p. 146).

Holistic care is not provided when the spiritual needs of patients are not being met. Murphy and Walker (2013) argue that "providing this level of care focuses on *being* as opposed to *doing*" (p. 147). In other words, when a nurse provides care that is spiritually based, he or she shifts the focus from a task-based provision of care to a person-based delivery of care (Carr, 2010; Gottlieb, 2014).

Nurses require both education and support to be able to meet patients' where they are, in their time of need, and provide care that is holistic (Bowers & Rieg, 2014). Holistic care is especially important for patients who suffer from chronic diseases or life-threatening diagnoses (Blanchard, Dunlap, & Fitchett, 2012; Lundmark, 2006; Markani et al., 2013; Molzahn & Sheilds, 2008; Nixon & Narayanasamy, 2010). Patients receiving oncological treatment suffer not only from the physical ailments associated with cancer, but also with emotional and spiritual aspects of the diagnosis (Guzman, et al., 2012). However, nurses must be aware of the beliefs and attitudes of the patient regarding holistic care, as some patients may not desire an emphasis on the spiritual aspect that is part of holistic care (Taylor & Mamier, 2004).

Because holistic care moves beyond the mind and body to care for the spiritual needs of the patient as well, it is important that nurses understand what spirituality is and how it is provided to patients (Murphy & Walker, 2013; Ramenzani, Ahmadi, Mohammadi, & Kazemnejad, 2014). According to Ramenzani et al. (2014) nurses need to know what spirituality is, what it looks like in practice, and how to provide this type of care to patients. Nurses must understand that providing holistic care means seeing all the needs of the patient, and being able to see how those needs connect with one another and help to make up the whole person (King, 2011). Essentially, if the spirit is not cared for,

despite the mind and the body being cared for, the patient will not heal to their full potential (King, 2011).

King (2011) conducted a study with three Christian churches to understand why people choose to receive care from parish nurses. Her study included 17 participants, 82% of which were 65 years of age or older (King, 2011). The parish nurses in these three faith communities provided many things to parishioners, including but not limited to, education, blood pressure monitoring, prayer, and counseling. King (2011) found that participants felt the care they received from the parish nurses was holistic in nature. Though King (2011) explains that parishioners received holistic care from the parish nurses, there is no indication from the study findings why people utilized the parish nurse versus visiting a healthcare clinic or hospital.

Taylor, Cummings, and McGilly (2012) completed a retrospective review of documentation from 18 patients who had finished colorectal cancer treatment, ranging from completion less than six months before the documentation occurred or up to two years or more. Patients were asked to fill out a Holistic Needs Assessment (HNA) tool and were then assessed by a nurse (Taylor et al., 2012). Nurses were able to identify other concerns that were not listed by the patient on the HNA which would have been missed had the patients only been asked to fill out the HNA (Taylor et al., 2012). Concerns not identified through the tool were considered personal by Taylor et al. (2012), for example, recurrence of cancer. Interestingly, patients who had most recently finished their treatment, faced more concerns about their current situation than those patients who had finished treatment a year or two prior to the assessment (Taylor et al., 2012). The pairing of the HNA with a face-to-face assessment by a nurse allowed for the nurse to identify the patients' needs and make referrals when needed to ensure patients' needs are

met in a holistic manner (Taylor et al., 2012).

Fothergill, Northway, Allen, and Sinfield (2011) interviewed 15 participants from various professions who worked with children with mental health needs, who had also participated in interprofessional education modules after their initial education or training. In this study, nurses, police, social workers, and teachers, among other professions participated together one day a week at a local university and through self-directed study to complete a 200 hour course involving both theory and practice (Fothergill et al., 2011). Fothergill et al. (2011) found that part of providing holistic care meant working with other professionals to learn new ways to handle situations, which in turn allowed the participants to better understand one another's roles and responsibilities. The findings of this study relate well with the interprofessional teams found in healthcare institutions, and could help nurses to better understand the need to engage all members of the interdisciplinary team to ensure patients receive holistic care.

Theory of Human Caring

Jean Watson, a nursing theorist, developed the Theory of Human Caring in 1979, which explains that each patient must be cared for in a manner that addresses each part of holistic care: mind, body, and spirit (Johnson & Webber, 2015; Masters, 2015). Watson's holistic approach to nursing care includes ten "carative behaviors" that include instilling faith, developing trust with patients, providing supportive care, and allowing spiritual forces to play a role in the care provided to patients (Masters, 2015, p. 50).

Watson urges the nursing profession to shift its focus from a medical approach to more of a holistic approach, which will in turn help to create better outcomes for patients (Masters, 2015). While much of the research in nursing focuses on the spirituality of patients, Watson reminds nurses it is important to cultivate their own faith and/or

spirituality in order to adequately care for the patients' spiritual needs (Masters, 2015). Nurses must see the value of incorporating faith into their practice, as they work to provide the spiritual component of holistic care to patients (Dyess, 2011).

Asking nurses to shift to a holistic approach to care requires nurses to return to the very foundation of the profession (Dossey & Dossey, 1998; Markani et al., 2013; Rushton, 2014). The integration of an emotional connection to caring for patients can leave nurses with the feeling that being objective in providing patient care might be more difficult (Dossey & Dossey, 1998). Nurses care for patients during joyous times, such as childbirth, and at the most difficult points of their lives, for example, during cancer diagnosis and treatment (Markani et al., 2013). Holistic care is at the very heart of the nursing profession, and is not limited to nurses practicing in the United States (Bush & Bruni, 2008; Cockell & McSherry, 2012; Ledger, 2005; Lundmark, 2006; Markani et al., 2013; Mok, Wong, & Wong, 2009; Musgrave & McFarlane, 2004; Nixon & Narayanasamy, 2010; Schultz, Baddarni, & Bar-Sela, 2012; Swift, Calcutawalla, & Elliot, 2007; Tiew, Kwee, Creedy, & Chan, 2013). The fact that the practice of holistic nursing is diverse among many countries and across the spectrum of nursing specialties makes it important to understand more about holistic nursing, especially the spiritual component of holistic care.

Spirituality as a Component of Holistic Care

Spirituality, as defined by the National Comprehensive Cancer Network, is "a relationship between a person and a power greater than themselves that improves their lives" (as cited in Richardson, 2012, p. 150). Conversely, Young and Koopsen (2011) explain that spirituality includes finding inner peace and feeling a deep connection with others. Currently, there is not a universal definition for the term spirituality (Battey,

2012; Grant, 2012; Highfield, 1999; Ledger, 2005; Mok et al., 2009; Noble & Jones, 2010; O'Brien, 2008; Peteet & Balboni, 2013; Rushton, 2014; Sharma, Astrow, Taxeira, & Sulmasy, 2012; Swift et al., 2007; Tiew et al., 2013;). While the definition of spirituality varies widely from one source and field to another, the meaning of spirituality is subjective from one patient to the next, as well (Frick, Riedner, Fegg, Hauf, & Borasio, 2005; Noble & Jones, 2010; Taylor, 2003).

Rather than attempting to clearly define what spirituality means according to the literature, what is more important is to understand what spirituality means to each individual patient (Rushton, 2014). Assessing the spiritual needs of patients is imperative so each patient can receive individualized care (Woll, Hinshaw, & Pawlik, 2008). Just as the definition of spirituality is unique to each individual, so is the spiritual care that the individual will require (Rushton, 2014; Clark, Drain, & Malone, 2003; Woll et al., 2008). Awareness of a patient's spirituality can provide the nurse with an idea of the patient's experiences, and provide perspective when the patient is asked to make decisions about his or her healthcare (Young & Koopsen, 2011). In fact, Noble and Jones (2010) found that when nurses are unable to adequately assess the spiritual needs of patients and make necessary interventions, the nurses' own spirituality is affected.

It is important for nurses to understand the spiritual needs of patients, because in times of illness, despite whether the patient shares a need for spiritual care, the need can develop as the patient becomes more ill (Highfield, 1999; McManus, 2006). After all, stressful life events, such as illness, cause patients to turn to their spirituality more so than they might when well (Guz, Gursel, & Ozbek, 2012). Further, in times of illness, patients often revert back to the spiritual, religious, or faith-based practices they may have participated in long before becoming sick (McManus, 2006).

Nurses must also realize that an understanding of their own spirituality can help improve the spiritual care they provide to patients (Beauvais et al., 2014; Musgrave & McFarlane, 2004). While it is important to assess the spiritual needs of the patient and family system, it is equally, if not more important, for the nurse to conduct a spiritual self-assessment as well. In doing so, this allows the nurse to be aware of his or her own spiritual tendencies, and can improve his or her ability to be able to provide spiritual care to someone else (McManus, 2006).

When nurses are well attuned to their spiritual connectedness or needs, it allows "our ability to incorporate Christ and his healing power into our professional nursing practice", which "not only fosters better outcomes for the patient, but reflects our commitment as Christians to demonstrate his love" (Murphy & Walker, 2013, p. 152). Nurses must continually cultivate their own spirituality in order to provide spiritual care to patients (Bush & Bruni, 2008; Musgrave & McFarlane, 2004). According to Musgrave and McFarlane (2004), the spiritual well-being of nurses is directly related to their attitude towards providing spiritual care to patients. Furthermore, despite the fact that many nurses share they did not feel adequately prepared to provide spiritual care to patients, there are nurses who report that their personal spirituality is what guided them to provide spiritual care to their patients (Bush & Bruni, 2008).

Though nurses typically can identify that spirituality and the provision of spiritual care is important for the well-being of patients, nurses are not practicing spiritual care (Carr, 2008; Nawawi, Balboni, & Balboni, 2012). Nurses do not perceive themselves to have the necessary skills to provide spiritual care, nor do they feel they are qualified to do so (Baldacchino, 2006; Carr, 2008) and nurses tend to focus more on technical skills rather than their ability to provide spiritual care (Carr, 2008).

Baldacchino (2006) conducted research that explains how Maltese nurses perceive spiritual care. In her research study, 77 nurses completed an open-ended questionnaire, and 14 of those nurses were randomly selected to participate in an interview (Baldacchino, 2006). The questionnaire included both closed ended and open ended questions, including but not limited to, nursing care provided during spiritual distress and the role of the nurse in providing spiritual care (Baldacchino, 2006). Through her research, she found that nurses focused more on task-based care than holistic care, consistent with the research of Carr (2008), and that in times of illness, Maltese people become closer than when well. Baldacchino (2006) provides insight regarding the fact that nurses generally focus more on tasks, and less on the spiritual aspect of care, mostly due to a lack of education regarding spiritual care. Grant (2012) and Shi et al. (2009) also found that because there is a lack of education about spiritual care, nurses lack the confidence to provide such care. Through the findings in her study, Baldacchino (2006) illuminates the need for spiritual care to be included in curricula across the globe. In other words, the need for spiritual care spans the human race, and therefore, nurses must understand why spiritual care is important and how to provide this type of care to patients.

Aside from focusing on the technical aspects of care, often spiritual care is provided unknowingly and is not labelled spiritual care, rather it is demonstrated in caring behaviors towards patients (Carr, 2008; Mok et al., 2009). According to Burkhart and Hogan (2008), there is not an adequate amount of spiritual care education in nursing curricula, which further magnifies the problem of nurses feeling unprepared to provide spiritual care. If nurses are not taught in nursing school the importance of the integration of spiritual care, they are less likely to participate or promote spiritual care in practice

(Burkhart & Hogan, 2008; Rushton, 2014). A research group, Press Ganey, has conducted patient satisfaction surveys for healthcare agencies and has found nurses do not play a large role in the spiritual care of patients (Burkhart & Hogan, 2008). The need for education is evident, and who better to evaluate the effectiveness of that education than the patients who receive care.

Nursing Education as it Relates to Spiritual Care

Burkhart and Schmidt (2012) also identified the need for nursing students to be educated about providing spiritual care to patients. These researchers focused on an intervention for senior nursing students to determine whether spiritual care was valued by the students (Burkhart & Schmidt, 2012). In the study by Burkhart and Schmidt (2012), 210 students were asked to reflect on their spiritual care experiences. Students' spiritual practices changed throughout the study, and there was a marked "increase in both faith rituals and reflective meaning-making activities" (Burkhart & Schmidt, 2012, p. 318). Students reported that they benefited from the support they received from other students, and that when they participated in online discussions they discovered how to provide spiritual care as a result (Burkhart & Schmidt, 2012). As a result of the study, students were able to identify the need for providing patients with spiritual care, and that it is important for nurses to be sensitive to the spiritual needs of patients (Burkhart & Schmidt, 2012).

Organizations such as the American Nurses' Association outline the need for the integration of spiritual care in nursing practice in their *Code of Ethics* (American Nurses Association, 2015), as does the American Association of Colleges of Nursing in their *Essentials of Baccalaureate Education* (AACN, 2008). Burkhart and Schmidt (2012) believe that "it is a professional obligation and requirement that nurses, who are present

with patients with chronic illness, are dying, and during life threatening situations, have the capability to provide this type of care" (p. 315). McManus (2006) and Battey (2012) concur that spiritual care should be addressed in education, and that it is vital for nurses to be aware of different types of spirituality and religion.

Nurse educators, then, have to be more aware of and embrace the need for spiritual care in nursing curricula, so that nurses learn early in their careers the importance of spiritual care (Burkhart & Schmidt, 2012). While Burkhart and Hogan (2008) concur with the need for the integration of spiritual care into the nursing curricula as Burkhart and Schmidt (2012) have identified, they also believe there is a lack of research regarding spiritual care for patients. This researcher believes that by researching nurses' faith and its impact on their ability to provide the spiritual component of holistic care to patients, that perhaps a follow-up study could be designed to elicit the perceptions of patients about their need or desire for spiritual care.

Additional Resources for the Spiritual Needs of Patients

Consistent with feelings of being unprepared to provide spiritual care to patients, Baldacchino (2006) found that in instances where patients struggle spiritually, nurses tend to refer these needs to the chaplain. In other words, rather than simply acting on the needs of the patient, and providing spiritual care at the time it is needed, both nurses and patients must await the arrival of a chaplain to care for the spiritual needs of the patient. Baldacchino (2006) speaks to the fact that nurses focus more on skills (the science of nursing) rather than spiritual care (the art of nursing), as nurses believe spiritual care is outside the scope of a nurses role.

