The Relationship between Spirituality and Nursing Practice

The aim of this study is to explore and describe the relationship between spirituality and nursing practice- the way nurse practitioners integrate spiritual care in clinical practice. Spiritual care is considered integral to holistic care. The healing potential of spiritual care has been documented in the last few decades. Lack of spiritual care causes patients to become depressed spiritually and hence they undergo additional suffering often compounded by problems of low self-esteem, isolation feeling, hopelessness, powerlessness, and anger. It is thus important for nurse practitioners to be concerned with the interrelationship of the mind, body and spirit as this leads to holistic care. A purposive sample of 20 enrolled and practicing nurses will take part in an online survey. The studies will be kept unknown and done via internet/email using <http://www.monkeysurvey.com/>. The study participants will answer questions related to spirituality and its integration in care for the client.

Table of Contents

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This section covers the purpose of the study, significance of the study, theoretical/conceptual framework, hypothesis, or research questions, definition of terms, assumptions, and limitations of the study. The aim of the study is to determine the relationship between spirituality and nursing practice in nurse practitioners. Spiritual care is considered an important constituent in holistic care and nurse practitioners are increasingly being asked to incorporate spiritual care guidelines into practice for care to be truly representative of holistic health care (Dossey, 2010). Restoring wholeness is a reasonable objective of nursing and, in doing so; nurses are concerned with the interrelationship of the mind, body, and spirit. Health or wellness is the state of harmony between the body, mind, and spirit (Becker, 2009). The importance of holistic care is to assist a person maintain or attain wholeness in all dimensions of human being. Nurses thus need to be prepared to offer care in each of these areas (Carron & Cumbie, 2011). This research will focus on the spiritual dimension-the needs of the spirit, the nature of spirituality and the role of the nurse in caring for the spirit in promotion of holistic care.

1.1 Purpose of the Study

The objective of this study is to investigate the connection between nursing practice, spirituality, and holistic care. Nurses are increasingly being asked to integrate in spiritual care when caring for their clients (Bailey, Moran & Graham, 2009). This study seeks to address spirituality as it relates to nursing practices and conceptualize spiritual care in relation to nursing practice, and this care's contribution to holistic approach to nursing. Spiritual nursing care is an interpersonal, intuitive, integrative, and altruistic expression, which is dependent on the nurses' awareness of the transcendent dimension of life and which reflect the reality of the patient. It has

been expressed as a force, which can incorporate every aspect of the health of the client. It is a fundamental core, which connect to and underlie every other aspect of an individual health and which assist him or her to live a meaningful life (Bailey, Moran & Graham, 2009). Generally, spiritual health contributes to better health outcomes. Offering spiritual care to the patients is one of the nurse practitioners duties; nonetheless, a nurse individual spirituality is interconnected with their practice as well as understanding of spiritual care. A quantitative research design will be drawn to determine the correlation between spirituality and holistic care. This study will explore whether nurses with enhanced spiritual behavior execute countless additional health promoting than those who are less spiritual. The quantitative method will assist investigate the subjective dimension of nurse's practice using diverse groups of individuals. Patients, nurses, and representative from main world religion will be drawn from major religions in different geographical locations. Respondents from three major religions will fill questionnaires: these religions are Christianity, Muslim, and Hindu.

1.2 Significance of the Study

The study is important to the field of nursing, as it will establish duty for spiritual care delivery. The study will place spirituality within the health care context, present a case of holistic care, test the two assumptions mostly by policy makers as well as professional bodies that nurses and patients are conscious of their individual spirituality, and comprehend the conception as described in health care. The second assumption to be tested will be that users and patients of health care assume their spiritual needs will be integrated in their care. The two assumptions indicate the need to raise and establish the significance of spirituality within the perspective of nurses and patients. There is need to ascertain specifically what patients wants and needs are concerning spiritual care provision. This will enable nurses to be sensitive to the

spiritual wants of persons from different religious as well as cultural groups. A “one size fits all” strategy in provision of spiritual needs in nursing leads to overviews regarding what people spiritual wants and needs might be (Hsiao, Chien, Wu, Chiang & Huang, 2010). This study is thus important to reduce generalizations about the spiritual needs of people from different religions and hence improve nursing care for these individuals contributing positively to a holistic care.

1.3 Theoretical/Conceptual Framework/Model

The framework, which clearly delineates the applicability to this study, is Betty Neuman system model. This model is an open and unique systems-based view, which offers a uniting focus for approaching an extensive array of international health disquiets. This model is universal in nature and hence open to ingenious interpretation. It is extensively used throughout the world as a holistic, multidisciplinary, and comprehensive guide for excellence in nursing practice (Neuman & Fawcett, 2002). Neuman sought to extend care beyond an illness model, incorporating concepts of problem finding and prevention and newer behavioral science concepts and environmental approaches to wellness.

The model views the individuals as open system, which consists of a central core or “basic structure of energy resources” that characterize concentric circles. Every concentric layer or circle consists of five variable realms, which are believed to come about once in every individual concentric circle (Meleis, 2012). The variables areas are psychological, physiological, spiritual, sociocultural, and developmental. The physiological variables denote the body structure and purpose whereas psychological refers to the mental developments, emotions and functioning. Sociocultural variables denote relationships as well as the cultural/social activities and functions.

Spiritual variables refer to the weight of spiritual convictions whereas developmental variables refer to the development courses in life (Meleis, 2012).

The model has a central core or basic structure energy resources, which comprise of vital survival aspects found in all living beings. These factors comprise genetic structure, typical temperature range, response pattern, ego structure, commonalities or known's and organ strength or weakness. An individual system is usually an open system, which is dynamic and which continually changes as well as evolves. Homeostasis or stability is attained when the available energy amount exceeds that which the system is using up. A homeostatic system is continually in an active course of output, input, reaction, as well as reparation and this generates a balanced status. The flexible lines of defence in the model refer to the normal defense line, the core structure, as well as the line of resistance (Neuman & Fawcett, 2002). It maintains the system free from stressors and it depends on dietary status, sleep and the quantity and quality of stress, which a person goes through. The lines of resistance are activated when the flexible line of defense fail to offer enough fortification for the normal line.

The normal line of defense symbolizes the usual wellness level of the client. It changes in due course as a reaction to responding or coping to the situation, which included feelings, astuteness, coping and analytical capacities. The resistance lines are the last boundary, which guards the main structure. They guard this structure and become active after ecological stressors plague the normal defense line. Stressors usually produce a positive or negative impact on the system of the client and are any environmental force, which possible affect the system stability (Meleis, 2012).They can be interpersonal, intrapersonal, and extrapersonal. Intrapersonal stressors occur within the person, for instance thoughts, infections, and feelings. Interpersonal

stressors transpire between individuals. Extrapersonal stressors take place outside the person; for instance, finance or job alarms.

