Nurses’ Faith and Its Impact on the Provision of the Spiritual Component of Holistic Care to Patients in Oncology
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BACKGROUND
• Nurses care about providing holistic care to patients
• Nurses must be aware of their patients’ spiritual needs
• An awareness of their personal faith may help nurses provide holistic care more effectively
• Nurses do not feel adequately prepared to provide holistic care

RESEARCH QUESTIONS
• How does nurses’ personal faith play a role in nursing care that is provided to patients in oncology?
• 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?

METHODS
• Qualitative research allowed the researcher to elicit the quality of the lived experiences of the study participants with the phenomenon of faith and how faith impacts nurses’ ability to provide spiritual care to patients in oncology through Transcendental Phenomenology

SAMPLE
• Purposive sampling was utilized with the following criteria for inclusion in this study:
  • Registered Nurses who have worked in the oncology setting, and are a current student or alumni in RN-BSN or MSN programs
  • Demographics of Study Participants:
    • 9 Caucasian and 1 Hispanic, all female
    • Range in age from 35 to 60 years old
    • 3 from Missouri, 7 from Kansas
    • 9 worked with adults, 1 with pediatrics
  • Self-identification of faith from all 10 study participants – while all 10 identified with a faith, this was not a requirement for participation in this study
  • Even though faith did grow as a result of their time in oncology, it was not a requirement for participation in this study

PURPOSE
• 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

DATA COLLECTION & ANALYSIS
• Informational letter sent via email to RN-BSN and MSN students and alumni of a faith-based university
• Implied consent occurred when the study participant began the interview with the researcher
• Face to face and telephone interviews with participants were digitally recorded, transcribed, and reviewed three times for accuracy by the researcher

TRUSTWORTHINESS & RIGOR
• Researcher used bracketing to be aware of own biases
• Member checking: 5 of 10 study participants validated identified themes
• Peer debriefing: Nursing research mentor reviewed transcripts and concurred with identified themes
• Data saturation after 10 interviews
• Immersion in the data through researcher recording, transcription, and review of transcripts

THEME I: TREADING LIGHTLY
• The majority of study participants felt the need to tread lightly with the topic of spirituality with their patients to avoid making them uncomfortable
• 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 them (Mary)
• Nurses believe it is important to be non-judgmental when providing care
  • Bein’ Christian means … bein’ kind … and nonjudgmental (Michelle)

THEME II: GROWING IN FAITH
• These nurses reported that although caring for patients in oncology challenged their faith, their faith did grow as a result of their time in oncology
• 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 (Michelle)
• Seasoned nurse mentors helped these nurses to learn how to provide spiritual care
• Your more seasoned nurses kind of help you … mentor you … in those settings … on how to, how to handle certain patients and their needs (Betty)

THEME III: LACK OF EDUCATION
• Study participants reported that their initial nursing education did not prepare them to provide spiritual care
• I think a lot of it is not the book knowledge I received but just the experience, taking care of the patients (Sally)
• Spiritual care is vital for patients in oncology who face a life-threatening diagnosis
• Spirituality is a huge [emphasizes huge] part of … I don’t think you can be in oncology unless you grasp that part of it (Bree)
• Task-based care can overshadow spiritual care
• 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 listen to ‘em … umm and sometimes that makes ‘em feel better than any kind of pain pill you could ever give to ‘em (Laura)

DISCUSSION
• Participants identified that personal faith impacted spiritual care provided to patients in oncology
• Faith was both challenged and strengthened when caring for patients in oncology
• Nurses do not feel adequately prepared to provide spiritual care to patients, but feel experience helps

CONCLUSION
• Nursing educators should integrate spiritual care into the nursing curricula
• An interdisciplinary approach to the provision of spiritual care for patients should occur in all healthcare institutions
• Nurse leaders must provide continuing educational opportunities for their staff to learn about spiritual care, and should encourage their nurses to provide spiritual care to all patients