McClung, Grossoehme, and Jacobson (2006) remind us that while nurses should provide spiritual care to patients, it is equally important for nurses to be aware of

resources available to them should they not feel they are prepared to provide spiritual care. Nurses must understand that consulting a chaplain to address the spiritual needs of their patient is acceptable practice (McClung et al., 2006; Musgrave & McFarlane, 2004). Chaplains are specially trained, and are educationally prepared to provide spiritual care to patients (McClung et al., 2006; Musgrave & McFarlane, 2004). Therefore, consulting a chaplain can be more beneficial to a patient than a nurse who does not know how to provide spiritual care, or does not feel comfortable with providing this type of care (McClung et al., 2006). Nurses cannot provide every piece of care for every single patient on a daily basis, so it is vital that nurses embrace collaboration with an interdisciplinary healthcare team to achieve optimum patient outcomes. However, it is important for nurses to not become so accustomed to referring all spiritual care needs to the chaplain, because then nurses will not learn how to become comfortable with the provision of spiritual care (Peteet & Balboni, 2013).

Barriers and Challenges to Providing Spiritual Care

Nurses are often faced with barriers and challenges that inhibit the provision of spiritual care. When nurses do not know what their role is in providing spiritual care, role confusion can occur. Nurses can experience role confusion when they do not know how to care for patients spiritually, yet with no defined protocol in place for who should attend to the spiritual needs of patients, nurses find themselves confused (Battey, 2012; Highfield, 1999; Ledger, 2005). Nurses who are spiritual may recognize cues from patients more often than nurses who are not spiritual (Ledger, 2005). Patients feel nurses are neutral, while religious or spiritual figures can be more intimidating to patients, which in turn makes patients less likely to share their spiritual needs (Ledger, 2005).

While a lack of education regarding spiritual care may be one reason nurses do

not provide spiritual care to patients, there are a plethora of barriers and challenges faced by nurses in their pursuit to care for the whole person (Bowers & Rieg, 2014; Carr; 2010; Ledger, 2005; Lundmark, 2006; Molzahn & Sheilds, 2008; Rushton, 2014; Swift et al., 2007). Carr (2010) found that nurses experienced several barriers and challenges as they attempted to provide spiritual care to their patients, often leading those nurses to experience feelings of inadequacy. Nurses experience distress between what they are called to do and what they are actually able to do in practice, as a result of barriers and challenges (Carr, 2010). Nurses identified that barriers such as rationed staffing, restructuring of the health care system, and an increasing number of patients paired with less time are among the many barriers to providing spiritual care (Carr, 2010; Daaleman, 2012; Rushton, 2014; Tiew et al., 2013).

Nurses believe spiritual care is not an addition to care, rather it is an integral part of the care of the whole person (Carr, 2010; Ledger, 2005). However, nurses may find that during their shift there is a lack of time to care for their own health or spirituality, and therefore they are unable to provide spiritual care when they themselves are not caring for their own spirituality (Bush & Bruni, 2008; Carr, 2010; Ledger, 2005; McManus, 2006). Nurses must be able to step away from the task or procedure, and step towards the patient, allowing themselves to be open to being vulnerable for the sake of their patients (Carr, 2010; Johns, 2012; Mok et al., 2009; Noble & Jones, 2010; Nixon & Narayanasamy, 2010).

Carr (2010) presents the argument that hospitals and healthcare agencies rely too heavily on statistical measures, and not on the perspectives of the stakeholders who actually provide care to patients. Nurses then become so focused on tasks, technology, and disease processes, that they lose sight of the most important part of the healthcare

system: the patient (Carr, 2010)! One very candid and logical argument Carr (2010) presents is that "barriers to the realization of spiritual nursing care exist not just within the larger administrative culture, but within the nursing culture itself" (p. 1387). In other words, the culture of an organization can impact the type of care being provided to patients. Therefore, the administrators within hospitals and healthcare agencies must incorporate both statistical measures and the perspectives of their stakeholders in order to ensure the best approach to patient care happens.

Assessing Spiritual Needs of Patients

Another less obvious barrier to providing spiritual care, is that often nurses lack an awareness of the patients' preferences or wishes regarding their spirituality (Taylor & Mamier, 2004). Even parish nurses, who work in faith communities, struggle at times to provide spiritual care to patients (Van Dover & Pfeiffer, 2012). Nurses care for patients when they are at their weakest and most vulnerable points of their lives, so it is vital for nurses to adequately assess the spiritual needs of the patient prior to providing spiritual care, in an effort to not force the nurses' own beliefs on the patient (Bowers & Rieg, 2014).

For each new admission to a healthcare organization accredited by The Joint Commission [TJC] (2008), the organization is required to assess the spiritual needs of the patient. Though TJC (2008) is not prescriptive in terms of who should conduct the spiritual assessment or what questions should be asked of the patient, a spiritual assessment of some kind is required. Grant (2012) and Polzer Casarez and Engebretson (2012) found that nurses do not want to be intrusive of patients' spiritual care needs. Van Leeuwen et al. (2013) found that spiritual assessment on admission could cause anxiety for patients. While a spiritual assessment may be conducted upon admission to the

healthcare organization, patients may still not be provided with the spiritual care they need or desire due to a lack of time with their nurse (Bowers & Rieg, 2014; Daaleman, 2012).

Organizational Culture

Nurses often feel they cannot provide spiritual care because they perceive the culture within their organization to be unsupportive of the spiritual aspect of care, and that their fellow nurses will look down on them for sitting and praying with a patient, for example (Bowers & Rieg, 2014; Carr, 2010; Gant et al., 2004; Highfield, 1999). Rather than allowing themselves to be vulnerable by going against the status quo, nurses simply lose sight of spiritual care, a part of care vital to a patient's recovery. However, many nurses believe they are hindered by the policies set forth by their organization, and feel they could even lose their jobs if they provide spiritual care to patients (Bowers & Rieg, 2014). On the other hand, a study about nurses in Singapore reported that if there were established guidelines for expectations regarding spiritual care, there would likely be an increase in the provision of spiritual care for patients, as well as consistency of care across the interdisciplinary team (Tiew et al., 2013). Established guidelines could help team members to know their role in providing spiritual care, but organizational culture must support the provision of spiritual care.

Spiritual care not only affects patients, but also colleagues and the overall work environment. Kazemipour et al. (2012) however, explain that nurses who experience spirituality in the workplace are more likely to demonstrate organizational citizenship behaviors within the workplace. Organizational citizenship behaviors, such as being altruistic, courteous, and a team player, are behaviors which when demonstrated by nurses, correlate with a higher retention rate, a happier workforce, and a more effective

team to care for patients (Altuntas & Baykal, 2010). Incorporating spirituality into the workplace does not mean spirituality would be forced upon anyone, but that spirituality could be expressed freely. If the expression of spirituality in the workplace is an antecedent to organizational citizenship behavior, one could also argue that patients could receive better care from nurses who are free to be spiritual in the workplace (Highfield, 1999; Kazemipour et al., 2012). Gant, O'Neil, and Stephens (2004) agree that there is a place for spirituality in the workplace, even in secular institutions, and that 85 percent of nurses believe spiritual care leads to an increase in quality care for patients.

Though barriers and challenges to providing spiritual care are evident in the research outlined in the literature reviewed, these barriers and challenges do not negate the need for nurses to provide spiritual care to patients. Nurses continue to struggle with the calling to incorporate spiritual care into the holistic approach to patient care. Carr (2008) clearly articulates that nurses perceive spiritual care to be an area which is outside of nursing practice. Could the perception of inadequacy on the part of nurses change if education about how to provide spiritual care to patients was integrated into nursing curricula? Nurses participate in training to save lives, yet that education does not adequately include the spiritual aspect of patient care (Burkhart & Hogan, 2008). Nurses, instead, are trained to focus less on the whole person and more on the tasks necessary to sustain, not enhance life (Baldacchino, 2006). As a result of not focusing on the whole person, spiritual care may not be provided to all patients. For this reason, much of the literature explains that spiritual care is identified as a complementary or alternative therapy rather than care that should be incorporated into each patient's care.

Identifying Spiritual Care as a Complementary and Alternative Therapy

In a tumultuous healthcare industry, changes occur every day and nurses are faced

with less time with individual patients, forcing task based care to take over in lieu of a holistic approach to care. Paired with the changing health care system is the rising number of patients each nurse assumes care for, posing barriers and challenges to patient safety. The nurses' focus is thus shifted from spiritual, holistic care to a mindset of dividing and conquering (Carr, 2010). The question remains then, whether nurses should be charged with the mission of providing spiritual care, or whether spiritual care should be considered more of an alternative therapy.

As the focus shifts from including spiritual care as a component of holistic nursing care, towards that of a complementary and alternative medicine therapy (CAM), the leap is large because when most people think of CAM therapy, the terms acupuncture, massage, or chiropractic care might come to mind. One might not imagine spiritual care or prayer as a CAM therapy, however, some nursing researchers have identified it as such (Crammer, Kaw, Gansler, and Stein, 2011; Gall, 2000; Lambe, 2013).

CAM therapy is defined as practices or products which are not part of conventional and traditional medicine (Lambe, 2013). Lambe (2013) sought to elicit information from study participants about whether or not they utilized CAM therapy as part of their healing process. In the aforementioned study, Lambe (2013) found that for women with a breast cancer diagnosis, African American women utilized CAM more often than European women (Lambe, 2013). As part of this study, the women were tasked with identifying the CAM they were using at the present time, CAM therapy used in the past, or therapy they might choose to use in the future (Lambe, 2013). Of all the CAM therapies reported in this research study, prayer was the most commonly used therapy (Lambe, 2013). As a result of this study, Lambe (2013) found that African American women utilized religious and spiritual practices as an essential component of

their cancer treatment, whereas European women relied on traditional medicine. The findings presented by Lambe (2013) help build the case for the need for further research regarding the use of CAM in nursing care.

Carr (2008) utilized a phenomenological approach to find meaning in the spiritual aspect of nursing care rather than to draw conclusions from it. Though Carr (2008) studied spirituality and religion, it is important to be aware of the fact that spirituality and religion are not interchangeable terms (Gall, 2000; Richardson, 2012). In this research study, Carr (2008) interviewed 29 nurses who had experienced cancer themselves or had experienced a family member who had been through a cancer diagnosis. The most common theme in the research data was that participants believed spiritual nursing care was about the building and fostering of relationships (Carr, 2008). Through the building and fostering of relationships, nurses are able to promote the spiritual well-being of patients, as well as the comfort of patients to be able to share spiritually (Carr, 2008).

While Lambe (2013) asked patients with cancer to identify whether they utilized CAM therapies, Crammer et al. (2011) studied the relationship between the use of CAM therapy and the spiritual well-being of more than 4,000 cancer patients. Crammer et al. (2011) conducted their longitudinal study over a ten year period, which helps provide credibility to their findings, as participants were followed for a much longer period of time, than in the Carr (2008) study. On a weekly basis, study participants were given twelve statements, such as 'I have a reason for living' and were asked to rate these statements on a five point scale, according to how they have felt for the last seven days (Crammer et al., 2011). Crammer et al. (2011) found that CAM therapy and spiritual well-being are closely linked, which was congruent with the hypothesis they proposed. The research studies done by both Crammer et al. (2011) and Carr (2008) both found a

link between spiritual well-being and CAM therapy.

While spiritual care may be identified as a CAM therapy, Gall (2000) found that spirituality plays a role in people's lives, most especially during stressful events. Gall (2000) sought to determine if spiritual or religious practices play a role in one's adjustment to breast cancer over a long period of time, as well as if spiritual images and religious resources were helpful in a person's ability to cope and deal with stress. Church attendance, for example, was highly correlated with spiritual well-being, as well as a relationship with God and coping behaviors being helpful to a person who is in a long-term adjustment period, consistent with patients being treated for cancer (Gall, 2000).

Identifying spiritual care as a CAM helps to make CAM generalizable across multiple specialties, rather than spiritual care solely being a responsibility for nurses. Lambe (2013) and Gall (2000) focused on breast cancer patients, while Crammer et al. (2011), on the other hand, included participants with one of the ten most prevalent cancers. While each study benefits the field of nursing research, Crammer et al. (2011) helped to generalize spiritual care as a CAM to more than one population of cancer patients.

Although spiritual nursing care and CAM therapy seem as though they are two distinctly separate concepts, the two are more closely linked than expected. While spiritual care has been identified as important to the spiritual well-being of patients, many nurses do not practice nursing care form a spiritual perspective. Spiritual nursing care is considered CAM, as it can be considered complementary to traditional or conventional medical treatment.

Spiritual nursing care is a vital component to the overall well-being of patients (Dossey & Dossey, 1998; Gant et al., 2004; Molzahn & Sheilds, 2008; Van Dover &

Pfeiffer, 2012). Gone are the days of caring for a specific disease process, and here are the days of providing care that is in tune with the spiritual needs of the patient. Spiritual nursing care helps bridge the gap between technical skills and the treatment of a disease process to the holistic approach to patient care. Spiritual care should not be considered an alternative therapy, but should be integrated with the mind and body as well, so that holistic care is provided to each patient (Mok et al., 2009; Van Dover & Pfeiffer, 2012). Spirituality, according to Mok et al. (2009) encompasses faith, and the relationship between a nurse and his or her patients adds to the strengthening of the patients' spirituality.

Spiritual Needs of Patients with an Oncology Diagnosis

When patients face life threatening diseases, such as cancer, they often turn to their spirituality to help them cope with the physical and emotional changes in their lives (Anderson, 2004; Guz et al., 2012; Markani et al., 2013; Pearce et al., 2012; Phelps et al., 2012). In fact, the findings of Silvestri, Knittig, Zoller, and Nietert (2003) were shared in a research study by Balboni et al. (2010), where patients ranked their faith second only to their oncologist in relation to making decisions about healthcare. Astrow et al. (2007) conducted a study in which they found that 66% of the 369 patients with an oncology diagnosis declared they were spiritual but not religious, 58% believe that their spiritual needs should be addressed, and 73% identified at least one spiritual need. While the medical model helps patients' bodies to heal, one cannot ignore the spiritual needs of the patient (Anderson, 2004). Health is about more than wellness or illness; health includes the spiritual well-being of patients (Anderson, 2004).