Individuals' response to stressors is dependent on the strength of the line of defense. In case of failure of the line of defense, the ensuing response is dependent on the power of the lines of resistance. As a component of the response, an individual system can adjust to the stressors, which is an effect regarded as reconstitution (Meleis, 2012). Reconstitution refers to the increase in energy, which takes place relative to the extent of response to the stressors that start following commencement of management for stressors incursion. Reconstitution may enlarge the ordinary defense line past its earlier point, return it the normal level, which existed before the invasion and stabilize the system at a lower level. Nursing interventions focus on maintaining or retaining the stability of the system. Using the primary, secondary, and tertiary interventions, the nurses, attempt to maintain or restore the system strength (Meleis, 2012).

Prevention in this model refers to the primary nursing intervention, which focus on restricting stress factors as well as the stress responses from having a harmful impact (Neuman & Fawcett, 2002). Primary prevention focus is on protection of the standard defense line as well as strengthening the flexible defense line. This usually takes place before the system responds to stressors and reinforces the individual to allow him to deal with stressors in a better manner and manipulate the environment to weaken or reduce stressors. Primary intervention includes wellness maintenance and health promotion. Secondary prevention focuses on fortifying the interior lines of resistance increasing resistance factors and reducing the reaction to stressors to prevent harm to the innermost core (Neuman & Fawcett, 2002). This takes place after the system reaction to stressors; this incorporates proper management of symptoms to reach best possible individual energy conservation and system strength. Tertiary prevention concentrates on stability

as well as readaptation and guards return to wellness or reconstitution following treatment. This usually takes place after the system treatment using secondary prevention methods. This type of prevention provides support to an individual and endeavors to reduce energy needed or add energy to the system to assist in reconstitution.

Neuman's model is applicable in this study as it is a tool, which can be employed, by nurses particularly in discovering the spiritual stressors, the nursing interventions required and the mannerism in the life of defense. These are factors, which the client should have to safeguard to sustain quality of life, reconstitutions, as well as the optimum level of function of the individual client. The spiritual variables under this model are spirituality aspects on a range from absolute lack of knowledge or contradiction to a deliberately expanded advanced spiritual awareness. In line with this model, nursing practice should be directed towards facilitation of best possible spiritual wellness through attainment, maintenance, or continuance of the system strength of the client.

1.4 **Hypothesis**

Hypothesis 1**:** There is a positive correlation in spirituality and holistic care, sometimes there may be bias of spiritual beliefs in practice, etc.

Hypothesis 2**:** Recognizing and meeting the range of spiritual needs in the clients require a flexible and person centered approach.

Hypothesis 3**:** There is a positive correlation between teamwork and unity and consistent, comprehensive, and ongoing spiritual care

1.5 Definition of Terms

Spirituality- A conviction in a power, which operates in the world which is greater than one self, an interconnectedness sense will all the living things, as well as an awareness of purpose and meaning of life as well as the development of absolute and personal values(Greenberg, 2008)

Religion- An assortment of belief system that relate human beings to spirituality comprising of narratives, symbols, sacred histories and traditions which are intended to give life meaning (http://www.merriam-webster.com/dictionary/religion).

Health & Healthcare- Health is the condition of physical, mental, and social well-being. Healthcare refers to the diagnosis, treatment, as well as prevention of illnesses, disease, injuries, as well as other mental and physical impairments in human beings (Merriam-Webster, 2012)

Theology-The study of nature of God and religious truth/beliefs (Merriam-Webster, 2012)

Philosophy - Study of elemental nature of reality, knowledge, and existence. It is the endeavor to acquire knowledge by realistic means about topics, which do not seem agreeable to empirical investigation (Merriam-Webster, 2012)

Faith- Trust, belief in, and loyalty to God (Merriam-Webster, 2012)

Life - A condition that sets apart plants and animals from inorganic substances, for instance the capacity to reproduce and grow (Merriam-Webster, 2012)

Interconnectedness - A term of a worldview, which sees oneness in all things or the state of being connected reciprocally (Rasiah, n.d)

Joy - the emotion of great happiness or delight caused by something exceptionally satisfying and good (Merriam-Webster, 2012)

Transcendence – a state of or existing above and over material experience limits (Merriam-Webster, 2012)

Prayer- A reverent petition made to God, god or another object of worship (Merriam-Webster, 2012).

1.6 Assumption of the study

Spirituality plays a major part of holistic healing or care

1.7 Limitations of the study

This study will be quantitative and the nurses will only be allowed to answer with yes/no/ agree/disagree

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter presents information related to nursing and spirituality relevant to this research study. It sets the issue of nursing and spirituality in a wider perspective through exploring important and pertinent literature or sources. The review covers the importance of spirituality in nursing care and its contribution to holistic care. The chapter presents key arguments with multiple academic interpretations and opinion from research studies and other important literature.

2.1 Relationship between Religion and Spirituality

For the last decade, nursing has laid emphasis on the significance of recognizing spirituality and religion as sources of strength for coping with a disease (Carr, 2010). Spirituality and religion are different but the two complement each other. Religion is an organized system of beliefs, which a group of people share as well as the practices related to that system. Examples of religious practices include prayer, meditation, dressing style, ritual, worship, and dietary observance. Because culture influences a person beliefs and values, religious and other spiritual expressions often relate to personal culture (O'Brien, 2010). Religions reflect specific paradigms to and understanding of spirituality. Religious practices and precepts often help individuals in attending to their spiritual selves; sometimes, however, these actions do very little to nurture individual being true spirituality (O'Brien, 2010). Life matters, which are spiritual in nature, may or may not be related to religion. Knowledge of the symbols, histories, practices, beliefs and languages of different religions and their traditions increased the ability of the nurse to recognize, hear and address their patients religious needs, nonetheless information alone regarding religious practices and affiliation only offer a glimpse into an individual spiritual self.

Because religion provides a particular structure for people to express their spirituality, nurses may be more at ease discussing spiritual matters when they come up within a particular religious context than when they take place within the broader perspective of spirituality. Satisfying the rituals and rites of a specific religion may or may not meet all the spiritual needs of a patient. Spiritual care as well as interventions should be individualized and reflect the perspective of the patient as well as the worldview. This is of particular concern when the spirituality of a patient is not expressed through an alignment or affiliation with the practices of a particular religion and when the patient spiritual standpoint and culture differ from that of the nurse.

