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A Phenomenological Study in the Diversity of Understanding about Spirituality of the Nurse Educators: The Core to Pedagogical Quality of Nursing Education

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Abstract

Background and objective: Nurses are compelled to provide client-centered, holistic care that includes patient's spiritual functioning as this aspect may influence the well being of the patient. Thus, involvement of spiritual care to patients should be acknowledged in nursing as a domain to give meaning into the lives of the people.

Methods: A qualitative phenomenological research design was undertaken to explore the nurse educators' understanding in spirituality and spiritual care as a baseline to categorically align it in the nursing curriculum to extend the learning of the students in strategies involving holistic care. To ensure that ethical research was conducted, the researcher makes use of informed consent.

The research setting was held in different universities in Metro Manila, Philippines that offers Bachelor of Science in Nursing and the participants should have an experience of a minimum of five (5) years in the clinical setting as a professional bedside nurse and should also be currently employed in the academe as a nurse educator and a clinical instructor. A purposive sample was used to get an array of perspectives in relation to spirituality and spiritual care. Data gathering includes interview that consists of semi-structured, open-ended questions that was formulated to elicit nurse educators' responses. Interviews were conducted until saturation was met.

Results: By way of Colaizzi's phenomenological data analysis, the ten respondents' descriptions of their views and practices on spirituality and spiritual care were analyzed, explored and put together into themes. Six themes were theorized to render the basic structure of the concepts and experiences of spirituality and spiritual care. Thus, the nurse educators are not evident advocate being a role models to their students, likewise, it is essential for nurse educators to enrich their understanding of spirituality, hence, their institution should adapt a platform through seminars or activities that would heighten spiritual holistic care.

Conclusions: The personal spiritual belief of the respondents while they were students had a great impact on the way that they understood the concept of spirituality and the manner of the delivery of spiritual care that they provided. The study was able to determine that there is diversity on the understanding of spirituality of the nurse educators resulting to a vague apprehension of the meaning of spirituality and to some respondents; spirituality is a feeling that evokes trust and hope. Moreover, the study stemmed a limitation of emphasis in the nursing curriculum about the significance of spirituality in the concept of holistic care.

Key Words: Nurse Educators, Nursing Curriculum, Spirituality, and Spiritual Care

Introduction

There is a thrust for nurses to provide client-centered, holistic care to their patients. It means that all aspects of the human functioning should be taken in consideration in the assessment of the needs of the patient and in the preparation of nursing care for the client. This holistic approach entails that attention be given to the patient's spiritual functioning as this aspect may influence the well being of the patient.

Significantly, spiritual care as a portion of health promotion has enhanced in the healthcare disciplines. However, health care providers are still uncertain in their function to explore into the spiritual aspect of the patients' health even with this increase in literature that supports the need to address the patients' spirituality. The spirituality as an aspect of care has not been given much attention, also to spiritual characteristic of man in nursing. It is his belief that health care providers be made more concerned regarding the impact of spirituality in the patient's life and be more competent in identifying and meeting their spiritual needs. Hoffert et al (2007) stated, "if holistic nursing and individualistic nursing care is the gold standard of nursing, then it is important that nursing faculty begin to incorporate spiritual care in a more meaningful and deliberate manner throughout the nursing curriculum."

According to Callister, Bond, Matsumara, and Mangum (2004), there is an immense reluctance on the part of nurses in addressing the spiritual needs of their patients and cited the following as reasons for this hesitation: they fail to be in touch with their own spirituality, they are confused regarding the nurse's role in delivering spiritual care, they feel that they are inadequate in their understanding of spirituality, and they fear that they might be imposing their own religious beliefs onto the patient. O'Shea (2007) was able to identify barriers that hindered nurses from being able to provide for the spiritual care to their patients and their families. He stated the following barriers as: deficiency in the basic educational program regarding spirituality, lack of confidence in their assessment of spiritual care, and their lack of information about spirituality and spiritual care. Callister et al (2004) recognized the fact that to enable one to deliver quality holistic care, there should be an integration of the concepts of spirituality throughout the whole nursing curricula and program. The nursing literature recommends that since spiritual care is a part of the role of nurses and thus should be incorporated into the nursing education.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) compelled nurses to perform a spiritual assessment on patients and to provide them with spiritual care based on their assessments. Meyer (2005) observed that nurses who have less experience may speculate on how to deal with the spiritual needs of a patient; they have to rely on how they were taught regarding spirituality during their basic nursing education.