Patients with cancer turn to their spirituality in times of illness, and believe their spirituality helps them to heal and recover (Pearce et al., 2012; Surbone & Baider, 2010).

Spirituality, more broad than religion, is considered all-encompassing of a person's spiritual being, whereas religion focuses on religious practices and can be culture specific (Frick, et al., 2005). What a patient shares with a nurse may be impacted by culture, which will influence how well spiritual care can be provided to the patient (Frick et al., 2005). Spiritual assessments are vital for patients being treated for cancer, because the data elicited from the assessment can alert the nurse to how the patient copes and what type of support the patient might need (Frick et al., 2005).

Patients may desire to share a moment of prayer with their nurses, but may be timid to ask for the nurse to pray with them (Weaver, Koenig, & Flannelly, 2008). Conversely, nurses feel vulnerable when integrating spiritual care into the holistic approach to patient care, and feel they are intrusive when asking patients about their spiritual needs (Grant, 2012; Noble & Jones, 2010). Furthermore, patients with cancer are vulnerable, so if they ask a nurse to pray with them, they may be offended when the nurse defers to another member of the interdisciplinary team, such as the chaplain to provide spiritual care (Peteet & Balboni, 2013). Nurses, then, may avoid the spiritual needs of the patient altogether, as feelings of intrusiveness can lead to both guilt and stress (Noble & Jones, 2010).

Nurses, physicians, and patients with an oncology diagnosis can all agree that spiritual care can benefit patients (Phelps et al., 2012). Spiritual well-being and the relationship between nurses and patients can be enriched when spiritual care is provided that is sensitive to the needs of the patients (Phelps et al., 2012). Patients with cancer believe nurses should provide care to the whole person (Phelps et al., 2012). Therefore, nurses must take the time to build rapport with patients by building trust with them, so that patients can feel safe being open about their spiritual needs (Shih et al., 2009).

Phelps et al. (2012) conducted a research study with 68 patients who had advanced cancer, as well as 204 physicians and 114 nurses who worked with cancer patients. The patients in this study were interviewed regarding their experiences with the provision of spiritual care by healthcare providers (Phelps et al., 2012). Physicians and nurses, however, participated in a survey that was web based (Phelps et al., 2012). Phelps et al. (2012) noted that some patients with an oncology diagnosis believe spiritual care can be harmful, because they believe spiritual care and medicine are distinctly separate concepts. Of the 68 patients involved in the study, 5.9% rated their attitudes towards spiritual care as very negative, 7.4% as moderately negative, 4.4% as slightly negative, yet 41.2% of the patients rated their attitude towards spiritual care as very positive (Phelps et al., 2012). Therefore, Phelps et al. (2012) explains that spiritual care and the benefits or risks of this type of care are dependent upon each individual patient, prompting nurses and physicians to provide for the specific needs of each patient.

A healthy spiritual well-being can have a profound effect on patient outcomes and patients' perceptions of quality of care (Clark et al., 2003; Highfield, 1999; Noble & Jones, 2010). When spiritual care needs are not met, patients are at risk for depression, as well as a decrease in their overall spiritual well-being, quality of life, and patient satisfaction, which could lead to patient outcomes not being met (Astrow et al., 2012; Pearce et al., 2012; Peteet & Balboni, 2013; Richardson, 2012). Nearly one third of patients who participated in a study about spiritual care needs reported they felt they did not receive adequate spiritual care (Pearce et al., 2012). In that same study, 35% of cancer patients indicated their overall satisfaction with services would have increased with improved spiritual care (Pearce et al., 2012). In a healthcare industry where organizations struggle to keep their doors open to serve their communities, patient

satisfaction scores are important (Astrow et al., 2012; Pearce et al., 2012; Peteet & Balboni, 2013). Therefore, it is important to understand if there is a correlation between nurses' personal faith and their ability to provide the spiritual component of holistic care.

Despite the fact that patient outcomes can be improved when patients receive adequate spiritual care, nurses who work in oncology, according to Ramondetta et al. (2013), are not accepting of the role of spiritual provider. Ramondetta et al. (2013) surveyed 271 members of the Multinational Association of Supportive Care in Cancer members by having them complete a 16 question survey regarding their perception of spiritual care. In this study, Ramondetta et al. 2013 explains that all 127 physicians and 72 nurses working in palliative care accepted their role as spiritual care provider, while only "15% of medical oncologists and 9% of oncology nurses indicated their acceptance" (p. 2993). In addition to not accepting the role of spiritual care provider, nurses are not consistently assessing the spiritual needs of patients, and then making necessary referrals to the spiritual care team (Ramondetta et al., 2013). Ramondetta et al. (2013) point out the need for education for all nurses, regardless of their number of years employed in the nursing profession, in order for those nurses to be more open to providing spiritual care to patients. There is not a standardized spiritual assessment tool for these nurses to utilize, and without education about how to assess for the spiritual needs of patients, oncology nurses can feel unprepared (Ramondetta et al., 2013). Nurses should further their understanding of spirituality by attending educational offerings, and through the process of self-reflection (Ozbasaran, Ergul, Temel, Aslan, & Coban, 2011).

In a study regarding Turkish nurses, a majority of the 319 respondents either did not support or did not allow patients to exercise their spiritual practices (Ozbasaran et al., 2011). Ozbasaran et al. (2011) explain that nurses should further their understanding of

spirituality by attending educational offerings, and through the process of self-reflection, because no matter the type of organization, secular or faith-based, patients deserve an opportunity to receive holistic care. Parish nurses, for example, care for those within faith communities, yet patients in secular healthcare organizations not only require, but deserve attention to their spiritual needs (Anderson, 2004). Rather than allowing the focus of spiritual care for patients to rest on parish nurses or chaplains, it is vital that nurses across the nursing profession can provide spiritual care to patients (Anderson, 2004; Dyess, 2011; Van Dover & Pfeiffer, 2012).

In a study conducted by Salsman, Garcia, Lai, and Cella (2012) that measured the impact of illness on faith, 509 cancer survivors were asked to complete the Benefit-Finding Scale (BFS) and Impact of Events Scale (IES). Participants were survivors of breast, colorectal, prostate, and lung cancer (Salsman et al., 2012). For each section of the questionnaires, participants were given a statement, positive or negative that referred to their diagnosis of cancer, and asked to determine if the situation or issue impacted them before their diagnosis, during their treatment, or after their treatment for cancer had finished (Salsman et al., (2012). An example of a positive statement in this study was "I find strength in my faith or spiritual beliefs", whereas a negative statement was "I feel punished by God" (Salsman et al., 2012, p. 1359). In this study 82.3% of participants identified with spirituality, while 73.4% identified with religion. The item that ranked highest in terms of the positive impact of faith on illness was "my life is meaningful", and the item that ranked the highest with regards to the negative impact of faith on illness was "my life lacks purpose" (Salsman et al., 2012). Scales like the BFS and IES could be utilized to help identify faith needs of cancer survivors, so that members of the healthcare team can intervene and make referrals to appropriate team members (Salsman et al.,

2012).

Quality of life for cancer patients is closely linked with spirituality or personal beliefs, and this is consistent from one culture to the next (Astrow et al., 2012; Phelps et al., 2012; Whitford & Olver, 2011). Unmet spiritual needs are associated with a decrease in quality of life and patient outcomes for individuals receiving cancer treatment (Astrow et al., 2007). For patients with a diagnosis of cancer, a disease that changes the lives of these patients and the way they interact with their families and the world, it is vital that nurses help to coordinate spiritual care to meet the spiritual needs of their patients.

Summary

The most profound knowledge gleaned from the literature is the fact that research in nursing regarding faith and spirituality, while gaining momentum, has not come far in the last few decades. If nurses do not conduct research to further understand the phenomenon of faith in the nursing profession and the impact faith may have on the spiritual care that is provided to patients, little to no progress will be made in terms of implementing the necessary changes in nursing curricula or in secular or faith-based institutions.

Though the spiritual component of holistic care is vital to the overall health of patients, some of the literature has identified spiritual care as complimentary or alternative. If nurses function on a daily basis from the standpoint that spiritual care is complimentary or alternative, they might not feel inclined to provide spiritual care to patients. Rather, it is vital that spiritual care be identified as an integral component of the overall health and well-being of patients, instead of thinking of spiritual care as an alternative to the nursing and medical care they are provided.

Nurses have an ethical responsibility to provide care which encompasses all

realms of the patient: the mind, body, and spirit (Polzer Casarez & Engebretson, 2012; Shih et al., 2009; Young & Koopsen, 2011). Therefore, a greater understanding is needed to provide nurses with the proper education and development opportunities to further cultivate their faith. The lack of research in the area of faith in nursing and how or if that faith impacts the ability to provide spiritual care to patients, paired with the lack of spiritual care education in nursing curricula prompted the need for this research study. The following chapter outlines the method utilized to conduct the study.

CHAPTER THREE: METHODOLOGY

Introduction

This qualitative, transcendental phenomenological research study was conducted to understand the relationship between nurses' faith and the impact of that faith on their ability to provide the spiritual component of holistic care to patients in oncology. In transcendental phenomenological research, the researcher aims to understand the lived experiences of a group of study participants who share an affiliation with a phenomena (Creswell, 2013).

Rationale for Method

Qualitative research provided the researcher with the opportunity to understand the lived experiences of oncology nurses with the phenomena of faith. Qualitative research suited this research study as the goal was to understand the lived experiences through the identification of themes from the interviews conducted by the researcher.

A transcendental, phenomenological method was utilized as this method allowed the researcher to bracket her own previous experiences with the phenomena, which allowed her to be objective during the interviewing and theme identification process. Transcendental phenomenology requires that the researcher identify a phenomena to research, brackets her own lived experiences, and then interviews individuals until saturation is reached (Creswell, 2013). The researcher identified themes within the interviews in order to capture the essence of the lived experiences of the study participants (Creswell, 2013).

Research Questions

The following research questions were used to guide this research study. The focus was on understanding if nurses believe that faith plays a role in nursing care for

patients in oncology. In addition, the researcher sought to understand if nurses' personal faith plays a role in their ability to provide holistic care to patients in oncology.

The following questions were used to guide this research study:

Research question #1: How does nurses' personal faith play a role in nursing care that is provided to patients in oncology?

Research question #2: How does nurses' awareness of their personal faith play a role in their ability to provide the spiritual component of holistic care to patients in oncology?

Study Design

For the purposes of this study the researcher chose to employ a qualitative, transcendental phenomenological study method in an effort to discover the meaning of the lived experiences of the phenomenon of faith for nurses in oncology (Creswell, 2013). A qualitative approach was appropriate for this research study as the researcher desired to elicit nurses' personal stories and experiences through interviews, which occurred face to face or via telephone, depending on the availability and personal preference of the research participant.

Participant Recruitment and Population

Criteria for inclusion in this research study included the need for each participant to be a registered nurse who has worked in oncology and who has attended a small, private, faith-based university in the Midwest. However, nurses of any faith or religious affiliation were invited to participate in this study. While the focus of the study was on nurses' faith, nurses who do not identify with a specific faith or religious affiliation were also invited to participate in this study. It is also important to note that this university does not have a university medical center, therefore, nurses are employed not only in

various settings across the states of Kansas and Missouri, but also across the United States as both of the post-licensure programs are offered in an online format.

Participants for this research study were selected utilizing criterion sampling by first accessing university records to identify nurses who have attended the faith-based university in their post-licensure programs, in order to send an informational letter (Appendix A) and the Bill of Rights for Research Participants (Appendix B) with the researcher's contact information included. In this informational letter, potential study participants were made aware of the purpose of the study, and were asked to contact the researcher if they would like to participate in the study.

Since participation in this study was entirely voluntary, the researcher was aware that a participant's desire to participate paired with the availability of the individuals would have an impact on the number of participants in the study. The researcher sent emails to 618 potential study participants who had attended or were enrolled at the time of the study in the RN-BSN or MSN programs at the faith-based university. Of the 618 emails sent, 20 were returned undeliverable, 15 responded they did not meet the criteria for participation, 13 agreed to an interview, and 10 people actually participated in the interview process. Transcendental phenomenological research requires a range of 5-25 study participants, dependent upon the amount of participants required to reach saturation. Saturation is evident when the researcher can no longer identify new themes within the transcribed interviews, at which point, the researcher can feel confident that an acceptable number of nurses have been interviewed (Creswell, 2013). In this study, saturation was reached after 10 interviews.

Participant Demographics

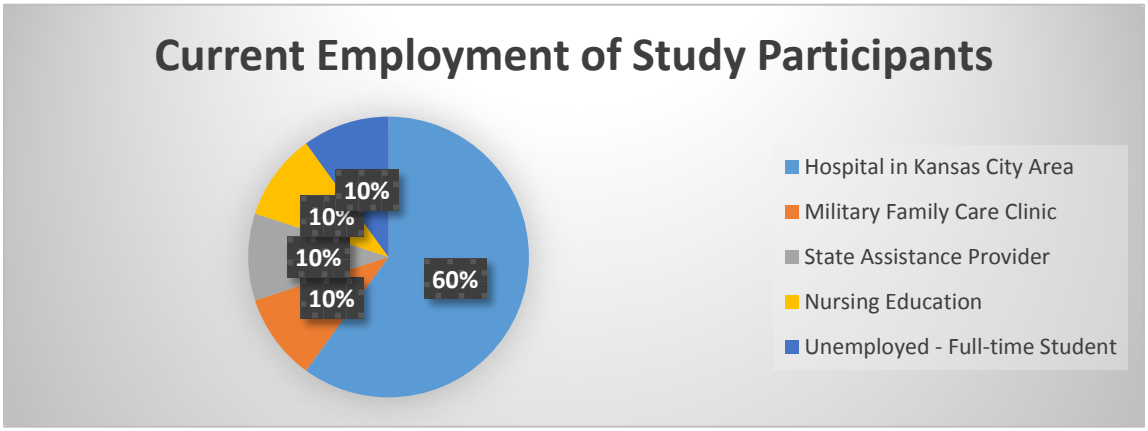
All 10 study participants were female, nine were Caucasian and one was

Hispanic, and ranged in age from 35 to 60 years old. The geographical representation of the study participants included three people from the state of Missouri and seven people from the state of Kansas. All 10 participants identified with a religious affiliation: five Catholic, four Christian, and one Baptist. Nine of the study participants worked with adults in oncology, and one participant worked in pediatric oncology.