Spirituality has to do with people beliefs about their place in the world, how they define themselves as individuals and seek purpose and meaning in and for their lives. It also included how people relate not only to themselves, but also to other people and perhaps their 'God' (Swinton & Pattison, 2010). Spirituality manifests itself as religion. Pike (2011) argues that the conception of spirituality could be considered as having one end tightly tied around religion; however, stretched in a number of directions. Religion is the liturgy or ritual, which people use to express spiritual beliefs. It has multiple restrictions, which are imposed on people and which keep all human activities confined to particular areas of living with its various do's and don'ts. The difference is that whereas all people are spiritual- hence they seek meaning and purpose in life - not all people are religious. Spirituality enables channeling of belief through various practices as well as religions structures.

Religion and spirituality are the two defining factors, which determine higher life values for most people. The two function of the inner call of an individual to correspond to life in God and life in the world. All people are spiritual; by virtue of being humans, all people at all ages are

bio-psycho social spiritual beings. Attending to spirituality across the life span entails understanding the developmental components of spirituality, especially awareness that spirituality expressions might differ with age (O'Brien, 2010). Some people regard themselves as spiritual and others as not spiritual because they do not believe in God or attend religion services. This depicts common practice of describing spirituality in terms of religious practices and beliefs. Nurses and other health care personnel habitually associate spiritual care giving to determining a patient religious affiliation and comprehending the health related norms, beliefs, and taboos of that religion (Barnum, 2011). Although such knowledge is critical for holistic nursing, spiritual care giving necessitates an understanding that spirituality is wider than religion and recognition that although some people may not be religious, all people are spiritual.

As an essence of the human being existence, spirituality is important to all people. It is a demonstration of every person being and wholeness that is not subject to choice, but simply is. Religion by itself is not fundamental to existence; it is chosen. On the other hand, Spirituality is experienced and expressed in numerous ways, both within and further than the religion context (Barnum, 2011).

2.2 Spirituality and Nursing

A deep sense of health and well-being is promoted by a deep sense of spirituality and/or religion. McSherry and Jamieson (2010) study findings indicates that nurse practitioners recognize that catering to all the spiritual needs of clients improves the general nursing care quality. Nonetheless, most of the nurses still felt that they required additional support and guidance from ruling groups to facilitate them to support and to realize the patients' spiritual needs effectively. The respondents in the study had a comprehensive awareness of spirituality and accepted that there is a wide range of spiritual faiths. These findings are similar to those of

Tomasso et al. (2011) cross sectional study. The research results revealed that over 95% of the respondents (118 students and 30 nursing professors) has some religious affiliation, 96% believed that spirituality has a considerable impact on the patients health. Nonetheless, only 36% felt all set to offer spiritual care and most indicated that the university failed to offer the required information.

In both studies, the respondents regarded spiritual care as a fundamental and essential component of their responsibility as well as duty of care. McSherry and Jamieson (2010) noted that there is a concern that in spite of all the proliferation and attention in the research area, nurses still call for additional guidance as well as extra education training, which is the same case as Tomasso et al. (2011). This indicates that there is need of improve nursing preparation when it comes to spiritual care. Pike (2011) proposed development of a common language of spirituality as the spiritual care models developed through research involving mostly nurses would be hard to apply. McSherry and Jamieson (2010) called for a more synchronized approach as well as a shared duty in offering understandable guidance resources to the nurses in order for them to deal more confidently and effectively in the spiritual care area. Educational readiness was a key concern with most of the nurses saying that they were not adequately ready to handle spiritual matters and that the facet of spiritual care was not adequately dealt with in the nurse education programmes. Taylor, Mamier, and Bahjri (2009) study on practicing nurses and nursing students indicated that nursing students have considerably more positive spiritual experiences, positive attitudes, and spiritual knowledge after an educational intervention. The study challenged nurse educators to include an extensive array of content experiential learning in the main nursing curriculum.

According to Pike (2011), the nurses wish to provide holistic care has pushed them to embrace the spirituality concept and to search for it in their daily practice. Nurses regard spiritual care and spirituality as justifiable and essential realms in nursing practice. Tomasso et al. (2011) noted that spirituality is applicable to both the individual who have and those with no religious faith. They also argued that spiritual care for patients has to do with the individual disposition and attitudes of the nurse and these are closely connected to essential care, for instance, showing concern, sympathy and being jovial when offering care. These actions are grounded on the nursing spiritual philosophy of life and they are articulated in the Good Samaritan Parable; they form the nursing theology of caring.

According to Tanyi, Werner and Recine et al. (2006) study, nurses integrate spirituality into their care by showing real and promoting connectedness and relationships, mobilizing spiritual resources and initiating spiritual dialogue. The study participants also indicated that nurses are exceptionally in a place to comprehend their individual spiritual needs and to apply spiritual care. This is particularly important as most of the patients usually have spiritual needs. In McSherry and Jamieson (2010) study, the nurses indicated that they often encounter patients with spiritual needs usually on a day-to day basis. Nonetheless, most of the nurses indicated that they are only manage to assist such patients in meeting their needs only at times, which showed that there is need to understand different patients' spiritual care needs. Deal (2010), identified five themes on spiritual care: spiritual care is patient centered, it is a key component of nursing, it can be uncomplicated to provide, it is not anticipated however patients welcome it and diverse caregivers offer it.

Spiritual Care and Holistic Care

Health is regarded as a holistic a concept. The well-being of individuals should incorporate the physical, cultural, social, emotional, and spiritual dimensions. In order to attend the well-being of patients, nurses need to deal with the body, mind, and spirit domains. More recently, research has laid emphasis on the need for nurses to offer spiritual care. There are numerous reasons for increasing interest in spirituality in nursing care. Philosophically, spirituality is morally and aesthetically appealing to many people (Hussey, 2009). Similar points of view are supported in nursing. In McSherry, Gretton, Draper and Watson (2008) study, a group of pre-registration nursing students expressed that they believed that spirituality was innate in every person and they should learn about diverse approaches to spiritual care as well as the allied ethical matters. Chan (2008) argued that when an individual encounters crisis such as an impending death or a physical illness, the issue of spirituality comes to focus. As a result, spirituality is continuously considered an important part of end of life care. Patients have also increasingly emphasized on the need for healthcare to attend to their spiritual needs as it assists them to deal with stress and illnesses (Tiew & Creedy, 2010). In reality as people age and their physical health deteriorate, spiritual health is viewed to increasing play a critical role in determining their health (Tan & Ang, 2009). As a result, it is important for nurses to concern themselves with the patients spiritual needs particularly those who are seriously ill or those with approaching the end of life (Hussey, 2009).

Restoring wholeness is regarded as a legitimate goal of nurse. In addition, wellness is a state of accord between the body, mind, and spirit. Therefore, if nurses are aiming to assist individuals to maintain or attain wholeness in all dimensions of their being, they need to be ready

to offer care in each of these areas. When it comes to spiritual care, nurses have to consider the needs of the human spirit and means of providing spiritual care to the patients. Spiritual care is a constituent of holistic care. This care was apparent in Florence Nightingale's nursing model, which integrated the Christian tradition of care, which was entirely directed at the human being. Nightingale believed that spiritual care is important to human beings needs and fundamental for healing (Dossey, 2010).

