

## PROBLEM

Nursing's lack of an understanding of how nurses develop spiritual care skills has been suggested as a significant barrier to the provision of competent spiritual care by nurses. Patient care outcomes may be negatively impacted unless the factors that prevent nurses from developing spiritual care skills and providing competent spiritual care are explored.

## BACKGROUND



## PURPOSE

- Generate a substantive theory explicating the nurses' role in providing spiritual care
- Increase the current knowledge about the nurse's role in providing spiritual care and provide a framework to guide nursing research, education, practice, and health/public policy initiatives related to the phenomenon.

## RESEARCH QUESTIONS

1. What are the critical factors that influence the nurse's perceptions, attitudes, knowledge and skill related to the provision of spiritual care in their practice?
2. How do registered nurses come to know how to provide spiritual care?
3. What processes do nurses use to identify the contexts in which they will provide spiritual care?

## METHOD

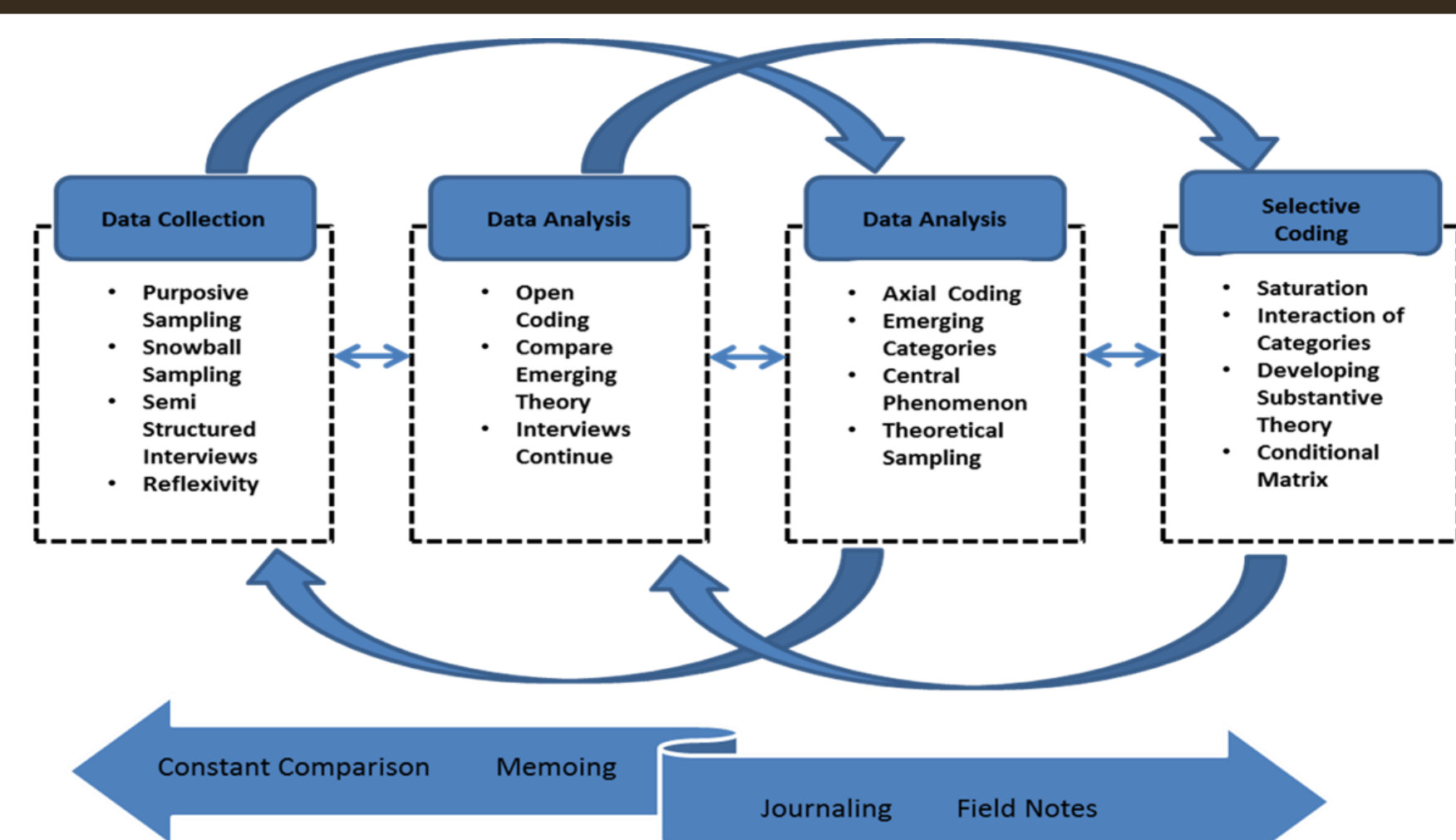


Figure 1. Grounded Theory Method (Lowden-Stokley, 2017, adapted from Strauss & Corbin, 1990)

## DATA ANALYSIS

Constant comparison processes were used to code (initial and focused), categorize, and analyze data for conceptual and theoretical relationships.

Theoretical sampling and memoing developed and saturated the emergent conceptual categories and themes. The conceptual relationships were diagrammed and developed into a substantive, mid-range learning theory of spiritual care specific to the discipline of nursing.