Two study participants were current students in the RN-BSN program, four were current students in the MSN program, two were alumni of the MSN program, one was an alumni of the RN-BSN program, and one was an alumni from both the RN-BSN and MSN programs at the university. The number of years in nursing ranged from five to 29 years while the number of years in oncology varied from eight months to 25 years. Though the 10 study participants each had worked in oncology at one point in their careers, only three currently worked in oncology at the time of the research study. Employment of participants included six who worked in hospitals in the Midwest, one in a family care clinic, one for a group that works to provide state assistance, one in nursing education, and one was a full-time student. See Figure 1 for a summary of the participant's current employment.

Figure 1

Current employment of study participants



Student Demographics of Post-Licensure Nursing Programs

To provide some additional context to the study sample, the following section provides an overview of the number and type of students at the study site. Over the last five years there has been a consistent number of students in the Master of Science in Nursing (MSN) program who identified with the Catholic (90), Christian (155), and Nazarene (27) religions (MNU, 2014). However, there are a significant number of students (104) enrolled in the MSN program within the last five years whose religion is not listed on the document the students fill out at the time of enrollment (MNU, 2014). Further, only western-Christian based religions are listed on the list of choices for students (MNU, 2014). The Registered Nurse to Baccalaureate of Science in Nursing (RN-BSN) program has just begun to obtain the religious affiliations of students, so data was not readily available at the time of this study (MNU, 2014). Though many of the students enrolled in the post-licensure programs at MNU identified with a religion, this does not mean they identified with faith, as the two terms do differ. Due to how students self-identified with different religions, there may be a variation in levels of self-identification of faith within the group of study participants, which might allow the researcher to explore potential differences in the level of personal faith and the outcome of holistic care.

Data Collection Procedures

Data were collected only after Institutional Review Board (IRB) approval was obtained from both Creighton University and the university where the research was conducted. After receiving IRB approval, the researcher invited potential study participants utilizing a letter that was sent via email to these individuals. When nurses expressed interest in participating in the research study, the researcher began scheduling

interviews with study participants. The study purpose, procedures, and any potential risks and benefits were explained to each participant prior to the start of the interview process. In addition, each potential study participant was made aware of the ability to ask questions about the study or to decline participation in the study prior to beginning the interview.

After potential study participants were given an opportunity to ask questions for clarification about the study, they were then asked if they would still like to participate in the study. Participants were made aware of their option to quit the study at any time. Each participant who participated in a face to face interview was given a paper copy of the Informational Letter to Potential Study Participants (Appendix A) and The Bill of Rights for Research Participants (Appendix B), and for the one telephone interview this was emailed to the participant prior to the interview. Once the potential study participants agreed to participate, the digital recording of the interview began. Participation in the interview served as an implied consent for participation in the study.

Interview Process

The researcher interviewed the 10 participants either face to face or via telephone. Specifically, nine of the 10 total interviews were conducted face to face in an area that allowed for confidentiality, was free of interruptions, and was comfortable for the study participants. Of these nine interviews, four occurred in the researcher's office, three occurred in a university conference room, one interview took place at a study participant's place of employment in her office behind a closed door, and one interview was conducted at a library local to the participant. In addition to the face to face interviews, one study participant was interviewed via telephone. The researcher advised the research participant to choose a date and time for the interview during which time the

research participant would not experience interruptions, and could be in a private area for the duration of the phone interview.

Biographical Data Sheet

All study participants were asked to first complete a biographical data sheet (Appendix C) which included the following information: name, age, ethnicity, gender, city/state of residence, educational background, religious affiliation (if any), place of employment, number of years in nursing, and number of years working in the oncology specialty. The aforementioned information included on the biographical data sheet was used to help the researcher identify if themes of the research were consistent with a specific ethnicity or age group, for example, or perhaps if an affiliation with a religion plays a role in nurses' faith.

Instrumentation

Each participant was interviewed utilizing a set of 10 questions. The researcher also added questions throughout the interview as needed for clarification of the participants' responses or that would further allow the participants to elaborate on their responses. The duration of each interview ranged from 14 to 57 minutes. With the implied consent of the study participant, each interview was digitally recorded so that the interviews could be transcribed by the researcher. After transcribing each interview, the researcher coded the data to identify common words and phrases. The data were then clustered to identify common themes among the interviews, looking for commonalities within this group of nurses' perceptions of their faith.

Data Analysis Plan

At the end of each interview, the researcher assigned a pseudo-name for the participant. The digital recording from the interview was then used by the researcher to

transcribe the study participant's statements. The researcher chose to transcribe the interviews herself so that she could begin to process the information before beginning the process of coding. The researcher then reviewed the transcribed interview again, comparing it to the digital recording to ensure accuracy of transcription. Then, the researcher reviewed the transcription and the notes taken during the interview for each study participant. The transcribed interviews were reviewed several times so that the researcher could be immersed in the data. Immersion in the transcribed interviews allowed the researcher to better understand the lived experiences of the study participants.

When reviewing the information from each interview, the researcher was able to identify themes through the process of coding, and looked for saturation within the data. Through the process of coding, the researcher interpreted the data, and assigned meaning to the statements provided by the research participants (Saldana, 2009). In other words, through analyzing the study participants' statements, the researcher identified common words or phrases that could be grouped together through the process of codifying (Saldana, 2009). The researcher also looked for words or phrases that could be similar or might share a common characteristic with another word or phrase (Saldana, 2009).

Verification

Validity of qualitative research is important to help establish the rigor of the study (Bush & Bruni, 2008). According to Creswell (2013), qualitative researchers should utilize at least two methods to ensure trustworthiness, which is done by seeking validity of the study. One such method, recognizing and being clear about the biases of the researcher through the form of bracketing at the outset of the study, is important in transcendental phenomenological research (Creswell, 2013). Bracketing allows the

researcher to share her personal experiences with the phenomenon of faith at the outset of the study, so that during the collection and analysis of data, the researcher can remain objective (Creswell, 2013).

While bracketing can verify trustworthiness within a qualitative research study, the implementation of interpretive validity through the use of peer debriefing can also assist in this effort (Bush & Bruni, 2008; Creswell, 2013). The researcher identified themes throughout the interview transcripts, and then asked a peer to verify if the themes identified by the researcher are consistent with the findings of the peer. Validation can occur when more than one person recognizes themes within the data of a research study (Creswell, 2013). Because the researcher was immersed in the findings of the study, it was even more important to have a second person with a fresh perspective to validate the researcher has identified all themes.

Another validation technique used in qualitative research is descriptive validity by member checking, which elicits feedback from study participants about whether the themes and essence identified through the data is both accurate and credible (Bush & Bruni, 2008; Creswell, 2013). The objective of member checking was to validate that the researcher captured the essence of the phenomenon of the personal faith of nurses' and its impact on the ability to provide the spiritual aspect of holistic care to patients in oncology (Creswell, 2013). A summary of the themes identified from the interviews was emailed to all study participants to determine if the researcher captured the essence of the lived experiences of the participants in the study (Creswell, 2013; Polit & Beck, 2008). Five study participants responded and concurred with the themes identified by the researcher, with no additional information to add. In utilizing the processes of bracketing, peer debriefing, and member checking, triangulation of the data occurred, and the researcher

achieved internal validity (Bush & Bruni, 2008).

The Researcher's Role

When conducting a research study, it is vital for the researcher to be aware of biases that could have an impact on the study (Creswell, 2013; Fischer, 2009). For this reason, the researcher believed it was imperative to bracket her own experiences with faith in nursing, in order to be able to conduct this research study objectively, and without injecting her own personal beliefs about faith into the interviews with study participants. However, Fischer (2009), reminds us that it is vital to not only identify the biases of the researcher, but also to be aware of those biases throughout the study, rather than shelving the biases at the outset of the study and forgetting about them altogether. Fischer (2009) encourages the qualitative researcher to not only identify biases through bracketing, but to also consider these biases while analyzing data to understand how these assumptions can influence how data is analyzed.

Beliefs of the Researcher

The researcher has worked in the nursing profession for ten years, and in that time has experienced the phenomenon of faith in her own practice. First, the researcher believes that if nurses do not have an awareness of their own personal faith, they will likely struggle with providing spiritual care to patients. The researcher, through her own nursing practice, has learned that feelings of uneasiness often deter nurses from providing the spiritual component of holistic care. These feelings of uneasiness stem from a lack of education about spiritual care, or a lack of incorporation of faith into nursing practice.

In addition, the researcher believes that nurses often refer the spiritual care needs of their patients to chaplains or spiritual care departments, due to a perceived lack of ability and/or a lack of time. A vital aspect of providing spiritual care to patients is the

continual cultivation and strengthening of the nurses' own personal faith. Nurses must participate in self-renewal activities in order to be able to adequately care for patients in all facets of holistic care, but specifically the spiritual aspect of care.

For patients in oncology, whether just learning of the news of a cancer diagnosis, or reaching the end of a terminal illness, many of these patients require the spiritual component of holistic care. Illness, especially cancer, can cause patients to turn to their spirituality for comfort, therefore, nurses in oncology settings should be prepared to provide for these needs. Nurses are given the opportunity to be present when new life enters the world, and when a person takes his or her last breath. As a result of her own nursing practice, the researcher believes that faith may play a role in nurses' ability to not only provide spiritual care to patients in oncology, but also to be able to sustain themselves from one day to the next.

Ethical Considerations

It is vital for the researcher to be aware of the ethical considerations related to the research and how to address them (Creswell, 2013; Polit & Beck, 2008). First and foremost, it is important to keep the information of the research participants confidential. Confidentiality was maintained by coding each biographical data sheet and interview with a pseudo-name rather than each research participant's actual name, with the researcher still retaining the information about which research participant is linked to which pseudo-name. It was important for the researcher to retain these data so that she could make inferences about the data received and the information provided on the biographical data sheet. The biographical data sheets were scanned and saved to the researcher's computer which is password protected. The hard copy of the biographical data sheet for each study participant was shredded once it was scanned into the

researcher's computer and she verified the document was saved to her hard drive.

Implied Consent

An implied consent was required of each nurse who desired to participate in the research study, with full disclosure of what the study entailed prior to beginning the interview process (Polit & Beck, 2008). Each potential participant received an information sheet about the research study, and each person was given an opportunity to ask questions to clarify the role of the researcher, or about the study. Each person participated freely in the study, and implied consent occurred when each study participant agreed to be interviewed, filled out the biographical data sheet, and participated in the interview.

No Penalty or Loss of Benefits

Study participants should not be fearful of participating in a research study (Creswell, 2013). Potential study participants were free to refuse to participate in this research study or to withdraw their consent and discontinue participation in the study at any time without penalty or loss of benefits to which they were otherwise entitled from the university. For nurses who were enrolled in the RN-BSN or MSN programs at MNU at the time of the study, they were made aware that there would be no impact on their grade or their ability to graduate from the university had they declined to participate in this research study or chose to quit the study after the interview began. Likewise, alumni needed to understand that information gleaned from the study would not be shared with their employer, but would be published utilizing a pseudo-name.

Clear and Accurate Transcription

Data must be transcribed in a manner that is both clear and accurate. Information from each interview was transcribed verbatim. The researcher transcribed each interview,

and then reviewed the transcription against the digital recording to ensure the statements transcribed were accurate. The researcher was aware that transcription of the recorded interviews would be a timely process, but believed it was necessary to transcribe the data herself to familiarize herself with and become immersed in the data before coding the data. In transcribing the data herself, the researcher believed she was able to best capture the essence of the lived experiences of the study participants.

Questions about Faith

Questions about faith and how it can impact patient care might have been difficult for the research participants to talk about. Therefore, it was important for the research participants to understand they could freely quit the interview at any time, and that they could choose to not answer a question if they did not want to not answer it. Equally important was the need for the researcher to build rapport at the start of the interviews, which helped the individuals being interviewed to feel more comfortable and safe during their time with the researcher.

Summary

In utilizing a transcendental phenomenological, qualitative method the researcher could work to understand how nurses perceived their personal faith, and how their faith impacted their ability to provide spiritual care to patients. The spiritual component of holistic care could best be investigated through face to face or telephone interviews with nurses who provided care to patients with an oncology diagnosis. This chapter outlined the method utilized to conduct this research study. The following chapter explains the findings from this research study.

CHAPTER FOUR: FINDINGS

Introduction

In this qualitative, transcendental phenomenological research study, the purpose was to explore the impact of nurses' faith on their ability to provide the spiritual component of holistic care to patients in oncology. The researcher interviewed 10 registered nurses who have worked in oncology and who have attended a small, private, faith-based university in the Midwest in the RN-BSN or MSN programs. The researcher became immersed in the data elicited through the interviews. This immersion in the data helped the researcher to identify themes and subthemes consistent with the lived experiences of these nurses with the phenomenon of faith. In this chapter, the findings of this research study will be presented.

Theme Identification

The researcher began the process of identifying themes by first listening to the digital recordings and reading the transcripts from the interviews. While reviewing the transcripts, the researcher utilized different colored highlighters to indicate common words and phrases. For example, when the researcher heard the study participants say they did not want to be judgmental of their patients, the researcher highlighted these statements in red. The highlighted areas prompted the researcher to come back to these common words and phrases, and to find those which were most frequently seen in the interview transcript.