Holistic care sees people as a combination of social, physical, spiritual, and psychological components closely that are interconnected and whereby the whole is larger than the sum of its components. Most modern nursing theories usually promote holistic care and perceive human beings in this manner and also assert that holistic care consist of the body, mind and spirit. Nonetheless, sometimes nurses do not employ a holistic perspective in nursing care and reduce individuals to different components by focusing on particular aspects and not giving enough consideration of the way they are interrelated, as a result the totality of care is lost and spiritual care fail to be integrated. Holistic nursing entails adoption of all nursing practices, which promote healing the whole person as its main objective (Dossey, 2010).

By incorporating spiritual nursing care, nurses usually recognize the totality of an individual-that is the interconnectedness of the body, spirit, emotion, cultural/social, environment, relationship, and context. Such nurses act as an instrument of healing and facilitate the healing process- they honor every person subjective experience regarding health, values and health beliefs. By doing this, they integrate alternative/complementary modalities into clinical practice to treat people physiological, psychological, and spiritual needs. Doing so does not counteract the validity of modern medical therapies nonetheless, it serves to complement, enrich,

and broaden the scope of nursing practice and to assist individuals to access their utmost healing potential.

The practice of holistic nursing necessitates integration of spirituality, self-responsibility, self-care, and reflection of nurses in their lives. This may lead the nurse to have greater awareness of the interconnection with the self, other people, spirit, and nature. Such awareness may further improve the nurses understanding of all persons and their relationship to the human beings as well as the rest of the community. It also allows nurses to use this awareness to facilitate the healing process.

Spirituality was one of most basic and yet least understood component of holistic nursing in the recent past. However, rigidity of ideas and thoughts has given way to a more flexible view of life as well as its construct and this has made it possible to re-evaluate the importance of spirituality to well being and health. According to Koenig (2008), assessing the spiritual needs of patients remains problematic for most nurses in spite of the growing acknowledgment of the importance of spirituality to health care. In Smyth and Allen (2011) study, it was evident that for most nurses, assessing spirituality remains problematic, which was, reflected in the study participants' thoughts about not being able to meet each patient spiritual need. One of the difficulties was lack of a common set of defining characteristics with spirituality having meaning different things for different people. Nonetheless, in spite of the problems of spiritual application, the study showed that nurses do integrate spirituality in their clinical practice, however based on their collective and individual experiences. The study participants believed that spirituality is an important component of being a nurse and the experiences reported in the study indicated that nurses provide spiritual care by observing, listening, communicating during all aspects of care delivery and treatment. Holistic nursing practice recognizes that spirituality

and religion are different, honor the distinctive ways, which people experience, express, and nurture their spiritual selves (Dossey & Keegan, 2009).

One of the deterrents of incorporating spiritual into holistic nursing care is the rarity of language within Western societies for expressing and discussing matters of the spirit or soul. This difficulty with the spirituality language is evident in the nursing literatures (Dossey & Keegan, 2009). Since spirituality is at the core of every person and it is not limited to a certain religious perspective, nurses try hard to be open to and create a language that allows room for, every individual exceptional expression of spirituality (Dossey & Keegan, 2009). For nurses, understanding spirituality requires opening to numerous ways of knowing including intuitive, cognitive, experiential, aesthetic, and deep inner knowing, or sensing. Spirituality elements evident in broad descriptions of the concept include the life principle of every person, essence of being, an animating and unifying force, a sense of purpose and meaning, and a commitment to something greater than the self does (Dossey & Keegan, 2009). Spirituality pervades life, shape individual life journey and is important to the process of discovering meaning, purpose, and inner strength.

The manner that nurses nurture and care for themselves has an impact on their ability to function effectively in a healing role with each other. The spiritual path indicates a life path. Consideration for one's own spirit is an important aspect of living in a healing manner and it is the foundational to incorporating spirituality into nursing practice (Dossey & Keegan, 2009). Care of their soul or spirit requires nurses to pause for taking in and reflecting what is happening within and around them. They need to take time for themselves, for relationships as well as for other things, which animate them, and to be attentive about nourishing their spirits. The numerous manners which nurses foster their spirits as well as their response to the spiritual

concerns are the same as those, which they recommend for their patients. Caring for the patient spirit is the responsibility of a professional nurse and an inherent component of holistic nursing (Dossey & Keegan, 2009). Within the holistic perspective, offering spiritual care is an ethical duty, and if it is ignored, deprives the patients their self-respect as human beings. Since spiritual care is intuitive, interpersonal, integrative, and altruistic, it employs the nurse understanding of the uplifting dimension and is based on the reality of the patient (Dossey & Keegan, 2009). Nurses have to become confident and competent with spiritual care giving, expanding their skills in evaluating the spiritual domain and developing and implementing proper interventions. One of the persistent barriers to integrating spirituality into clinical practice is the fear of imposing specific beliefs and values on other people. The nurses who integrate spirituality into their care of the patient are aware that although every person is informed and acts out of his own spiritual standpoint, acting from this basis is not the same as imposing these values and beliefs on another (Dossey & Keegan, 2009).

2.3 Importance of Spirituality in Nursing Care

Hussey (2009) argued that being a spiritual individual is viewed as superior to being materialistic, and spiritual experiences are more important that flesh pleasures. Spiritual issues are considered to be those that are different from issues of material world and those that are elevated above or superior to them (Royal College of Nursing, 2011). Human beings have a spiritual capacity of dimension, they depend on it for strength, and nurses should thus concern themselves with the patients' spiritual welfare particularly those will serious illnesses or those that are approaching their end (Hussey, 2009). Religion and spirituality have been shown to influence the bodily health and a possible protection aspect in averting disease progression in a previous healthy relationship, hence leading to possible increased survival (Tomasso, Beltrame

& Lucchetti, 2011). According to Lucchetti, Granero, and Bassi et al. (2010), studies have shown that individuals with enhanced spirituality or religiosity have a superior general health, better quality of life, lower use of legal or illegal drugs and greater survival. They also have lower prevalence of depression and shorter hospitalization duration.