The American Association of Colleges of Nursing (AACN) and

the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) maintain that the nursing education should prepare and train the nurses to enable them to recognize and identify the patients' spiritual distress and to know how to address and deliver spiritual care to patients. According to Meyer (2005), current research implies that a number of nurses in the clinical area reckon that they lack preparedness in the area of providing spiritual care to their patients. The nurses alluded to the following reasons for this: the inability to establish a connection with patients due to time constraints, their doubts regarding their own spirituality and their notion that spiritual care is a task that should be and better handled by hospital chaplains, and there is also the lack in the nursing education regarding the delivery of spiritual care.

Among the health care providers, the nurses are the ones who spend more time with the patients. Thus, it should be acknowledged that providing the spiritual care is a domain of nursing care. There will be no holistic care if the spiritual aspect of the human being is not taken into consideration as well as how it gives meaning into the lives of people.

With modernization and the technological advancements, there is an impression that the spiritual component of nursing is a matter that has been overlooked. Due to spiritual care's importance in the realm of health care, the nurses should have an in depth understanding and should be connected with their own spirituality for them to assist their patients with their spiritual needs. There is also a necessity for the nursing faculty to have the means within the nursing curricula that they can make use in enhancing and developing the understanding and knowledge of spirituality among the nursing students. It is vital that the nurse educators are able to teach the nursing students about techniques in spiritual assessment, spiritual care as an art and science and be able to determine their understanding and awareness of spirituality and spiritual care. "Nurses are better prepared to promote the spiritual health of patients within clinical settings when they are aware of their own spirituality" (Lovanio & Wallace, 2007).

Oates (2004) has stated that the goal of spiritual care is to lower the anxiety level of an individual regarding death by recognizing one's purpose and meaning of life. But Belcher and Griffiths (2005) aver that the nurses feel that they are not prepared adequately to offer and provide for the spiritual needs of the patients

The responsibility of communicating and conveying to the nursing students the understanding about spiritual care has been placed into the hands of the nursing faculty. Although there is a lack in the guidelines on the directives that the nurse educators should undertake in the instruction of spiritual care, the nurse education has somehow risen to the challenge in the instruction of theories of spiritual care and its interventions to the nursing students. Lantz (2007) stated that with the absence of definite guidelines in the instruction of spirituality in the current nursing curriculum, the implementation of courses that are geared towards spirituality

would be continually deterred.

It can also be noted that textbooks for nursing education are deficient in information on how to integrate the concept of spirituality into the nursing curricula. These textbooks that focus on professional issues and broad nursing subjects have the least content regarding to spirituality (McEwen, 2004).

One of the major reasons why nurses are unprepared or are deficient in their ability to deliver spiritual care is that their basic nursing education only tackles the concept of spirituality and its related issues minimally.

Knowing the importance of spiritual care in the realm of nursing, the researcher would like to know how nurses are educated, trained and prepared for their role as spiritual care providers.