After analyzing the transcribed interviews to better understand the lived experiences of study participants, the researcher needed to identify themes that emerged from the data. From the interview transcripts, common words and phrases were identified. The researcher then grouped these common words and phrases together

according to their relationship to one another. The theme *Treading Lightly*, for example, has subthemes, which include listening to the patient, not making patients uncomfortable, being non-judgmental, and respecting patients. Each of the subthemes relate directly to treading lightly, or being careful with ones actions so as to not offend the patient. Each theme and the relating subthemes is identified below in Table 1.

Table 1

Themes and Subthemes Identified from Interviews with Study Participants

Themes	Sub-Themes
Treading Lightly	Avoid Making Patients Uncomfortable
	Avoid Passing Judgment
	Respecting Patients by Meeting Them Where They Are
	Listening is Vital
Growing in Faith	Nurses' Faith Challenged
	Learning from Seasoned Nurses
	Attachment to Patients
	The Role of Faith in Providing Care to Patients
Lack of Education	Basic Nursing Education versus Reliance on Experience
	Spiritual Care is Vital for Patients in Oncology
	Task Based Care Overshadows Spiritual Care

A discussion of each of the themes and subthemes identified in this research study will be explained and accompanied by supporting evidence from the interviews with study participants. Quotations from study participants will be included in this section to help illustrate their reality with the phenomenon of faith. These quotations will help to further explain the themes identified. All names included in the quotations and the interview transcripts are pseudo names and any identifying information such as

hospital names or educational institutions have been changed to protect the confidentiality of the study participants.

It is interesting to note that three of the 10 nurses involved in this research study have had family members with a cancer diagnosis, while two of the 10 nurses have had cancer diagnoses themselves. For the five nurses in this study who were directly impacted by cancer, whether as a result of a family member having cancer or having cancer themselves, they reported that their faith became much stronger as a result of what they endured as a result of the cancer diagnosis. While not all of the nurses in the study reported having had a direct connection to cancer personally, each of these nurses cared for patients who experienced a cancer diagnosis and consequent treatment.

Theme I: Treading Lightly

A majority of the study participants identified with the need for being careful when providing spiritual care to patients in oncology, hence the term "treading lightly." The nurses involved in the study mentioned not wanting to make the patients uncomfortable by offering spiritual care. Nearly all participants explained how vital it is to listen to their patients, and that in listening they are able to discern what the patient needs and how to best provide the care that is needed. A concept very important to these nurses was the need to avoid passing judgment on their patients based upon the patient's spiritual practices or a lack of spiritual practices. These nurses who have worked in oncology believed it was important to respect their patients and to meet them right where they are on their spiritual journey. Ultimately, all 10 nurses identified the need to tread lightly with patients regarding their spiritual needs, so as to not offend their patients, make them uncomfortable, or be disrespectful in any way. A further discussion of each of the subthemes affiliated with treading lightly is outlined next.

Avoid Making Patients Uncomfortable

The profession of nursing is a caring profession, which was evidenced by the transcripts from the interviews with the nurses involved in this research study. Each of the ten nurses interviewed either directly stated or alluded to the fact that it is important to not make patients uncomfortable, especially when it comes to the spiritual needs of the patient. Laura, a nurse who worked with adult patients in oncology said, "You have to know what they want. You can't push spirituality or what it's all about you really have to see what the patient wants or needs". Another participant, Michelle, who worked closely with a physician in a breast cancer center noted "I try not to be offensive; that's what I try to do is not to offend people." She went on to share the following,

> I try to be careful because there are some people out there that I know don't believe in God and so I, I don't want to say 'oh I'll pray for you' if I know someone doesn't believe in God, because that's offensive.

While these nurses stated that there is a need to identify patients' spiritual needs and to intervene when possible, they also believe that there is a fine line between helping and hindering patients' spiritually. For example, Mary explained this by saying,

> I tried to let the patient lead the way on what they needed from me as far as spiritual because I didn't want to make them uncomfortable. I didn't try to step on their toes, because it can be a very sensitive topic for people.

Betty elaborated on the fact that just because a nurse has faith, does not mean he or she should push that faith onto patients when she said, "You just have to be careful. I think it's something you hold, but it's not something you … pour all over your patients necessarily, that makes them uncomfortable." Bree, a nurse who worked in pediatric oncology, shared her thoughts about how when people push their beliefs onto others it

can cause people to shut down altogether when she says,

> The most important thing was, is waiting for them to be ready, for them to be to that point because umm, I've been in the situation where … umm … I felt like others were kind of pushing their umm, and especially with my own mother, pushing their own beliefs onto me, and it … it made me shut down or close down more when, when they were forcing it than when I was ready to talk about it and umm, explore that.

Key statements stood out from not wanting to push their beliefs off onto their patients, to not being offensive, to being aware of the fact that everyone's beliefs may not be similar and not making patients and their families uncomfortable is important when providing care. The concept of not offending others was evident when Bree shared that, "You're not supposed to do a lot of things cause it, cause it could umm offend the families if their beliefs are different." Michelle shared that while she attempts to integrate her faith into her practice, she tries to be careful in that effort when she said, "So you have to … I do try to incorporate my, my basic beliefs but I also don't want to throw my beliefs at someone else."

The majority of study participants feel they should not offend patients by pushing their beliefs on them, but do try to integrate their faith into nursing practice. The study participants valued the ability to share their faith but did not want patients to feel uncomfortable. A balance must exist between the incorporation of nurses' faith into their practice and the avoidance of offending the nurses' patients.

Avoid Passing Judgment

In addition to not offending anyone, nurses in oncology found it vital to avoid passing judgment on their patients. The study participants shared that as nurses, if they

were to judge their patients, then their patients might not return to them for treatment, thus only hurting the patient. For Betty, a nurse who worked with an ethnically diverse population in the inner city explained that avoiding judgment paired with being open to patients is important when she said, "I mean the people I worked with, they could barely afford their antiemetics, they could barely, ya know they, they must not be judged. I guess have an open heart with every, every one of your patients."

Furthermore, each of the nurses involved in this study identified with a religious affiliation such as Christianity or Catholicism, and they explained that because of their faith it is vital that they not judge their patients. In other words, the study participants believed that their faith had a direct impact on how they perceived their patients, and that avoiding judgment is key when caring for patients. For example, Michelle shared that, "Bein' Christian means … bein' kind … and nonjudgmental." Another nurse, Sally, shared that her newfound spirituality has impacted how she cares for patients when she said,

> My newfound spirituality has helped me a lot to where I, I try a lot harder not to pass judgment … and [sniffles] yes my spirituality has taught me to try and just not pass judgment and see the … bigger picture with them.

The need to not be offensive in offering spiritual care to patients, in addition to not being judgmental is evident for nurses in all types of healthcare facilities. A balance is needed between attempting to provide spiritual care and avoiding coming across as judgmental or offensive to patients and their families. The aforementioned balance is shared by Olivia, who worked with patients in oncology during her time in the military when she said,

> I've always been careful about umm … sharing my faith because it ya know being in the military you have to be really careful and I guess it's

> anywhere because ya know you can get into trouble if someone believes that they're, if they think that you are umm … putting your faith onto them ya know if you're judgmental of them umm … if there's any of that perception you can get into [laughs] some serious trouble.

Respecting Patients by Meeting Them Where They Are

The desire to meet patients where they are in their spiritual journey was very evident during the interview process. For these nurses who work in oncology, they found that they could show their patients respect by meeting them where they are, no matter the level of spirituality of the patients or the spiritual needs identified by the nurses. Olivia explained that meeting people where they are is vital when providing care when she shared that, "Unless I understand exactly where the patient is or try to understand where the patient is coming from then I'm not really gonna be able to reach them and be able to reach the whole person." Betty shared that it is vital to give patients what they need by stating, "It's whatever they need, you have to respect their, their beliefs and their umm … how intimate they want to get with you, that's a fairly intimate thing." Because spirituality is an intimate matter for some patients, Piper, a nurse who has worked with patients in oncology for 25 years, mentioned discernment is necessary when she said, "So you kind of have to be discerning as to where they are … umm … it's certainly easy when they get teared up." In practicing discernment and meeting patients where they are, Bree explains that she is able to respect the beliefs of all her patients when she shared, "I, I, I like to see that umm faith or religion is helping them through the, the process but I respect everybody's different umm, religious, religious beliefs." And finally, Laura explained that it is within the rights of patients to have their own beliefs and be respected when she stated that, "I believe everybody has the right to, to their beliefs and their faiths

and the respect of that."

When nurses show respect to their patients, regardless of the patients' beliefs, it allows for a connection between the nurse and the patient that might not happen otherwise. By meeting the patient where he or she is, suddenly the nurse and his or her patient can share a common ground, a sacred space together, helping to foster a connection between the two on a human to human level versus nurse to patient. The aforementioned common ground was explained by Piper, who said,

> Well the that one I told you about the Muslim, she was a lady that came in, very strong Muslim, and so we did have a lot of [clears throat] but that's more … and she accepted me and I accepted her and I told her why I believe in Jesus and ya know she shared with me why she was a Muslim ya know and so that was very and we just adored each other ya know it was such a mutual respect for each other that, that was really a profound time for me.

Forging a connection with patients was identified as being very important to nurses who work in oncology. These nurses identified that by making a connection with patients, the patients are more likely to be open to communicating their needs throughout their treatment. As a result of the open communication, which can stem from the connection made with patients, nurses can identify all the patient's needs, physical, mental, and spiritual, which promotes the provision of holistic care. These nurses believe that holistic care is important, but that it must be provided in a respectful manner in which the patient is the leader in his or her care. Laura shared that part of holistic care is learning about the patient and his or her needs which she explains when she says, "Holistic care is identifying that – where they are, who they are, umm, on top of not just being that disease

so being able to take, encompass their whole care."

While it can be difficult for patients to share their spiritual needs, nurses can help patients by being willing to be open to their needs, as shared by Betty when she says, "I think being open, well I guess it's all patient advocacy, but being open to them and helping them … not feel shame, ya know, maintaining their dignity, being respectful of them, then they'll open up."

Finally, Laura shared that patients must have the ability to be autonomous in their decision making when she said,

> Ya know I think that's part of our job as nurses. I think that's part of holistic care is being able to give that whole picture of uh providing them with every opportunity to, to make choices in how they're going to be treated … and not just treated as a person but that's hugely … I think that's really important but how they want their treatment to go.

The autonomy to make their own decisions helps patients to feel as though they play an active role in their care. Nurses can help patients to be autonomous by listening to the patients' feelings and needs.

Listening Is Vital

All of the study participants emphasized how vital it is to listen to their patients, because without truly hearing their patients, they could not adequately care for them. For example, Laura shared that without knowing what a patient is thinking and feeling, it would be hard to care for him or her holistically. Laura said,

> Ya know you have to figure out what's going on up here [points to head] and what's going on in here [points to chest] too, umm before you can really help them process about what's going on with the body.

Aside from the many tasks and assessments nurses make throughout their shift, perhaps Olivia illuminates what can help nurses determine the needs of their patients when she said, "But mostly I just listened ya know." Piper also shared that in order to provide spiritual care, nurses must listen to their patients in order to discern their needs and how to best approach those needs when she said, "You really have to … have discernment and … ya know getting the pulse of their openness to talk about deeper things." Though these nurses reported they might be of a different religious affiliation or spiritual inclination than their patients, they place great value on taking time to listen to their patients. Maya, a nurse who worked with adult patients in oncology for more than 10 years shared that though her patients might be of a different religious affiliation than her, it does not impact the care she provides them when she said,

> Uh I accept all faiths umm ya know people they might be a different umm religion than me, ya know maybe Catholic or Jewish or Muslims but I accept all people of faith and umm ya know I don't want to push my faith on them, ya know I listen to them and I show them compassion and care.

Betty felt that providing spiritual care can be a difficult task, but that listening to patients is a part of spiritual care when she said, "But I do listen to my patients, yes. And in that respect you give them spiritual care … you take the time to listen to them and advocate for them. Then … that in a way is spiritual care." Another study participant, Bree, believes that being available to listen to the patients and their families, but also allowing them to open up about their spirituality is key when she shares that,

> I didn't talk about faith or spirituality until I could tell that they were ready umm, maybe ya know they started a conversation about it, umm, and listening was a big thing and I just tried to kind of tune into … umm, signs

> that they, they wanted to have a conversation about faith and what it means to them and, and how it kind of factors into the whole … cancer scene.

These nurses shared that it was important for them to let their patients know that they were listening, and really hearing what the patients wanted and needed from the care the nurses were providing. Along with taking time to listen to the patients and hear what they need from the nurses, it is important for nurses to individualize care, because no two patients are alike and neither are their needs. Bree shared that by listening to her patients, she believes they could better see that she cared and that she was with them in their journey when she stated,

> I think everybody is needing something different and umm … it's important to pick up on that and make sure that they understand that somebody's listening, that their needs are being met, somebody cares. I always umm felt like umm making sure they didn't feel like they were alone in what they were going through.

Laura explained that for patients it is important for them to know they are being heard and that their needs are being met when she stated,

> Sometimes I think that's the biggest thing about when you take care of oncology patients – are they being heard? Any patient, not just oncology, but are they being heard? Are their needs being met? Are they really, are you hearing what they want you to hear?

Lastly, Maya shared that nurses' show patients that they care when they talk to them by saying, "Ya know I come from old school [laughs] so I have the mentality that you have to spend time with your patients, you gotta show them encouragement, you gotta talk to

'em and care for 'em."

Though the participants in this study identified that it is important to tread lightly when providing spiritual care, they still find it necessary to do so for their patients. Participants believe that they can avoid making patients uncomfortable by not passing judgment and by meeting patients where they are, providing care that is specific to each patient's needs. All 10 study participants mentioned that listening to their patients is vital when trying to provide the spiritual component of holistic care.

Theme II: Growing in Faith

The nurses involved in this study reported that by caring for patients in oncology, their personal faith developed more fully. Several nurses shared that their faith was challenged as a result of caring for patients in oncology. Though their faith was challenged, these nurses were able to look to more experienced nurses, which they labelled as seasoned nurses, in oncology who helped them to care for the spiritual aspect of patients in oncology in a caring and compassionate way. Nurses in oncology became attached to their patients and their families, and in some cases, nurses faith was strengthened as a result of this attachment to patients/families.