Spirituality has an impact on every aspect of the work and lives of the nurses and most nurses recognize this. Pike (2011) found that over the last five years, nurses identify spiritual needs and spirituality of patients in increasingly varied nursing contexts such as chronic pain and illness, cancer care, palliative care, psychological care, alcohol use and dementia. In most nursing care situations, even the most minor health-care problem produces anxiety and fear and also provoke questions of why and what the patient is suffering. Nurse often encounter such questions from the clients and they at time even have to confront the feelings of mortality, their deepest beliefs about the persons that they are, who they are and how they draw support from the idea of God and an afterlife (Pike, 2011). This is where religion and spirituality comes in as such nursing moments lead nurses to challenge their own sense of mortality, the purpose, and meaning of suffering and to draw upon their own religious values. Nurses have to be certain about the answers on suffering and mortality as uncertainty can make it hard to answer such questions by patients. Swinton and Pattison (2010) argued that spirituality enable patients to see meaning, hope, reason, and connectedness during situations that mostly seem extremely hopeless and meaningless; however, this requires nurses to allot some time with the patients-to get close to them to listen. McSherry and Jameison (2010) regarded spiritual care as an intuitive and integral aspect of a caring relationship.

Spirituality has been considered as a positive social construct, which empowers individuals to cope and grow. Spiritual experiences and practices are considered activities, which

boost spiritual well being and assist individuals to create life experiences, which are meaningful (Royal College of Nursing, 2011). They have thus been identified as the essence of life as they encompass a deep sense of peace and harmony. Spiritual health is also linked with healthy behaviors. Pesut, Fowler and Taylor et al. (2008), argued that constructing satisfactory concepts of religion and spirituality for clinical practice necessitates basing the two concepts in the means of theological and philosophical thoughts. In addition, making sure that they characterize the varied humankind which nursing serves and securing them within an ethical outlook of practice.

2.4 Assessing Spirituality in Nursing practice and Research

Nurses recognize and appreciate the allusive nature of spirituality; they understand that a person spiritual journey may have many aspects and meanings, which is not captured by a patient medical record or within the limitations of a specific scale. They offer opportunities to explore personal understanding and meaning with patients and this is essential to effective spiritual assessment. The main goals of holistic nursing are to know a patient in the complexity and fullness of his or her own wholeness. Listening and intentional presence are the key in evaluating individual meanings associated with the spiritual journey of a patient (Lundy & Janes, 2009)

2.4.1 Listening and Intentional Presence

The nurse focused presence as well as attentive listening are at the center of caring for the spirit. Good therapeutic communication skills facilitate the exploration of spiritual matters. Statements and questions such as “Help me to understand what you need” “Tell me more about…” “I don’t understand what you are trying to say” “what was that like for you” are helpful as nurses seek a deeper understanding of the patients. Creating a sacred place in which patients can freely express their spirituality and be clear about their own spiritual perspective enhances a nurse’s facility with spiritual assessment of a patient. Practicing spiritual discipline such as

centering, prayer, awareness, as well as mediation make it is easy for the nurses to be present fully, available to listen to and be with the patient. When distractions occur from within or outside, the capacity of the nurse to focus on the relation with a particular patient in a particular context, which is a critical facet of being a healing presence, one that greatly enhance nursing spiritual care. One of the advantages of active and intentional listening is that the patient, in sharing with a present and openhearted listener often hears himself or herself with greater understanding and clarity. By being a listener, the nurse offers a safe space for the patient to express protective and negative experiences and feelings. The pains, contradictions, struggles, and questions can be listened to without judgment. The patient manages to express, often recognize, and better comprehend the situational richness and complexity and move towards the future with more understanding. Holistic nurses usually evaluate their own capacities as listeners and take into consideration barriers to intentional listening, which are part of their personal journeys. There might be topics which make the patients uncomfortable. Intentional presence and listening promotes authenticity in the nursing process. These presence and listening demands an awareness of both nonverbal and verbal cues in communication. It also calls for individual confirmation of any explanation by the nurse.

Recognizing all patients as ongoing as well as unfolding stories provide nurses an important viewpoint to approach spiritual caregiving. Stories often provide a form and language for conveying a patient spirituality (Liehr & Smith, 2008). They reveal experiences of emotions, relationships, struggles, conflicts and responses that are at once universal and personal. Nurses should endeavor to become part of the life stories for the people they care for. Encouraging and listening people to share their own stories are an intervention in spiritual care; Stories enable patients to go beyond physical diagnoses, symptoms, and theoretical constructs (Liehr & Smith,

2008). Being attentive to story enabled nurses to catch a glimpse into the uniqueness and wholeness of every person and the specific manner in which the person fits into the family and the community. As an assessment tool, story provides an insight into spiritual concerns such as disruptive and supportive relationships, questions of meaning, forgiveness issues, and questions of meaning, experiences of grace and hope and hopelessness (Liehr & Smith, 2008). Sharing stories is an important nursing intervention because in sharing with a fully present listener, individual patient hear their own stories with new appreciation and insights for their own lives- validations and affirmations, struggles and conflicts, questions of meaning and dark time- this is life in its fullness and variety. Patients usually express their perceived failures and fears, achievements and disappointments, wonderings and hopes as they consider their life stories. This process enable patients to be able to see themselves in a clear manner and in an atmosphere of acceptance accept themselves in their full humanity. From such a stance, patients are enabled to take part more consciously in the present situation. By sharing their stories, the nurses come face to face with struggles, quandaries, insights, suffering, healing, and pain moments. Stories might make the nurse feel helpless in the face of perceived hopeless situations and assist the nurse to recognize the hope, which lie in such a situation. They also challenge the nurse to understand the wholeness of an individual and to listen for life meaning (Liehr & Smith, 2008). They also assist the nursing process fit the patient as opposed to requiring the patient to fit the process. The nurses should understand the values, principles, and beliefs, which guide the life of the patient and seek to know whether the patient life choices are in line with what he or she considers to be his/her spiritual path. In provision of spiritual care, the nurses should also focus on the patient connection with the self through assessing the things, which help the patient to become more aware of the person that they are and their purpose in being. The nurse should also assess how

the patient expresses his spirit through the physical body and how his/her intuitive knowing supports his spiritual journey. In the provision of spiritual care, the nurse should also assess the patient connection with the sacred source by knowing what is most sacred for the patient, how he or she seeks and experiences relationship with the divine (Liehr & Smith, 2008).

2.4.2 Touching

Physical touch through touch in its numerous forms may cultivate connection. Sensitivity to the meaning of touch for every person is important in using touch therapeutically. When appropriate, nurses can place their hand on the shoulder of a patient to offer support; a handclasp can convey presence and understanding. An arm around the waist can figuratively and literary give the patient a lift. Sometimes when words cannot be found or in situations whereby patients are more at ease with physical expressions than with words, touch is a powerful expression of spirit as well as an instrument of healing (O'Brien, 2010).