In the Philippines, in compliance with the provisions of Republic Act (RA) No. 7722, also known as the Higher Education Act of 1994 with an aim to rationalize the nursing education in the country to be able to have first-rate health services that is relevant and current, the Commission of Higher Education has issued an order, CMO (CHED Memorandum Order) 14 series of 2009, wherein electives have been included in the Nursing Curriculum to be taken up by the 4th year students in the first and second semester. One choice for the elective for the first semester is the Spiritual Care Nursing. Based on the said order, it gave a course description for the Spiritual Care Nursing as a course that deals with the history, philosophy, theories, principles, process, modes and interventions of spiritual care. Emphasis is made on the process of spiritual formation and the role of nurses in providing spiritual care. However, it should be noted that although this said order has been in place, not all universities opted to have Spiritual Care Nursing in their curricula. In the researcher's university, the elective choice of Spiritual Care Nursing was only implemented during the first semester of the school year 2011-2012. As a nurse educator herself, the researcher desires to know how nurse educators are able to understand spirituality, how prepared are they in imparting this to the graduating nursing students and what are the measurements they are implementing to prepare these students in their delivery of spiritual care to patients.

A major challenge that is posed as the one of the key factors of the promotion of the concept of spirituality to the graduating nursing students is the nurse educators who come from varied religious background and spiritual upbringing and history.

Even with the current nursing curricula that is set up to enhance the student nurses awareness and understanding of spirituality, this educational content should not just be limited in the classroom setting but must also be culturally sensitive, research-based and population appropriate. In this regard, the nurse educators should look into their own perspective of spirituality for them to become more capable and comfortable in handling issues that are

spiritual in nature of the students that are under their care and the beneficiaries of the nursing care.

This phenomenological study was designed to describe the nurse educator's concepts and experiences in spirituality and spiritual care. The interest of the researcher for this study began when she became a nurse educator in a university. The investigator was concerned regarding the nursing students' level of competency in their delivery of spiritual care to patients and the lack thereof. With her experience when one of the researcher's parents was confined in the hospital for a period of time, the researcher observed that nurses who handled her father failed to provide spiritual care. As the researcher became more engaged in this area, her interest was piqued when she noted how literatures have shown that there has been an increase in the educational references regarding spirituality and spiritual care however this is not evident in her observations of the nursing students' competency level. The researcher desires to know where the gap is in regards to this area and as a nurse educator, the researcher considered her role to be integral in the development of the spiritual competencies of her students thus it is the researcher's desire to better understand the nurse educators' perception, understanding and familiarity in relation to spirituality and spiritual care.

Conceptual Framework

This phenomenological study gives the researcher an opportunity to understand the lived experiences of nurse educators. These lived experiences as nursing students, nurse practitioners and nurse educators created some thoughts, concepts and feelings on spirituality and spiritual care. These were expressed and manifested through the behavior of the respondents as they freely share their experiences. Utilizing Colaizzi's method of analysis, these feelings, thoughts, and concepts were drawn, clustered and categorized. These allows themes to come out describing their concepts and experiences in spirituality and spiritual care. Whatever thoughts, concepts and feelings nurse educators have in relation to spirituality and spiritual care will determine and affect what kind of behavior they will have. These behaviors will be manifested and applied through practices that results to what experiences they will have. These will be developed through the nursing curriculum from first year to fourth year, teaching strategies and methodologies to be more effective in imparting knowledge to the students and demonstrating confidence in providing spiritual care. Role modeling and living through example can also give a great impact and influence to nursing students on how to give importance to spiritual aspect of care in any field of nursing.

Method

Study Design

The study employed a qualitative research design specifically

the phenomenological method. This allows another means to gain insight in a way individuals understand and enact their likes. The researcher's aim for this study is to illustrate as precisely as possible the phenomenon being studied and abstaining from using any preconceived notions but to be able to remain true to the facts presented. A qualitative interview approach is an appropriate method to obtain the nurse educators' perspectives. One-to-one interviews will be chosen in recognition of this area after being viewed as belonging to the personal sphere. This special mask for the infected should have a back cover wrapped to the chest containing a head cover. The head cover may be stitched with a chamber with a hole for mouth fitted with a zip to administer tubes externally by a connection. This will prevent the patients from transferring virus through cough or sneezing to health workers or doctors. The cloth used must be washable and lightweight and with antiviral capabilities.