Nurses' Faith Challenged

Caring for patients in oncology has caused the nurses in this research study to develop and grow in their own faith. These nurses who cared for patients in oncology shared that their own faith was challenged when they observed patients grappling with their diagnosis, struggling through treatments, or even dying as a result of the havoc wreaked on their body as a result of the chemotherapy and co-morbidities. For example, Mary shared that her faith developed as a result of her daily interactions with patients when she shared,

> Well I think that the whole time I worked in oncology it helped me to develop my own personal feelings about faith because every day I was dealing with life and death, and to see young people, elderly people dealing with their new diagnosis, or their treatments and the outcomes, and their progression of the disease. Umm … every day [tearful] I left with a new awareness [voice wavering] about something that I felt like impacted my faith.

Bree explained that it is her faith that helps her return to work each day when she said,

> Umm … my faith and my beliefs helps me continue to do my job day-to-day, as far as for me to be able to be there and see … umm, ya know all of the sick children going through what they go through … because I know what it, what impacts … and the outcome it can have on the family.

On a daily basis, nurses in oncology are caring for patients who are very ill, and as a result the nurses can experience an internal struggle about their faith. Michelle shared that as a nurse in oncology it is possible to realize one's faith as a result of caring for patients when she said,

> Maybe there's even nurses … who … start out maybe not having a lot of faith and maybe by the patients they meet or the friendships that they develop with their patients, maybe they even have a stronger faith, I don't know but I think spirituality is a huge, huge part of oncology nursing.

Sally explained that working in oncology has given her a new perspective when she shared,

> Umm … cause you look at how something can be taken away … [crying] … you see these young parents with young kids or it's more so now. That

> are coming in and getting diagnosed and actually dying [crying]. And you just, you know you don't want to leave anything unfinished … you don't want to leave any … anything undone [crying].

Laura felt that her faith was challenged and as a result she experienced a waning of her faith, times when her faith was strong and times when her faith was not. She explained,

> There's a stronger being umm more than ourselves … ya know that can guide us through life. Umm sometimes that faith is there and it's really strong and sometimes, like I said, sometimes there's a waning – life gets in the way and we kinda forget umm where we've come from.

Though the faith of these nurses has been challenged as a direct result of caring for patients in oncology, one nurse explains that her faith is what helps her move forward. Betty said, "Faith gives you the strength or spirituality, whatever, gives you the strength to know that you've done the most you can do, and then you move on, you have to continue on for the next patient." Conversely, though nurses identify with a religious affiliation, many of the study participants explained that it is their faith, not their religion that helps them to provide the best care for their patients. Betty explained that,

> Gosh faith, for me faith is … knowing that everyone is good inside … they're changed by the external, but we're all born … as, with good, positive and the external changes them, but somewhere in them there's always going to be good, unless they're incredibly chemically altered but … but there's good in everyone.

Maya stated that her patients helped to multiply her faith, helping her to realize what a blessing it is to have a healthy life when she said,

> I love umm taking care of the oncology patient. They gave me umm, they

> added to my faith, and they added … hmm … well I just see that I'm blessed and my family's blessed because we're still here, and umm …I saw some, some very sad things but I also saw miracles.

Learning from Seasoned Nurses

When nurses lack experience with a certain diagnosis or patient situation, they often look to more experienced nurses, often referred to as seasoned nurses. Nurses in this research study explained that it was nurses who had worked on the unit for several years who helped mentor them, and teach them that caring for patients spiritually is imperative. Betty shared that nurses who had worked on the unit helped her to understand how to care for patients with an oncology diagnosis, as she said, "Your more seasoned nurses kind of help you … mentor you … in those settings … on how to, how to handle certain patients and their needs. An oncology diagnosis is a pretty stressful thing." Anne explained that new graduate nurses might struggle with how to know what patients need in terms of spiritual support, and that the seasoned nurses who work on the unit can help to mentor these new nurses when she said,

> I think it's difficult for the new graduates to umm identify with what's going on with them and it is through the more seasoned, experienced nurses that umm there's just like a deeper connection on the levels of umm spirituality umm that uh is more supportive of the patient.

Laura explained that she chose to utilize role models on her unit and found herself connecting with those individuals who could help her learn when she said, "I had mentors that I saw that type of nursing that they gave, and I kind of gravitated towards those nurses."

Attachment to Patients

Many of the study participants spoke about becoming attached to their patients in oncology. Several of these nurses admitted that they know they should not become attached to their patients, but that it often happens as a result of sharing in the patients' lives and treatment, as many patients in oncology spend a large amount of time with these nurses. In fact, a few nurses believed that in oncology, attachment to patients and their families occurs more frequently due to the nature of the diagnosis, treatment, and length of time spent with them. Mary tearfully explained that attachment to patients with a life threatening diagnosis occurs naturally as she said,

> I can think of several times that … I used my faith because … to help me take care of those patients because it was hard, it was honestly one of the hardest jobs as a nurse I've probably ever had because not only were you physically exhausted from the long hours, but it was very psychologically and mentally and emotionally draining [tearful] to take care of those people because, even though you're not supposed to get attached to them, you do, because they're going through such a hard time in their life.

In addition to becoming attached to patients, Betty explained that you care for patients in oncology from the time of diagnosis until the time of death when she said, "And you took care of them through their continuum. You, you knew them during treatment, and you knew them in death." Additionally, Bree shared that it is hard not to become attached to her patients and their families when she said, "I got attached to these families I mean they're, you're seeing them long term." Often nurses are told not to become attached to patients or to allow themselves to become vulnerable, but Michelle explained it differently when she said,

> I have heard my whole nursing career umm … from other nurses, generally some of the older nurses, how you shouldn't get emotionally involved with your patients … umm … or maybe you shouldn't show your own emotions around patients or you shouldn't share your own experience with patients … and … umm, no wrong answer. Especially in oncology.

The nurses interviewed for this research study report being fine with the attachment to patients in oncology that occurs as a result of seeing those patients often. Some nurses believe that their faith is what helps them to know that they have done all they can for their patients, and that even in losing patients that their faith is what helps them. Betty explained that it takes strength to be able to care for patients in oncology when she said,

> Well … it gives you internal strength to provide the care that you have to provide on, you have to continue on for the next patient. Like I think being able to take care of people, and I mean take care of people, I know we provide treatment and all that, but really care for, care for people in need is a, is a gift … and it's a calling, it's not just a, a job.

Laura, who currently works in nursing education shared that,

> You always say as a nurse, you're like 'I'm not going to let them get into my [does not finish thought], but every now and again somebody sneaks in. And he was the one. He was the one that snuck in there. And so yeah does your … they become a part of you … and umm [tearful] … it's hard to teach that ya know, as a now that I'm an educator it's really kinda hard to teach these experiences, ya just kinda have to go through 'em.

The Role of Faith in Providing Care to Patients

Despite the fact that the nurses in this study identified with a religious affiliation,

most of them explained that it is their faith, not their religion that helped them to care for patients in oncology. For example, Betty shared that,

> I believe everyone really has faith. People visualize, think of faith as like a organized religion or thinking that there's a god and that we all go to heaven, or people go to hell. I don't believe that necessarily. But I don't know how you can be a nurse for any length of time and have some sort of faith, whatever that is, or spirituality, or … we've all seen things.

Many of these nurses also believe that without faith, it would be difficult to care for patients undergoing treatment for cancer. Mary shared how she feels about faith when she said,

> I think you have to have faith in order to provide that oh the spiritual component of holistic care to the members or patients because without that I think you would have a hard time to be able to … meet their needs from a spiritual, what, perspective.

Furthermore, a majority of the participants strongly believed that in order to provide holistic care to patients, it is important for the nurses to have faith themselves, otherwise providing the spiritual component of holistic care would be difficult. Bree shares her perspective regarding how integral faith is when providing spiritual care when she says,

> I think it's hard to embrace and encourage and give that aspect of care if you don't have belief yourself, because umm even in, and even in caring for, or being a nurse, uh pediatric nurse, it's even kinda the same when you have a nurse who's a mother and a nurse who's not – they can both offer great care but sometimes you get a little bit more sympathy or empathy with the, with the mother who has a child and can kind of think

> 'gosh what if this was my child', ya know umm, but I … I think umm … when you don't have faith and beliefs, that that it's harder to embrace that umm part of, of care.

A few of the nurses alluded to the fact that nurses must be comfortable with their own faith in order to be able to provide the spiritual component of holistic care to patients in oncology. These nurses said that it would be hard to pray with a patient or be a part of their spiritual needs if the nurses themselves were not comfortable with prayer or with their faith. Bree shared that many times the children she cared for would tell her that they had met Jesus and that they were not scared to die, that they knew there was something better waiting for them, as she recants,

> Ya know, they were ready, they didn't want to be here anymore and going through all this and so it was 'how do I approach this, how do I approach this with my parents and umm … and get them to understand that umm … I, I'm going to this wonderful, phenomenal place that I got to see before actually dying' and umm … and unless you … unless, unless you support reli- faith and religion and spirituality … that's part of, you, you can't uh … be umm … it's hard to be helpful in that situation if, if you don't yourself, umm, have faith or belief or spirituality, because if, if you've never experienced it in whatever situation then it's just hard to umm, to connect and help a family.

Mary believes that it could be hard to relate to patients' spiritual needs if the nurse does not have any faith at all, when she says, "You have to have some faith … to some degree to be able to relate to the patients and what they're going through and to help them through that from a spiritual point of view." Michelle explains that a personal awareness

of your own beliefs is necessary to be able to care for patients, but also to avoid becoming uncomfortable in the situation. She says,

> Well you … yeah you have to know your own beliefs in order to help patients. You can't umm … you have to know what your limits are and how comfortable you are … I just think you have to be aware of yourself before you can help anyone else.

Bree explained that the topics of oncology, faith, and spirituality are all closely related as a result of what a nurse experiences as a result of the care he or she provides to patients in oncology when she says, "I think again, oncology and faith and spirituality go hand in hand. I mean umm what you experience and what you endure … you have, you have to have that … umm to get through." Michelle explains that while there may be nurses who do not believe in a higher power, she is not sure how those nurses could provide care on a daily basis to patients in oncology. She says,

> If you don't have faith I don't know how, I mean if you [emphasis on you] personally don't have faith I guess I, I don't know … like if there was … and I'm, I'm guessing that somewhere out there I'm sure there's atheist nurses. And, but I guess if you don't have a belief in something higher … I don't know how you could … I guess I just don't know how you could do it.

In addition to these topics being closely related, another nurse explained that there is no way she could have endured what she saw and experienced on the oncology unit without some type of faith to give her strength. Michelle goes on to say,

> I can't … you can't do this every day and maybe that's what helps make you sane … is having a good relationship with God … umm … because

> … I mean … I couldn't come home after those hospice talks or after losing a patient when I was an inpatient nurse, umm … I mean you can't … you can't survive that over years if you didn't have faith, if you didn't know that those patients were in a better place or, or … in the dying process that God wasn't taking care of them.

The participants in this study indicated that their faith was challenged on a daily basis while they cared for patients in oncology, but that ultimately their faith was strengthened as a result. Though some participants were able to incorporate their faith into their nursing practice, many of the participants indicated that they learned how to provide spiritual care to their patients by observing more experienced nurses. An attachment to their patients occurred because these nurses saw patients when they were first diagnosed, throughout their treatment, and at times, in death. Consequently, the role of their faith when providing care helped the majority of participants to process what they experienced with their patients, and to understand that their faith directly impacted their patients in a positive way.

Theme III: Lack of Education

The majority of study participants reported that their basic nursing education was not adequate in terms of instruction regarding how to provide spiritual care to patients. Most nurses in this study have relied more on their personal experiences with caring for patients, paired with their more experienced role models as mentioned previously. Spiritual care is vital for patients in oncology, and a majority of nurses involved in this study reported that patients in oncology need spiritual care more so than a patient receiving care on a medical-surgical unit or in an emergency department. Several of these nurses also identified the need to complete tasks as being a higher priority than

providing spiritual care, not based upon personal preference, but based upon the overall needs of the patient.

Basic Nursing Education versus Reliance on Experience

The majority of nurses in this study identified a lack of basic nursing education regarding spiritual care, and that they rely more on their own experiences with patients in oncology to guide them, paired with seasoned nurses who mentor them as mentioned previously. Betty said that, "I actually feel like its been more my experience." Sally concurred when she shared that, "I think a lot of it is not the book knowledge I received but just the experience, taking care of the patients."

Michelle explained that it is important to ask questions while in nursing school to learn the most you possibly can when she said,

> You, you have to have I think that basic … belief as a nurse coming into it and you have to … you have to self-teach. So you have to want to read about it and you have to question that while you're in nursing school and you have to ask your instructors, and I think if you question and you ask they will tell you, cause they have a lot of experience.

On the other hand, Mary stated that in her undergraduate program she felt the university tried to avoid offending anyone when she explains,

> I do feel like that, umm, in my undergrad it was somewhat limited, because I think they tried to be very, umm, generic and not umm, offend anyone [chuckled], and so I think they tried to do it in kind of an overview, and just kind of leading the way for this is what you know you have to do as you get out in your nursing career, and you have to learn these pieces and adapt. And, but I think that I learned more about that or

> to a greater extent when I was working on my masters.

Bree shared that despite being taught of the importance of spiritual care, it was not until she was working in the profession that she began to understand spiritual care and how important the concept can be for patients when she explains,

> [Deep breath and sigh] No, not with my ADN program. Umm … I, I think it's something that I mean you learn that it's important in nursing school but, umm … practice really puts it into, into play and you don't really … understand the concept until you're in the field taking care of the patients and, and addressing spiritual needs and emotional needs. So, umm I think it's brought up but I don't think there's a lot of focus on it, it's kinda just umm, ya know, 'nursing care is holistic', but then … that's kind of where it ends. There's not like a whole umm … part of the, the program that I went to that dedicated to umm … taking care of like spiritual, spiritual needs.