2.5 Fostering Connected with the patient as a component of spiritual care

Relationships are a key aspect of spirituality. An understanding as well as appreciation of important relationships in the life of a patient enables the nurse to strengthen supportive and meaningful bonds with the patient. The patient might require help in sharing various aspects of their circumstances with other people-even when they much want to explain what is happening to them and express their feelings about it (Zyblock, 2009). Nurses can remind patients of their care and support network through recognizing and affirming the support of significant others. Contact with persons from social, religious, school, neighborhood or other interest group offers reminders of participations in and connections with the larger community and the world (Zyblock, 2009). Bonds of mutual caring usually develop among families, patients, and caregivers. These support networks can become very important in the lives of all the people

involved. Holistic care entails recognizing the healing potential in such relationships and forces the nurses to foster the developments of such relationships (Zyblock, 2009).

2.6 Relevance of Betty Neuman' System Model

Betty Neuman model is applicable in this study as health is a state in which components as well as sub-components are in accord with the entire client system. This model considers the psychological, physiological, sociocultural, development and spiritual aspects as important variable areas, which occur simultaneously in every concentric circle (Neuman & Fawcett, 2010). In this case, the stressor is the disease, which generates negative effect on the patient system. The disease affects the stability of the system. Intrapersonal, interpersonal, and extrapersonal forces affect the stability of the body as the forces occur within the person in cases of infection. Patients' reaction to stressors depends on their lines of defenses. Offering spiritual care is a primary nursing intervention and concentrates on restraining the stressors as well as the patient stress reaction from having a harmful impact on the system. Spiritual care constitutes of primary prevention, secondary prevention and tertiary prevention. In case of primary prevention, spiritual care protects the normal line of defense and strengthens the flexible line of defense. In case of secondary intervention, spiritual care strengthens the internal lines of resistance, reduces response to stressor-diseases, and increases resistance aspects for preventing the main core. In case of tertiary intervention, spiritual care focuses on stability and readaptation and facilitates return to wellness or reconstitution after treatment (Neuman & Fawcett, 2010).

In the Neuman model, the concept of person is called the client system or the client. Neuman chose this term because of the wellness focus of the model, also to show the collaborative lateral relationship between the caregivers and the clients (Neuman, 2001; Neuman, 1995). The client consists of a basic structure of survival facets inclusive of the five

client system variables and surrounded by the various lines of resistance and defense (Neuman, 2001). The client system or the client, whether an individual, community, group or social system is a dynamic composite of the interrelationships between the psychological, physiological, spiritual, sociocultural, developmental as well as basic structure variables (Neuman & Fawcett, 2001). The spiritual variable in the model was added in the model, as it is more congruent with a holistic perspective of human beings (Neuman, 1989).

Whether or not a patient acknowledges or develops his/her spirituality, this variable is considered an inherent aspect of every client basic structure. Neuman model holistic concept of human beings is related to the interrelationship of variables, which determine the amount of resistance, which the client has to any given stressor. As a result, Neuman definition of person was originally as a physiological, sociocultural, psychological, developmental, and spiritual being. The fact that there are five variables is not supposed to be interpreted as a focus on the selected parts. Neuman holistic approach to the patient is embedded in the need to assess the meaning and perception of the total experience to the patient and the effect of the interrelationship of the five client variables on any particular stressor. The lines of resistance and defense, which the patient possesses, are important as they engage in varying amounts of activity in relation to stressors. When stressors occur, the client may simply require more information on the experience, or require additional assistance from the nurse to respond to the stressor in an effective manner. Stressor reactions usually occur when the flexible line of defense fails to safeguard or support the normal line of defense, which is considered the usual stability state of the patient (Neuman, 2001).

Every client normal line of defense is dynamic, changes over time and contains the normal range of responses of the client to the stressors, in so doing reflecting his or her usual

level of wellness (Neuman, 2001). It represents the capacity of the client to adjust to the daily environmental stressors. The flexible line of defense protects the normal line of defense and serves as outer boundary of the client system. According to the Neuman model, this is a reaction system or potential, which can be used in case of stressors in order to strengthen existing buffers, and hence to improve the normal wellness level or prevent stressor response to preserve the existing wellness states. The model also maintains that every client also has internal lines of resistance, which function to safeguard the system integrity or the client basic structure. If effective, the lines of resistance usually assist the nurses to stabilize the patient or bring about balance after a reaction to a stressor. In case the lines of resistance are not efficient, weakening of system energy occurs and eventually death may occur (Neuman, 2001). An example of the way client lines of resistance and defense function is presented in the following example.

When a client is faced with a stressor, such as a family history of breast cancer, it is the strength of the flexible line of defense, which determines whether a stressor reaction will occur. In such a situation, the client may commence primary prevention coping actions to manage the supposed threat of breast cancer. The client coping actions may include reduction of alcohol consumption, body weight, estrogen, and dietary fat. Increased alcohol consumption, increased body weight, high dietary fat and high levels of estrogen are some of the factors associated with increased breast cancer (National Cancer Institute, 2012). In case the flexible line of defense of enough, the symptoms of breast cancer may remain absent and the client maintains her normal wellness state. In case the flexible line of defense is not adequate to avert the stressor reaction, the normal line of defense of the client in interrupted, symptomatology of breast cancer occurs, and this results in a variance of the usually wellness state of the client. The lines of resistance strength to handle the variance from wellness will establish whether the client can return to or

reconstitute and maintain a state of system stability. In case, the lines of resistance of the client are not adequate, death results.

In such a case, physiological, sociocultural, psychological, developmental, and spiritual variables will determine the amount of resistance, which the client has to any given stressor and hence in providing nursing care, nurses has to consider all the five variables. Spiritual care in the above given example would serve to increase the client wellness state. The client may suffer because of the perceived threat of developing breast cancer or after developing symptoms of breast cancer and this may bring about the perception of powerlessness. This may bring about an increased need to seek and understand the compound questions related to the self, other people and the transcendent. The client may explore spiritual practices and concepts to pursue greater meaning and understanding in their lives. In such a case, the nurse should be ready to assist the client to answer any questions related to religion and spirituality as she seeks meaning and purpose during a critical time in her life. In this case, the risk of acquiring diabetes is a stressor for the client.

According to the Neuman model, after identifying stressors, the nurse assesses the internal, external, as well as created environments and the interactions among them. In the example given above, the client's emotions, feelings, and perception related to the stressor should be assessed by the nurse to clarify the nature as well as the condition of the environment related to the client as a system. Neuman argued that in any given environment, the effect of the stressor is mitigated by various factors (Neuman & Fawcett, 2002). The factors include the nature, number and the intensity of the stressors at a given point in time; the stressor occurrence timing; current client system condition and the capacity to safeguard against the stressor. In the example given, primary prevention can lessen the likelihood of encountering with stressors and

reinforce the flexible line of defense by advising the client to reduce alcohol consumption, body weight, estrogen, and dietary fat. Secondary prevention may entail treating symptoms and early case discover whereas tertiary prevention entails readaptating, maintenance of stability and reeducating to prevent future occurrences in the family.