## FINDINGS/RESULTS

### Phase I - Conceptual Categories

#### Becoming Aware

- Having a foundation
- Knowing there is a need
- Being reflective

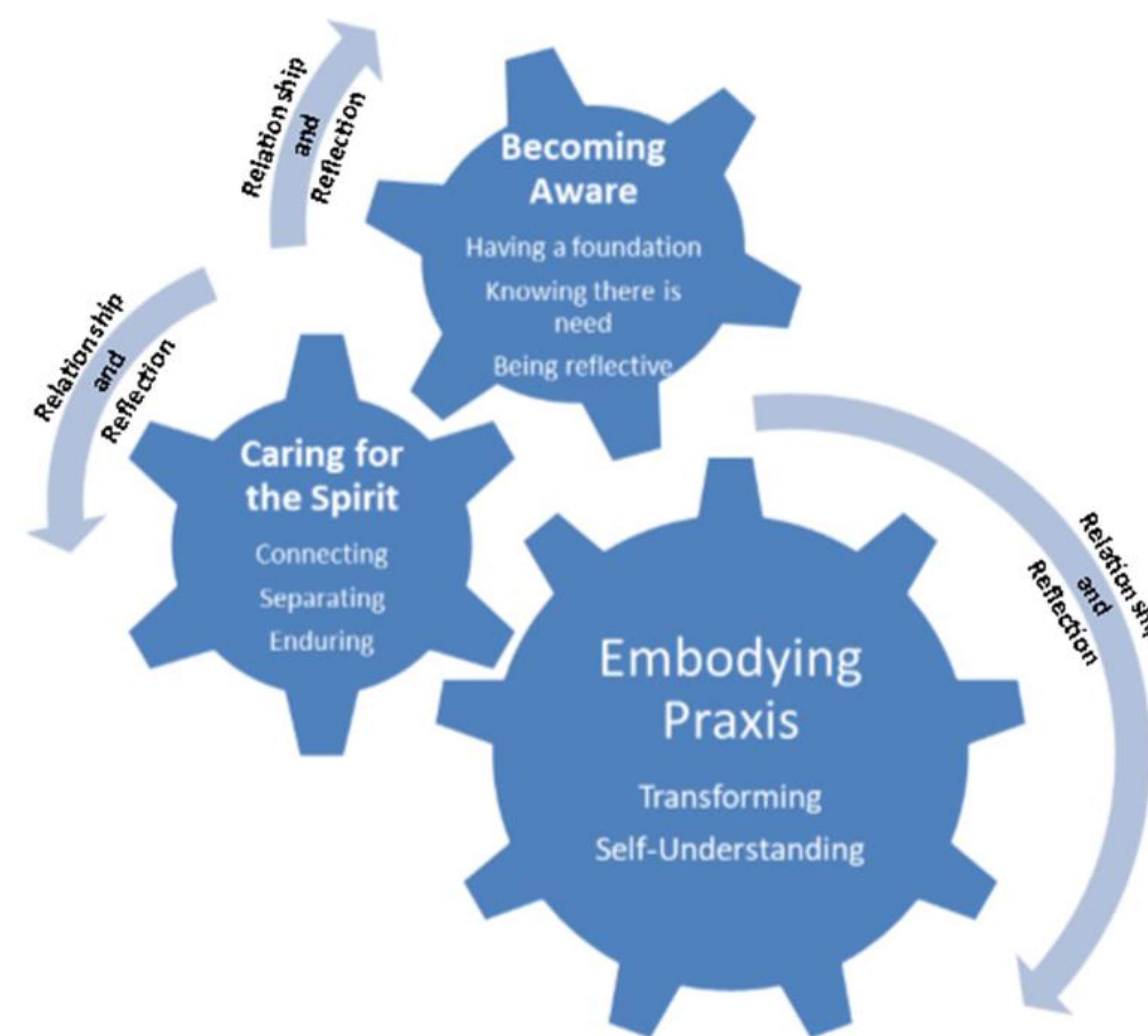
#### Caring for the Spirit

- Connecting
- Enduring
- Separating

#### Embodying Praxis

- Transforming
- Self-understanding

## Living Spiritual Care Praxis



Lowden-Stokley (2018) Conceptual Model of Living Spiritual Care Praxis

## SAMPLE

Upon securing IRB approval, access to potential participants was sought through purposive and theoretical sampling via three means:

1. Flyers were sent to AHNA and posted on their website to recruit holistic care nurses.
2. Snowball sampling via referrals from interviewed participants.
3. Direct invitation of nurses known to engage in spiritual care.

### Phase I: Individual Interview (n=27)

There were 3 males and 24 females, ages ranged from 26 to over 65 years. All of the participants reside in the United States representing Florida, New York, California, Colorado and Pennsylvania.

33.3% Caucasians, 25.9% African Americans, 22.2% Latinos, 7.4% Asian Pacific Islanders, and 11.1% indicating as Other.

81.5% as Christians, 11.1% as Jewish, 3.7% Muslim and 3.7% as Buddhist.

70.4% reported working in faith-based institutions and 39.6% working in non-faith-based institutions.

### Phase II: Focus Group Interview (n=4)

Experts in the field of spiritual care in nursing, all with doctoral degrees

## SIGNIFICANCE

**EDUCATION:** Nursing education curricula should enhance a student's awareness and knowledge of spirituality. Nursing faculty should become more proficient and comfortable in working with spiritual issues experienced by nursing students and the recipients of their students' care.

**PRACTICE:** Meeting the spiritual needs of the patient through the delivery of holistic nursing care assists a patient's recovery and helps to improve the patient's quality of life. Improve communication between nurses and patients early in care to improve timely requests for the initiation of palliative and hospice care.

**RESEARCH:** Nursing research is needed to fill the gap and provide evidence-based strategies to assist nurses to understand spiritual care and how to provide spiritual care to their patients.

**HEALTH/PUBLIC POLICY:** Policymakers with credible, evidence-based data, may make policy changes that facilitate meeting the holistic needs of the patient. Inform American Hospital Association about the need for improvement in spiritual care provision in the hospital setting.

## CONCLUSION

Provide an understanding to the process nurses use to develop the skill to provide spiritual care to their patients.