Anne explained how she was not aware of her own spirituality when she was in nursing school and that she did not feel prepared to provide spiritual care to others when she said,

> Umm ya know yeah, there is some but I don't know that I felt prepared, umm, when I finished my BSN to actually assist the patient fully in their spirituality. Umm initially when I graduated I was 21 and unsure in my own spirituality enough to help anybody else. Umm … as time went on … umm … in, you grow as a person I, I felt more comfortable.

A few of the participants explained that while their initial nursing program did not provide them with the knowledge to provide spiritual care to patients, that their time spent in the RN-BSN program at a faith-based university did provide them with that

knowledge. Sally said,

> Umm, being in the RN to BSN program has and I think that's maybe just because I'm going to a religious based school. I think if I weren't going to this university – if I were going to another university or wherever, I don't think they would play that spiritual aspect into it. Umm, I think a lot of it is not the book knowledge I received but just the experience, taking care of the patients.

Piper also felt that her education through an RN-BSN program helped her learn more about spiritual care when she said,

> Umm originally no [laughs]. Originally in the I program obviously that just wasn't even a part of it, I mean, I think it was mentioned but back then of course I wasn't … as interested in spiritual matters at the young age and umm … I'm a lot more interested in spiritual matters now. So the reason I pursued my RN to BSN where I did … the spiritual aspect of it played a huge role in my decision. I wanted that component focused on and it was. So, currently yes, historically, no [laughs].

Even still, Maya identified that it was not her experience with patients, rather it was her experience with her own religion that helped her to care for patients from a spiritual standpoint. She said,

> I would not say my nursing [emphasizes nursing] education, but I would say my religion, my belief in God has helped me umm take care of patients with their spiritual needs and praying with 'em and … ya know just being there with them and giving them love and care like God would.

Spiritual Care is Vital for Patients in Oncology

Spiritual care was identified as being vital for patients in oncology, according to the nurses who were interviewed. These nurses believed that oncology patients especially require spiritual care as they are facing a life-threatening diagnosis, treatment that can make them physically ill, and spiritual questions as they deal with cancer and what it means for their lives. Mary explained how spiritual care can impact how patients process their diagnosis and prognosis when she said,

> Because of those things that those patients are going through, that faith is huge for them and their spirituality is because … they're fighting for their life [voice cracks] and … [clears throat, tearful] they are, they have to ... kind of get to a point where, ya know, I think they go through their own stages of the grief process, the denial, the anger, all of that and I think that their spirituality and their faith helps them get through that. And sometimes I think that, for the ones that are at a different level of faith or spirituality or are lacking, I think it's harder for them to progress through those steps.

Bree explained that spirituality is vital for patients when she said,

> Spirituality is a huge [emphasizes huge] part of … I don't think you can be in oncology unless you grasp that part of it because it is a huge part of … of, of the experiences that the families and the kids go through. And again, that goes for either making it or not making it … umm, living or dying.

Anne shared that faith and hope help patients deal with their diagnosis when she said, "I think umm they umm rely on their faith and hope to pull them through their treatment and

surgeries and whatever else they're going through."

Michelle shared that in oncology especially she feels it is vital for patients to be able to embrace their spirituality and have their spiritual needs met when she said,

> You're talkin' about losin' your life and when you tell people that there's a possibility that 'you may die' umm … even people who, who started out maybe not having faith … umm, sometimes they start digging, and so I know that there are people that may be agnostic that umm … they start searching for answers, so they may have a weak faith and come out of it with a stronger faith.

Maya shared that it is important for patients to be able to pray and to be able to hear an answer from the God they pray to when she said,

> And knowing who God is will give them hope and encouragement that ya know He will have an answer for them ya know it might be a healing but it might also be that He'll take you home to heaven, but ya know He'll … if it's to heaven you'll know that God is there and it's beautiful and you won't hurt or ya know be discouraged anymore, and your quality of life will be beautiful.

Piper explained that it is important for nurses who work in oncology to have an awareness of their own personal faith, so that they can be open to caring for their patients spiritually when she said,

> Well for sure! Ya know I think especially in oncology … or I assume ya know cardiac nurses would say the same thing but the, those life events and illness that … most people jump to 'I'm going to die' immediately. That's … that just is the fast track to talking about spiritual things and

> being open to talk about spiritual things and realizing 'oh my God I haven't been thinking about those things' or 'I've been living my life so fast all the important things have just kinda come to a head in that moment and in that season'. So I think its super important for oncology nurses to have an awareness of their faith and if, if they don't they probably will pretty quick [laughs] once they get into it.

In addition to spiritual care being vital for patients in oncology, the nurses also explained that it is vital to assess the patient's overall needs, to include his or her spiritual needs, in order to provide the best possible care for the patient. Sally stated,

> I think that … the majority of the oncology patients I've cared for … are spiritual people. And I don't know if it's the disease that has led them to it … [sniffles] … or awaiting the diagnosis that makes them rethink [sniffles] … I think that a person that is diagnosed with cancer … will … them and their families both will … come through the whole situation, whether the patient lives or dies, I think everyone will come through the situation a heck of a lot better if they are spiritual people … and have faith and beliefs.

Olivia shared that, "Just like their physical needs are, just like their emotional needs are, we need to identify what their faith needs are and make sure that we have those resources available to them."

Task Based Care Overshadows Spiritual Care

While every nurse involved in this study indicated a need to provide spiritual care to their patients, a few of them shared that it can be difficult to provide spiritual care when they have so many tasks to complete. Anne explained that she took care of many

patients who were in the dying process, and therefore had to administer medications to each of them that took a great deal of her time, she said,

> I think umm for one just being stretched thin and sometimes we'd have multiple umm oncology patients and umm dying patients and it was just overwhelming to umm provide everybody with the spirituality umm aspect that needed it. Umm like our umm our dying patients a lot of times we had to push either umm anti-anxiety or pain medications as often as every fifteen minutes. Umm we'd have to give blood transfusions, we would have to administer chemotherapy umm discharges and admissions, and then we also had umm post-operative patients umm that we were taking care of.

Sally explained that she has to have faith as she goes to work every day, because staffing in her hospital is such that nurses are being asked to provide care to more patients due to the staffing matrix at her hospital. She goes on to share that it is hard to be a good bedside nurse and really provide spiritual care to patients when being stretched so thin with so many tasks. She said,

> I think every day I go to work [laughs] every day I go to work … ya know, it's umm … just having faith that we're gonna get through the day … ya know … I … it's especially right now work is extremely, extremely [emphasizes extremely] stressful and umm we're short staffed and I just have to have faith that we're gonna get through the day and no patients are gonna be harmed. Cause it's, it's at a scary level right now. I know that's not an example directly related to an oncology patient. But, ya know I mean we have to have faith that we don't hang the wrong chemotherapy,

> that we don't miss a sign that somebody's crashing on us.

Maya explained that she is beginning to see a trend with the new generation of nurses that is quite alarming. She stated that rather than taking the time to speak with the patients and really get to know their needs, these nurses are only completing tasks, then waiting for the patients to call them versus being able to anticipate a need from spending more time with their patients.

> But … the new generation, there's a few that really love nursing and their patients, but I get a feeling and I see it all the time where they just wanna give medication to the patient and get out. And they'll sit at the computers all night talking to other nurses and laughing ya know all night long and they don't, unless the patient calls they won't go in and spend time with their patients.

Furthermore, nurses who are new to the profession may not understand that completing tasks may carry out physician's orders, but may not be what the patient needs from the nurse. Laura explained,

> They're busy doing the task and they forget that umm … there might be a greater need, not so much about hanging that antibiotic and getting those pills passed before nine o'clock or whatever, but maybe they just need you to sit in that room and uh listen to 'em … umm and sometimes that makes 'em feel better than any kind of pain pill you could ever give to 'em.

Spiritual care is vital for patients, especially patients who are faced with a life threatening diagnosis such as cancer. A lack of education regarding how to provide spiritual care can make nurses feel uneasy about providing this type of care. However, their personal experiences with patients or from watching experienced nurses in oncology provide

spiritual care has helped shape how they provide spiritual care. Some of the participants shared that the tasks they have to complete throughout the day, such as the administration of medication, overshadow their desire to provide spiritual care to their patients.

Research Questions Revisited

There were two research questions that guided this study. The first research question was: How does nurses' personal faith play a role in nursing care that is provided to patients in oncology? The majority of nurses who participated in this study identified that faith plays a role in the care they provide to patients, especially as it pertains to spiritual care. For these nurses, not only did they report that faith is important, they also reported that their faith was challenged and strengthened as a result of the interactions they had with their patients.

For patients who are told they have a life-threatening diagnosis such as cancer, their needs for spiritual care might become even more apparent as a result of learning of such a diagnosis. As nurses care for patients who are undergoing treatment for cancer, they too can experience an internal struggle about how such a horrible thing could happen to a person. The nurses who participated in this study endured a small fraction of the trauma their patients experienced, yet many of these nurses stated they plan to return to working as a nurse on an oncology unit.

It is clear as a result of this study that basic nursing education is deficient in terms of the spiritual care knowledge these nurses gained through their initial nursing programs. Rather these nurses gained invaluable experience as they began to care for patients on the oncology unit, and as a result of these experiences the nurses were able to know how to care for other patients they might face in the future. Furthermore, these nurses were able to identify seasoned nurses who they could go to for mentoring and teach them how to

better care for the spiritual needs of patients in oncology.

The second research question in this study was: How does nurses' awareness of their personal faith play a role in their ability to provide the spiritual component of holistic care to patients in oncology? For the nurses who participated in this study, they felt there is a strong correlation between nurses' awareness of their faith and their ability to provide spiritual care. In fact, the majority of these nurses said that if nurses are not aware of their faith, they would struggle to be able to participate in delivering spiritual care to patients. While all nurses involved in this study identified with a religious affiliation, some spoke about the possibility of an agnostic or atheist nurse. Several nurses explained that as a result of caring for patients in oncology, many nurses have come to realize their faith or that their faith has strengthened because of interactions with patients and their families. One nurse even argued that every nurse really has faith, and that you simply cannot practice nursing in the oncology specialty without some sort of faith helping you to provide that type of care from day to day.

Summary

With the insights gained as a result of the interviews with nurses about their faith, it is clear to the researcher that providing the spiritual component of holistic care to patients in oncology is very important. In addition to the spiritual needs of the patient being important, the nurses in this study believe their faith is what helps them to provide that spiritual care to their patients. Despite the nurses' faith being challenged as a result of caring for patients in oncology, they believe their faith was also strengthened as well.

In the next chapter, the researcher will explore the impact this study could have on leaders in the nursing profession. The researcher will also explain the connection of this research study to the literature reviewed in chapter two, and identify potential gaps in

the literature.

CHAPTER FIVE: IMPLICATIONS FOR PRACTICE

Introduction

In this chapter, the researcher will explain how the findings from this study could impact nursing practice. In addition, the researcher will explore how nursing leaders can utilize the data from the interviews with study participants to more effectively lead their teams. A comparison of the findings of this study and the literature that was reviewed in chapter two will be included, as well as the identification of gaps in the literature. The purpose of this study was to explore the impact of nurses' faith on their ability to provide the spiritual component of holistic care to patients in oncology.

Implications

The implications of this study help to bring attention to how nurses' faith and an awareness of that faith can impact their ability to provide spiritual care to patients in oncology. The nurses who participated in this study reported that their faith had a positive impact on their ability to provide spiritual care. The majority of nurses in this study shared that their faith was both challenged and strengthened by the experiences they had while caring for their patients.

Nurses' Personal Faith

The findings from this study help the researcher understand that faith can be important to nurses, especially when they care for patients who are undergoing treatment for a life-threatening disease. In this study, all 10 of the nurses who participated identified with a religious affiliation, which may or may not have had an impact on how these nurses' perceive their faith and how it impacts their ability to provide spiritual care. Nonetheless, these 10 nurses believe their faith helps them to provide spiritual care to their patients in oncology, and that their faith is what helps them continue to go to work

day after day.

Focus on Spiritual Care Especially for Patients in Oncology

Another conclusion that can be drawn from this study is that spiritual care is important for all patients, but especially for patients who have been given a life-threatening diagnosis such as cancer. For patients in oncology, their spiritual needs must be assessed by nurses, and interventions must be put in place that will ensure that these patients receive the spiritual care that they need. Spiritual care that is provided by the nurse helps the nurse and the patient to connect as people, but spiritual care can be provided by anyone on the healthcare team. A few of the nurses involved in this study reported that they utilize clergy at their healthcare institutions to aid them in providing spiritual care to their patients, often times due to the time constraints of the nurses. Rather than allowing the time constraints to become a barrier for the provision of spiritual care to patients, these nurses understand that because they work within an interdisciplinary team they can refer these spiritual care needs to clergy when needed.

Nurses Need Spiritual Care Education

It is evident from the findings of this research study that nurses can benefit from education about spiritual care and how it can be provided to patients, especially those nurses who work in oncology. A lack of education regarding spiritual care is in part what can cause nurses to have feelings of uneasiness or inadequacy when asked to provide spiritual care to patients. The participants in this study indicated that they learned valuable lessons from nurses who had practiced in oncology for years, nurses who they identified as their mentors. These mentors helped to demonstrate how to provide spiritual care to patients in oncology. The majority of participants in this study used what they learned by observing their mentors when faced with the need to provide spiritual care to

their own patients.

The implications for nursing that have arisen from this study can help to enlighten nurses about the need for providing care that is holistic. Nurses must be encouraged to assess the spiritual needs of their patients and provide spiritual care by those in nursing education and nursing leadership. When nursing educators and nursing leaders are attentive to the need for the spiritual component of holistic care to be addressed for each patient, the way in which nurses approach patient care will change.

What Can Leaders Do?

Leaders in nursing education can utilize the data from this study to create and implement a curriculum that includes the spiritual component of holistic care. This would allow for nursing students to be exposed to spiritual care practices prior to graduating from nursing school and caring for patients as a nurse rather than as a student. While the nurses in this study identified that they learned the most about spiritual care through their personal experiences with patients as well as from nurses who had worked in oncology for years, if these nurses had been provided an opportunity to learn more about spiritual care in nursing school, they might have felt more comfortable providing spiritual care to patients earlier on in their careers.