The Neuman model variables offer five key focus points for organizing the diagnosis classification system of nursing. The five include the responding subsystem (that is the five client variables), the system being diagnosed (family, individual, group, or community), the response level (primary, secondary or tertiary). Additionally, the cause of stressor etiology (inter, intra or extrapersonal system and the type of stressor etiology (psychological, physiological or sociocultural.

2.7 The role of the nurse in holistic care in the Neuman Systems Model

Neuman stated that nursing is an exceptional occupation, which is concerned with the interrelationships of all the variables, which affect the client actual, or possible response to stressors (Neuman, 1989). With this wide viewpoint and the objectives of deterring disintegration of care, Neuman believed that the nurses should act as coordinators of health care for the clients. Nursing can assist individuals, families and communities to attain, retain, as well as maintain a maximum level of optimal system through focused interventions (Neuman, 2001). The nurse in Neuman model is viewed as an intervener whose objective is mitigate the client perceived effect through application of proper interventions within the three prevention levels or to reduce the client encounter with various stressors (Neuman, 1989). The nurse may opt to intervene at the primary intervention level and assist the clients to strengthen their capacity to respond to stressors. This can be realized through interventions, which expand the flexible line of defense and hence assist the client to maintain the stability of the system. Health promotion is an

aspect of this prevention level (Neuman, 2001). Spiritual care at this level expands the client flexible line of defense and facilitates maintenance of the system stability.

Secondary prevention interventions are useful when a stressor reaction occurs and their aim is to treat symptoms. The outcome of these interventions is a strengthened line of resistance, which safeguards the basic client structure and assists the client to attain system stability. In case a stressor reaction takes place, and some degree of system stability attained, tertiary prevention intervention are important in helping the client to reconstitute and hence maintain the current wellness level. As a result, regardless of the outcome of the stressor encounter, the nurse serves as an active participant through supporting the defenses of the client and hence helping him or her to respond to the stressor effectively. According to Neuman (2001), there are three components in the nursing process: nursing diagnosis, goals, as well as outcomes. The key aspect in the nursing diagnosis phase entails the nurse assessment of all factors, which influence the client. Once the nurse has identified the problem, a decision is reached about the level of intervention, which should be implemented; the decision comes about from the collaborative negotiation of goals between the nurse and the client. The actual outcomes are the result of the efficacy of the chosen interventions and are assessed in relation to mutually set goals (Neuman, 1995). The role of the nurse in relation to assessment and intervention differs depending on the type of intervention (primary, secondary or tertiary) which is required. According to the Neuman model, the nurse is an active evaluator and intervener. The uniqueness of nursing described by this model if related to the holistic nature of human beings and the impact of interacting variables within the internal, external as well as created environments of the client.

Summary

Spirituality is a unifying force, which provides meaning in life and consists of individual faith, values, perceptions, and a common bond among individuals. Whether religions or not, an individual can lead a spiritual life and discover the impact of spirituality on health. All human beings are spiritual and bio-psycho-social-spiritual beings. Spirituality is a significant constituent of well being and health of each individual (Becker, 2009). Spirituality assists to promote healing particularly when medications as well as other treatments cannot offer a cure for their conditions. Spiritual care by nurses promotes holistic nursing and facilitates a field of integrative health care, which enables care for the body, soul and the spirit (Carron & Cumbie, 2011). The spiritual convictions of the client, family, group, and community are valued and considered while providing care. Provision of care encompasses a more holistic approach – one that attends to all the aspects of the body, mind, and spirit setting a holistic foundation, which means that nurses assess and respond to every client physical, spiritual, mental, and emotional dimensions. Nurses are supposed to offer holistic care and by doing so they acknowledge the whole person when they acknowledge the mind-body-spirit connection (Carron & Cumbie, 2011). Neuman system model shows that the entire client system has five variables: Physiological, psychological, developmental, spiritual, and sociocultural. Each of these variables is a subset of all parts, which form the whole of the client. The philosophic basis of this model encompasses holism, a wellness leaning, client motivation and perception and a dynamic systems energy perspective as well as variable interaction with the environment to allay possible harm from both external and internal stressors. The clients and caregivers form a partnership alliance to settle on the desired outcome goals for optimum health restoration, retention, and maintenance. To address the concept of care wholeness, nurses have to consider each of the five variables.

It is evident that spirituality plays a critical part in health and healing. The recognition of spirituality influence on healing and health has grown considerably over the last few decades (Chism & Magnan, 2009). Researchers have begun to define the complex link between the spiritual and religious beliefs and practices and an individual psychological and physical health. The studies reviewed indicate a positive relationship between physical health and religion and they have also shown that spiritual practices and beliefs are beneficial and can facilitate reduction of the risk of developing various serious illnesses. Courses on spirituality, religion, and health are now being included in nursing school's curriculum so that the students can examine their individual spirituality and that of their future clients and learn to communicate better with clients regarding their spiritual concerns. Spiritual care is a critical element in the holistic nursing care of the clients.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This chapter will cover the method to be employed in the field study. The study design, the study population and study sample and the study location will be described. The instruments to be used for data collections are also described. The main aim of this research is to evaluate the relationship between spirituality and nursing practice in nurse practitioners. The ethical considerations of this study are also discussed.

Three key hypothesis will guide this study:

Hypothesis 1: There is a positive correlation in spirituality and holistic care; sometimes there may be bias of spiritual beliefs in practice, etc.

Hypothesis 2: Recognizing and meeting the range of spiritual needs in the clients require a flexible and person centered approach.

Hypothesis 3: There is a positive correlation between teamwork and unity and consistent, comprehensive, and ongoing spiritual care

3.1 Research Strategy

A quantitative research approach will be followed. Babbie and Ruddie (2010) defined quantitative research as a systematic, objective, and formal process for describing and testing relationships and examining cause and effect interactions among study variables. A survey will be undertaken to test the three hypothesis of the study. In research methodologies, surveys are designed to collect data from a specified group or a sample from the group and usually use questionnaires or interviews as data collection instruments. In this study, the researcher will use survey to collect and analyze information regarding spiritual care from nurse practitioners and patients. Surveys are widely proven as key instruments for collecting data through examining methodically identified population samples. Surveys may be used for explanatory, descriptive, or exploratory research. An exploratory survey design will be used to investigate the connection between spirituality and nursing practice. A survey obtains information from a sample of people through a self-report, that is, the study participants respond to a series of questions, which are posed by the researcher (Barbie, 2012). In this study, information will be collected through online questionnaires sent via mail to the subjects by the researchers. There are distinctive advantages of using questionnaires in collecting data. The researcher will design the questionnaires- survey instrument to assess the relationship between nursing practices and spirituality.