As the epidemic of COVID-19 is continuing and growing a set of protocols are to be suggested and tried to rescue the health workers and to apply the latest findings to apply for better management. A combination of old and modern sciences has to be adopted. Better protocols if tried and best is disseminated the loss of precious lives may be avoided. This is a time to unify all our scientific knowledge to combat this war against Corona. Public must be trained in mask making with novel materials. Specific designs for patients, health care workers, doctors and for other normal persons must be selected, tried and educated. Various standard designs can be encouraged [4-6]. A typical mask for health workers is shown in Figure 1. Layer 1 has a Normal Cloth Covering Mouth and Nose appropriately in a suitable design. Layer 2 consists of a nano-textured cloth dipped in dispersed Silver nanoparticle solution and dried and made in to the shape of layer 1. They are stitched together and provided with strings shown 3. The exhaled air passes through first layer and virus if any is filtered by nanostructured cloth. The silver nanoparticles engage and kill the viruses. After use they can be cleaned. The Strings may be designed with elastic fibres.

Ethical Procedures

The study was carried out after approval has been obtained from the Far Eastern University - Institute of Education – Graduate Studies to conduct the study. According to Polit and Beck (2008), the researchers should observed different ethical considerations if human beings are to be used as participants of the study. In this study, the researcher ensured that the human rights of the respondents have been protected.

Prior to the execution of the study, the researcher developed guide questions and determined that the questions formed would in no way be offensive to the participants of the study but at the same time be accurate enough to elicit significant information from them. The questions were evaluated to ascertain its validity.

Respect for human dignity was maintained during the study. The participants were advised of their right to voluntarily participate in the study without any penalty on their part and that they can freely ask questions regarding the research and its method. The researcher regarding the respondent's decision to refuse to give information that is being asked of by the researcher has placed value.

To ensure that ethical research is conducted, the researcher developed an informed consent agreement to gain the consent from the respondents. These will include the fact that: they are participating in a research, the purpose of the research, the procedures, the risk and benefits of the research, the voluntary nature of the research participation, the participant's right to stop the research at any time, the methods that will be used to ensure the confidentiality and privacy of the participants. Permission to conduct the study in the nursing schools was also obtained from the universities management. Approval by an ethics committee was deemed unnecessary because the research method was not burdensome or risky.

Every effort has been made to ensure that there is no breach in the confidentiality of the respondents' identity whatsoever. Participants were informed of their potential benefits and risks in their participation of the research.

Participants and Sampling Scheme

The researcher has chosen a purposive sampling as the strategy for the sampling process. The sample selection has been based on the judgment of the researcher and the purpose of the research in the quest for people who have had experiences related to the phenomenon that is being researched. The researcher chooses nurse educators from five universities that offer nursing course as respondents and participants of the study.

A purposive sample was used to get an array of perspectives in relation to spirituality and spiritual care. The inclusion criteria for the participants of the study would be an experience of a minimum of five (5) years in the clinical setting as a professional nurse and as a nurse educator and clinical instructor in a Philippine university. The respondents should also be currently employed in the academe as a nurse educator and clinical instructor. The participants also need to be willing to share their concepts and experiences in spirituality and spiritual care for at least one interview session.

For this study, the researcher was able to interview 10 respondents. The participants of the study were made up of eight females and two males whose age ranges from 36 to 58. Half of the respondents are Roman Catholics while the other half are professing to be born-again Christians. They had an average of 9.7 years as a nursing practitioner in the clinical area and had been in the academe as nurse educators for at least 3 years.

Research Instrument

The interview consisted of semi-structured, open-ended questions to be developed to elicit nurse educators' responses. Interviews were conducted until saturation is met. The research questions guiding this phenomenological study will be:

Describe 2 – 3 of your significant lived experiences of spiritual care

- a. As a nursing student
- b. As a nursing practitioner
- c. As a nurse educator

What is spirituality from your point of view of nurse educators? What is spiritual care from your point of view?