Another key area for nursing educators to bring to the forefront of their teaching is the need to refer patients to clergy when nurses are unable to provide spiritual care. However, nurse educators need to make it clear to their students that referring the spiritual needs of their patients should be done as an adjunct to the patient care they are providing, and not as a replacement of the nurse connecting with the patient spiritually. For example, one of the nurses in this research study stated that while nurses can refer patients to others, nurses must be careful how much is given to other departments to

handle, in an effort to not strip nurses of the intimacy they are able to share with their patients when they provide spiritual care.

For nurse managers it is important that they help their nurses to understand that spiritual care must not be pushed aside while nurses focus on tasks or carrying out physician's orders. Patients require much more from a nurse than administering medication, performing assessments, or helping the patient with activities of daily living. Rather patients require that attention be given to their mind, body, and spirit; holistic care must be provided to each patient. Nurses must be encouraged to not only assess the spiritual needs of the patient, but then to plan care that is individualized and meets all needs of the patients, not merely the physical needs.

In healthcare institutions, whether it is a nurse manager or a nurse educator, it is important for nurses to be continually made aware of the latest research so that nurses are providing care that is in alignment with evidence-based practices. While much research should still be done in terms of nurses' faith and how it impacts their ability to provide the spiritual component of holistic care, oncology nurses especially should be made aware of this study. This study may help nurses to understand that coming into a vulnerable place with the patient to share in a spiritual moment is not only acceptable, but it is necessary for the patient to be cared for in a holistic manner.

Nursing education today is focused on what tasks need to be taught so that a nurse can care for patients safely and how to teach nursing students to think critically about patient care situations. While knowing how to perform a task and think critically about what is happening with a patient is vital in nursing education, it is equally important to teach students that the spiritual needs of the patient must be addressed, otherwise the patient is not being cared for holistically.

Furthermore, in addition to the need to incorporate the spiritual component of holistic care into the nursing curricula, it is also evident that interdisciplinary education is needed to ensure the interdisciplinary team can all address spiritual needs of patients. Rather than focusing solely on nursing education, the health professions could work together to create an educational program for interdisciplinary team, including but not limited to nursing, medicine, physical therapy, occupational therapy, speech therapy, and chaplains.

Connection to Literature

This study helped to validate the findings from the literature in a few key areas. Nurses perceive there to be a lack of education or preparation needed to provide spiritual care to patients. Another way this study validates the literature is that these nurses believe there are barriers which prevent them from providing spiritual care to patients. These barriers include lack of time, the need to complete a multitude of tasks, and the fear of the possibility of offending their patients. These nurses also identified that spiritual care is important for patients in oncology and that in order to provide holistic care, spiritual care must be part of patient care.

Lack of Education or Preparation to Provide Spiritual Care

The nurses interviewed for this research study validated that there is a need for nurses to be aware of and understand their own faith in order to care for the spiritual needs of their patients (Beauvais et al., 2014; Musgrave & McFarlane, 2004). Ramondetta et al. (2013) explains that no matter the number of years in the profession of nursing, nurses need education about how to provide spiritual care to their patients. Each of the nurses in this study identified that there is a lack of education or preparation available to nurses with regards to providing spiritual care for patients which is consistent

with the findings of others (Baldacchino, 2006; Beauvais et al., 2014; Bowers & Rieg, 2014; Carr, 2008; Murphy & Walker, 2013).

Barriers to Providing Spiritual Care to Patients in Oncology

Consistent with the findings of research by Baldacchino (2006) and Carr (2008), nurses in this study identified that their focus is more on completing tasks than providing spiritual care to patients, not by choice but by circumstance. These nurses felt inclined to provide spiritual care to their patients, but as a result of the need to complete so many tasks throughout their shift, at times they felt they did not have enough time to ensure spiritual care was given to patients.

Another barrier to providing spiritual care to patients in oncology is the possibility of offending the patient. Noble and Jones (2012) & Grant (2012) explain that nurses can feel intrusive when offering spiritual care to patients, leading to feelings of guilt and stress. The nurses' feelings in this study are consistent with not wanting to be intrusive or offend the patient. On the other hand, Peteet and Balboni (2013) write about offending the patient by even making a referral for spiritual needs to the interdisciplinary team, though this did not seem to be the case with the nurses interviewed for this study. Many of the nurses in this study reported that they have made referrals for patients to have their spiritual needs met by other members of the interdisciplinary team and that this was acceptable to their patients. The study participants reported that they would rather have someone meeting the spiritual care needs of their patients versus allowing a barrier, such as a time constraint or a need to complete a task, stand in the way of the patient having their needs met.

Spiritual Care Is Important for Patients in Oncology

Every nurse involved in this research study believes that spiritual care is

important for patients in oncology which is consistent with the findings of Carr (2008) and Nawawi et al. (2012). For the study participants, they believe that spiritual care is even more important for patients in oncology than in other patient care areas such as the medical-surgical unit or the orthopedic unit. According to Phelps et al. (2012), when a nurse provides spiritual care to a patient both parties are able to connect on a more intimate level which was clearly validated by the nurses in this research study. The aforementioned connection on a more intimate level, through the provision of spiritual care could occur with all members of the interdisciplinary team, and should be encouraged so that patients are receiving holistic care from the entire team.

Gaps in the Literature

From the review of the literature and this research study, the researcher believes there is a gap in the literature, specifically pertaining to nurses' perceptions of the terms faith and spirituality. Not only is the literature limited in terms of spirituality in nursing and faith of nurses, there is a lack of differentiation between the terms (Battey, 2012; Grant, 2012; Highfield, 1999; Ledger, 2005; Mok et al., 2009; Noble & Jones, 2010; O'Brien, 2008; Peteet & Balboni, 2013; Rushton, 2014; Sharma et al., 2012; Swift et al., 2007; Tiew et al., 2013;). Even in this research study, nurses often used the terms faith and spirituality interchangeably, prompting the need for further research. The need for further research will be elaborated on in the next section.

The Need for Further Research

Further research could be done to include a more diverse sample in terms of ethnicity, gender, and religious affiliation, including those who do not identify with faith at all. A larger sample size and a sample that is not solely affiliated with a faith-based university may provide more data to better understand nurses who work in oncology, as

there is a chance that not all nurses who work in oncology have faith. The profession of nursing would benefit from further research about the faith of many specialties of nursing versus one specialty, which could promote generalizability across the profession of nursing. In other words, further research should be conducted with nurses of various specialties in an attempt to understand if nurses in general believe that faith impacts their ability to provide the spiritual component of holistic care.

Research should also be done to better understand how nurses define faith and how faith compares to spirituality. As a result of this study, it is evident that the group of study participants may not have been able to clearly define faith and spirituality or how the two terms might differ. Rather these study participants utilized the terms faith and spirituality interchangeably. For example, Betty said, "Faith gives you the strength or spirituality, whatever, gives you the strength to know that you've done the most you can do, and then you move on, you have to continue on for the next patient." Further research should be conducted to investigate if nurses, or people in general, can differentiate between faith and spirituality.

This study could be taken a step farther by interviewing patients in oncology about their perception of the nurses' faith and if they believe that the nurses' faith impacted their care. If a researcher was to study both nurses and patients at the same time, a comparison of the two perspectives might prove enlightening for the profession. This researcher believes that by comparing the perspectives of nurses' faith and the impact it has on the provision of spiritual care, to the patients' perspectives of the quality of spiritual care they perceive they are receiving, a researcher could likely find that the perceptions differ drastically.

Call to Action for Nurse Educators, Leaders, and Managers

The call to action for nursing education is clear in that nursing curricula needs to experience a change if the spiritual component of holistic care is going to emerge as a vital aspect of patient care. If as a nursing profession we believe the spiritual component of holistic care is vital for patients, then we must educate accordingly so that nurses will understand that it is permissible to provide this type of care. In addition if nurses are educated on how to provide spiritual care they may feel more knowledgeable about how to provide spiritual care, which in turn might empower them to ensure the spiritual needs of patients are a priority.

Nursing educators must shift the paradigm from that of caring for the patient task by task and instead remember to care for the patient's mind, body, and spirit. The interdisciplinary team must remove the silos that have separated the members of the team and compartmentalized each member's tasks in order to work collaboratively. Chaplains, for example, are not the only member of the interdisciplinary team who can provide spiritual care to patients, yet they often are the sole providers of spiritual care for patients (Anderson, 2004; Dyess, 2011; Van Dover & Pfeiffer, 2012). This collaboration amongst interdisciplinary team members will aid in providing holistic care to patients.

Nursing leaders and managers must continue to offer opportunities for their staff to gain education about spiritual care for patients through continuing education classes. While many healthcare institutions offer continuing education classes that teach nurses the latest evidence with regards to cardiopulmonary resuscitation or medications, the continuing education offerings for learning how to provide spiritual care are not as prevalent. Rather than allowing other disciplines to dictate how nurses will provide spiritual care to patients, nursing leaders must take the lead on this initiative to ensure

nursing has a voice and a seat at the table in key discussions about spiritual care.

Perhaps most enlightening for the researcher was that for the nurses interviewed for this study it was vital for them to respect their patients. The phrase 'meet the patients where they are' was prominently heard throughout the interviews with the study participants, a phrase which denotes a respect for people. When nurses meet patients where they are, nurses show patients that they are not only respected but also valued as the very nucleus for why nurses who work in oncology choose to continue to come to work every day. The nurses who participated in this study explained that while it can be hard to care for patients who are undergoing cancer treatment, it is easy to meet the patients' right where they are, and to meet the spiritual needs of patients on an individual basis versus a standardized approach to spiritual care.

Summary

In this chapter the implications of this study, the impact for nurse educators and leaders, and the need for further research were discussed. The implications derived from this study include the fact that nurses must be aware of their own faith, there must be an emphasis on spiritual care for patients in oncology, and nurses need education regarding spiritual care. Nursing educators and leaders are called to action to revise nursing curricula to include spiritual care and to ensure continuing education courses are available for nurses. Nursing leaders must take an active role in determining how to make changes within the nursing profession to ensure nurses are educated to provide spiritual care, so that in turn, patients receive holistic care.

Conclusion

The findings of this study bring forth significant progress for beginning to understand how nurses' faith can impact their ability to provide the spiritual component

of holistic care to patients in oncology. The study participants have given the researcher a spring board from which to conduct further research on the topic of nurses' faith and spiritual care for patients. The future of nursing is evolving every single day, and nurses can choose to be bystanders or they can choose to impact their future by continuing to understand our profession and our patients. The duty of the nursing profession is to provide patients with care that is based on evidence through research, so the future of nursing is dependent upon nursing researchers getting to the very core of what our patients needs are and how the nursing profession can best provide for those needs. Nurses must not forget about the spiritual needs of patients or about how their faith can have an impact on how spiritual needs are addressed.

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Appendix A

Informational Letter to Potential Study Participants

Study Title: Nurses' Faith and Its Impact on the Provision of the Spiritual Component of Holistic Care to Patients in Oncology

Dear Potential Research Study Participant:

My name is Sarah Miller. I am a doctoral candidate in the Interdisciplinary Ed.D. Program in Leadership at Creighton University. I am conducting a research study as part of the requirements of my degree, and I would like to invite you to participate.

I am studying the impact of nurses' faith on their ability to provide holistic care to patients in oncology. If you decide to participate, you will be asked to meet with me for an interview about your faith and the incorporation of that faith into your practice. The meeting will take place at a mutually agreed upon time and place, and should last about an hour. The interview will be digitally recorded so that I can accurately reflect on what is discussed. The digital recordings will only be reviewed by the researcher who will transcribe and analyze them. The researcher will retain the digital recordings for three years after the study, but will then delete these recordings from the digital recorder.

I will do everything I can to keep your records confidential. However, it cannot be guaranteed. Your interview will be published in my dissertation, but your identity will not be revealed. I may present the research findings at professional meetings or publish the results of this research study in relevant journals. However, I will always keep your name, address, or other identifying information private.

There is no monetary compensation for participation in this research study.

The decision to participate in this research study is solely yours. You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled, or any effect on your grades or ability to graduate from the university. Your participation in the interview process will serve as your implied consent.

I will be happy to answer any questions you have about the study.

If you have any questions about your rights as a research participant, you may contact the Creighton University Institutional Review Board at (402)-280-2126.

Thank you for your time and consideration. If you would like to participate, please contact me via phone or email.

With warm regards,
Sarah Miller

Appendix B

Bill of Rights for Research Participants

As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.
2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.
3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.
4. To be told about the reasonably foreseeable risks of being in the study.
5. To be told about the possible benefits of being in the study.
6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.
7. To be told who will have access to information collected about you and how your confidentiality will be protected.
8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.
9. If the study involves treatment or therapy:
    a. To be told about the other non-research treatment choices you have.
    b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment.

Appendix C

Biographical Data Sheet

Name	
Age	
Ethnicity	
Gender	
City/State of Residence	
Educational Background, Including Degree(s) & Year of Graduation(s)	
Religious Affiliation	
Place of Employment	
Number of Years in Nursing	
Number of Years Working in Oncology	

For Researcher Use Only:
Interview Date/Time: _____ Location of Interview: _____
Duration of Interview: _____ Pseudo-Name: _____

Appendix D

Interview Questions

The following questions will be utilized to elicit data from the study participants:

1. How do you define holistic care?
2. Has your nursing education equipped you to provide the spiritual component of holistic care to patients in oncology? Explain.
3. Do you provide spiritual care to your patients? Explain.
4. What helps you in your pursuit of providing the spiritual component of holistic care to patients?
5. Define your personal concept of faith.
6. As a nurse, do you incorporate your personal faith beliefs into the practice of nursing?
7. Share a time when you utilized your faith in practice?
8. Does faith play a role in your ability to provide the spiritual component of holistic care to patients in oncology? Explain.
9. Describe in your own words how an awareness of personal faith beliefs is or is not important to providing the spiritual component of holistic care to patients in oncology? Can you provide an example?
10. Is spiritual care an important aspect of the care provided to patients in oncology? Explain.