The quantitative research strategy will offer an insight into the interrelationship, which exists in the identified variables of interests and enhance understanding of their connection (Leech & Onwuegbuzie, 2009). In this study the connection between ‘spiritual care and holistic

care' 'spiritual care and flexible and person centered nature' and 'teamwork and unity and consistent, comprehensive, and ongoing spiritual care' will be assessed. Quantitative approach also allows the use of mathematical and statistical tools, which will boost the ability of the researcher to make inferences and forecasts and to generalize the results to all nurses. This approach will also allow results to be replicated, which will boost the validity and originality of the study.

An exploratory survey was chosen, as it will provide an accurate account or portrayal of spiritual care, the nurses' opinions, knowledge, beliefs, and behavior to determine the relationship between nursing care and spiritual care and its contribution to holistic care. This strategy will allow the establishment of causal relationship between variables and it will offer significant insights into the linkages that exist between variables of interests in spiritual care and nursing and hence enhance understanding of these links.

3.2 Research Strategy, Study Population and Sampling Method

Barbie (2012) defined the study population as that (usually people) about whom the researchers want to be able to draw conclusions. In this study, the study population will be 20 nurse practitioners. To facilitate full engagement of these respondents while answering questions, the research will assure them that their participation will be voluntary and confidential and that the study is just for educational purposes. According to Rubbin and Babbie (2010), in cases where a survey is confidential as opposed to anonymous, the researcher has the responsibility of making this known and evident to the researchers.

The researcher will construct and pilot a small recruitment questionnaire, which will seek to obtain information about the nurse perception of spirituality and assist and assist in identification of the nurses who will be part of the survey. The completed questionnaires will be

examined, the information assembled and a database of participants. The study will target 20 nurse practitioners minimal. This sample will represent the three major world religions. Registered nurses who have been registered for at least one and a half years will be eligible to participate.

Sampling Method

Non-probability sampling-purposive sampling will be used. In non-probability sampling, there is no single method of indicating the possibility of each entity inclusion in the study sample and as a result, there is no guarantee that every entity has a chance of being included (Barbie, 2012). At the start of data collection, purposeful sampling will be used to allow a wide range of patients and nurse to be recruited into the study. This will be an attempt to capture diverse beliefs, religious affiliation, professional experience, and spiritual understanding. Purpose sampling enables the researcher to focus on specific characteristics of a population that are of interest, which enables him/her to answer the research questions (Harsh, 2011). Rubbin and Babbie (2010) argued that purposive sampling enables a researcher to use their professional judgment to choose entities that are representative of the study population and then choose a sample to facilitate reflection of this distinction. In this study, purposive sampling will enable the researcher to select a sample, which is representative of different religions, nurses with different spiritual understanding and those with different professional experience.

3.3 Survey & Data Collection Instrument

The data collection instrument for this study will be questionnaires, which will be conducted via the internet. The main advantage of this survey is that they can be quickly and inexpensively sent to very large respondents anywhere in the world (Rubbin & Babbie, 2010). The questionnaires will be administered to participants via internet through online service

offered by SurveyMonkey (http://www.surveymonkey.com) for 1 month beginning in December 2012. SurveyMonkey will check and verify whether respondents are skipping an item or in other ways responding in an appropriate manner to the survey questions and then prompt them to correct any mistake or omission before proceeding to the next item (Rubbin & Babbie, 2010). The questions in the questionnaires will follow the theme of the study and will investigate the relationship between spirituality, nursing care, and holistic care.

Email questionnaires usually have the advantage of an extensive geographical coverage. The study participants will be given adequate time – 1 month to complete the questionnaire at their convenience and at their own pace. Before the link to the questionnaire is sent to the participants, the participants will be notified in advance and reminded of the forthcoming survey. The questionnaires will have both open-end and close-end questions. The open-ended questions will allow the study participants to provide wider explanations and to provide more details on the item being assessed. According to Leech and Onwuegbuzie (2009), research participants do not answer questions in one or two words. The open-end questions will be extremely useful in providing direction while keeping the conversation focussed on the role of spiritual care in holistic care for nurse practitioners while allowing the participants the chance to express their perspectives using their own words. The close end questions in the questionnaires will be put in a manner which will allow them to be answered using one or two words. These questions will limit or restrict the responses when the information require is more specific and there is need to verify facts. They will be important for the study as they will validate information and direct the respondents' responses.

Data Analysis Procedure

The data, which will be generated from the online questionnaires, will be analyzed sequentially and triangulated before its integration into the final interpretation. The analysis of the questionnaire will establish a framework for the initial assignment of labels to specific themes. The main themes for the study are the nurse understanding of spirituality, contribution of spiritual care to holistic care and complicatedness in fulfilling the spiritual needs of clients. The results of the three hypotheses will also be analyzed. The connection between 'spiritual care and holistic care' 'spiritual care and flexible and person centered nature' and 'teamwork and unity and consistent, comprehensive, and ongoing spiritual care' will be analyzed.

3.4 Pilot Study

A pilot study refers to a small-scale version of the main study and it assist in ensuring that a study is feasible. In order to ensure that the mail questionnaires will generate reliable and valid data, it will be important to test the data collection instruments using a small sample of nurses. The researcher will undertake a pilot study to test the mail questionnaires to ensure they are valid and reliable. The pilot study will also be helpful in revealing any possible problems, which might affect the study results. Blessing and Chakrabati (2009) argued that a pilot study usually endeavor to unearth any possible problems which might influence the quality and validity of the results. Piloting this study will include data analysis, drawing and processing conclusions and asking the nurses who will be part of the pilot study to disclose any changes, which might increase the efficiency and effectiveness of the research. Blessing and Chakrabati (2009) argued that such changes might include creation on clearer questions in the questionnaires. To ensure that the pilot study is effective, the researcher will develop it in the same manner as the main study using the same subjects- registered nurses and the same

collection and data analysis procedures. The mail questionnaires will be pilot-tested on the sample of these nurses to check for any ambiguities or difficulties, which may arise on language and administration. The online questionnaire prepared will not be changed in case the pilot study fails to show any significant ambiguity or difficulty.

3.5 Ethical Considerations

While undertaking the study, the researcher will adhere to a number of ethical principles: informed consent from the study participants as well as free and voluntary participation as well as protection of the participants' rights. The researcher will not harm the participants emotionally or psychologically. The respondents have a right to privacy and they will be entitled to anonymity, confidentiality, and protection from possible abuse of the study findings. The research will also avoid bias in data analysis and presentation to obtain reliable and valid results and to uphold integrity.

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