What are some of your suggestions on how spirituality and spiritual care be developed in nursing students?

In the collection of data for a phenomenological study, the investigator should not seek to validate a preconceived idea, category, or expectation. The researcher should approach the study as being a "learner" and then discover through empathetic interviewing, the experience of the participant. All data provided by individuals in this type of study are accepted as given and include subjective experiences and meanings as they are related to the interviewer. The researcher is diligent about understanding the lived experience and the effect the experience has had on the individual participating in the study. "Human experience" asserts Colaizzi (1978), "is an essential and indispensable constituent of human psychological phenomena". Portraying the experience is the mode for the identification of the phenomena. Colaizzi's phenomenological research methodology utilized for this study puts unmitigated importance on the description of the experience.

Qualitative research is subjective and may be employed to understand or give meaning to a particular phenomenon. It draws on the utilization of six suppositions and maintains them in the subsequent approach: Initially, the researcher focuses on the process over the results or outcomes. For this particular study, the main focus was in understanding the concepts and experiences of nurse educators with regards to spirituality and spiritual care. Next, the qualitative researcher gives importance with meaning specifically how a person handles and gives significance of the lived experience. The next assumption is that the researcher is the main agent for the data collection and its analysis. It is the researcher's responsibility to do interviews and interpret the information for this phenomenon. The fourth supposition is that the researcher would carry out fieldwork by working with the research participants in their universities in order to observe the nurse educators' behavior in their natural setting. Fifth on the assumption is that qualitative

research is descriptive. The descriptive nature of the research entails the utilization of narrative words in describing what the nurse educators have experienced. Last is that qualitative research is inductive. Analysis and interpretation of the data will be done by the researcher to develop and understanding of the concepts and experiences of the nurse educators in relation to spirituality and spiritual care as portrayed by the respondents.

Phenomenology is said to be a philosophy, it is a method or point of view to existing, learning and performance of a research. It is the aim of a phenomenological researcher to capture the lived experience, to recognize meaning, which may or may not be known to the one who lived through it, to be able to depict the said phenomenon by means of composite narrative.

Data Analysis

The researcher applied Colaizzi's (1978) phenomenological method in the data analysis. This method was used by the researcher as Colaizzi is one of the frequently utilized methods for descriptive phenomenology as it is recognized that the fundamental inferences of a majority of phenomenological approaches is the description on the significance and meaning of human experiences. This method was preferred over other phenomenological process in view of the fact that Colaizzi's method calls for a substantiation of the findings and results by reverting to the study's respondents.

In accordance to Colaizzi's phenomenological data analysis model, the first undertaking carried out in this phenomenological analytic method is to read and reread the transcribed word-for-word interviews in order to make a sense of them and to acquire a feeling for the description of the phenomenon being studied. The verbatim transcription is done in order to depict the wholeness and reliability of the data gathered. The second step involved the extraction of words and sentences pertaining directly to the phenomenon under study from the descriptions formed. Relevant assertions and phrases related to the thoughts, concerns, feelings, concepts and experiences of spirituality and spiritual care of the nurse educators were sorted. This process is called the extracting of significant statements. The researcher then read and reread the original protocols again and formulated meanings after analysis of each significant statement. This process is done to ensure that the original description of the phenomena was described accurately from the significant statement extracted. The next stage would be the organization of these formulated meanings; they were clustered together to allow themes regarding the phenomena would transpire. The researcher conducted reference to the original protocol again, being heedful to themes that repeat and discrepancies that emerge. The fifth step in the process would be the integration of the recognized themes into an exhaustive description. Referring them back to the original protocol did validation of the clustered themes. The sixth phase was the composition of concise statement based on the exhaustive description made and to provide a primary

statement of classification. The last step in the data analysis would be presentation of the concise statement of the exhaustive description by the researcher to the respondents of the study to verify the statement. It has been suggested by Colaizzi (1978) that validation of the gathered data be done by asking the participants the question, "What aspects of your experience have I omitted?"

