Nurse Religiosity and the Provision of Spiritual Care

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BACKGROUND

- Many nurses are religious or identify as "spiritual *but not* religious" [1]
- Religious motivations often prompt becoming a nurse [3;4]
- Religious beliefs provide cognitive structures which help nurses cope with patients' suffering [3;4]
- Professional ethics codes urge nurses to not impose their religious beliefs [2;4]
- Nurses are expected to identify spiritual distress and intervene to promote spiritual well-being [2;3]
- The boundary between personal religiosity and professional care can become blurred; it is, however, unrealistic to assume that a nurse can—or should—leave religious beliefs in a locker when at work [3;4]
- It is important to consider *how* a nurse's personal spiritual and religious beliefs affect nursing care, rather than *if* they do [3;5]

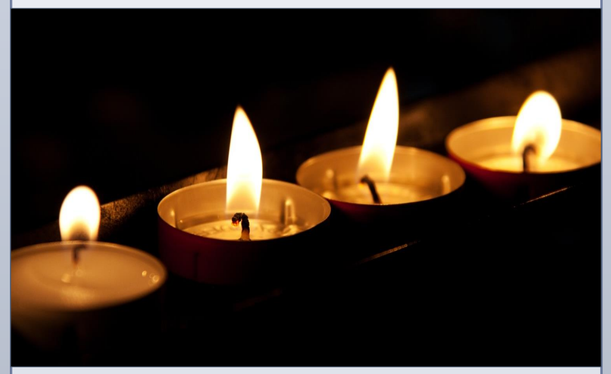
PURPOSE

To explore nurses' opinions regarding the appropriateness of:

- initiating spiritual/religious discourse
- spiritual/religious self-disclosure
- praying with patients.

METHODS

- In a cross-sectional design, a convenience sample of *Journal of Christian Nursing* readers/website visitors completed an online survey.
- Survey data on nurse demographics, work-related variables & nurses' opinion on appropriate spiritual care were solicited.
- Data were analyzed (i.e., frequencies and measures of central tendency) using SPSS



PRELIMINARY FINDINGS

Sample (N = 297)

Mostly white (78%), 45-64 years old (60%), held a Bachelor's degree (72%), and had 10 years [SD = 4.5] of work experience as a nurse. Most specified a religious affiliation (only 7% indicated "none"), and identified as both religious *and* spiritual (79%); 16% identified as spiritual *but not* religious.

Sample worked in a variety of clinical contexts (e.g., clinics, critical care, community settings); the majority (64%) were employed in non-religious organizations providing direct patient care part time (average of 8 hours [SD = 6.6] during the past 2 weeks).

Survey

Note: multiple responses could be endorsed

Nurse Opinions Regarding Appropriateness of Spirituality/Religion at the Bedside

1) When is it appropriate for a nurse to converse with a patient about spiritual or religious matters?

* *Never* - 5 (1.7%)
* *Only after patient raises the topic* - 91 (30.6%)
* Nurse *can initiate…*
  - if it has relevance to patient's health/disability – 103 (34.7%)
  - if there is evidence indicating that it would be helpful – 140 (47.1%)
  - if the nurse has a hunch that it would be helpful - 100 (33.7%)
  - if the nurse knows that spiritual/religious matters are important to the patient – 158 (53.2%)
* The nurse can initiate regardless of circumstances - 40 (13.5%)

2) When is it appropriate for a nurse to self-disclose personal spiritual/religious beliefs?

* *Never* - 21 (7.1%)
* *Only after patient raises the topic* – 127 (42.8%)
* Nurse *can initiate…*
  - if it has relevance to patient's health/disability - 64 (21.5%)
  - if there is evidence indicating that it would be helpful - 112 (37.7)
  - if the nurse has a hunch that it would be helpful – 69 (23.2%)
  - if the nurse knows that spiritual/religious matters are important to the patient - 107 (36.0%)
* *The nurse can initiate regardless of circumstances* – 17 (5.7%)

3) When is it appropriate to pray with a patient?

* *Never* - 4 (1.3%)
* *Only after patient requests prayer* – 126 (42.4%)
* Nurse *can initiate…*
  - if it has relevance to the patient's health/disability - 65 (21.9%)
  - if there is evidence indicating that it would be helpful – 109 (36.7%)
  - if the nurse has a hunch that it would be helpful - 72 (24. 2%)
  - if the nurse knows that spiritual/religious matters are important to the patient – 146 (49.2%)
* *The nurse can initiate regardless of circumstances* – 28 (9.4%)

CONCLUSIONS

Few in this sample of nurses reject the notion of conversing about spiritual/religious issues or praying with patients. Whereas most nurses see it as appropriate to initiate spiritual dialogue or prayer if they assess or perceive the patient wants or needs it, some nurses would do so only in response to patients' *explicit* request. A minority of nurses view it appropriate to initiate discourse or prayer regardless of circumstances. Further study and education may be needed to support nurses in providing spiritual care in a way that is congruent with professional ethics.

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