Results

Theme 1: Personal Spiritual Beliefs

The nurse educators' individual spiritual predispositions form part of their perception and understanding of spirituality. Dhamani (2011) defined spiritual care to be "within the framework of religious practices, holistic care, and healing practices." It is also the incorporation and integration of religious rituals or belief system in bestowing holistic nursing care. Young and Koopsen (2005) highlighted that spirituality as a concept is highly personalized, prejudiced, and individualized. O'Brien (2003) defined spirituality as a personal concept which is generally understood in terms of an individual's attitudes and beliefs related to transcendence.

Verbalizations in this study regarding spirituality depicted how the nurse educators' personal spiritual beliefs impact the way they grasp the concept and thus able to provide spiritual care. Some respondents have quoted that there is transcendence and connection with a higher being or God that enables them to base their ability to grasp and comprehend spirituality. It has been noted that the relationship they have with a higher being or God affects the way they perceive spirituality and enabled them to live it out in their daily lives.

Theme 2: Barriers in the delivery of spiritual care

Another theme that emerged pointed out the various hindrances that the nurse educators have in providing spiritual care. Several factors have been identified as basis as to why spiritual care is not delivered. These impediments were classified as categories under this theme.

One such category, according to Carr (2008), is that there are a number of nurses who attest that they lack or did not receive any form of training in the provision of spiritual care during their nursing education.

There is a lack of recognition of spiritual care as a part of the realm of nursing holistic care.

It was also noted that there is uncertainty whether this domain of nursing is really part of their responsibility. There is a spiritual belief that spiritual care be left to hospital chaplains when they encountered patients who are dying. Some verbalized them as:

There are some concerns raised regarding the manner of

delivery or method in which to carry out the provision of spiritual care to others such as the lack of awareness, no significance was given regarding this aspect and the disparity on how to provide it.

They also stated that due to the nature of their job, the lack of time and manpower are hurdles that they had that caused them not to meet the patient's spiritual care needs.

There was also the fear of imposing one's religious beliefs onto the patients and being intrusive into the lives of patients.

They had no role model or example that led the way in their understanding and approach in spiritual care provision.

These encumbrances held back the provision of spiritual care. Since nursing care is holistic care, the inability of those in need of spiritual care to receive it disregards this fact.

Theme 3: Diversity in the definition and understanding of spirituality in the realm of nursing

There have been different views on how spirituality is defined. One theme that surfaced in the study is that because of the complex and subjective nature of spirituality, there is diversity in the meaning of spirituality. These are categorized into the following: spirituality as synonymous with religion, relationship with a transcendent God, it is associated with feelings that evoke faith, hope and trust, and uncertainty.

Some respondents viewed spirituality as synonymous with religion. This involves a particular faith tradition or religious practices and rituals.

While others verbalized that spirituality is a relationship with a transcendent God.

There is an acknowledgement of a connection with a higher being.

For some spirituality is associated with feelings that evoke faith, hope and trust. It is through this that one gives meaning to existence.

While for others, there is an uncertainty in the meaning of spirituality. They are unclear with the definition of spirituality and there is uncertainty about their personal spirituality.

Theme 4: Transference of spirituality to the pedagogical aspect of nursing

There is a need to train and prepare our nurses in their role as spiritual care providers since they are the ones who have the most interaction with patients. In order to address this situation, it has been identified the importance of the part nurse educators have in the imparting of this knowledge and development of skills

to nursing students. Carr (2010) attests that the nursing education training that the students receive be able to affect the students' total well-being: the mind, body, hear and spirit that will enable them to give guidance and inspiration. Nurse educators serve as front liners in the advocacy of spiritual care in the domain of nursing. They provide the proper outlook and perspective to students regarding holistic care. They mold their students in ways that would enhance their confidence and competence in providing for the holistic care needs of patients. Their influence during the nursing education years of the students will be a great factor on the ability to deliver spiritual care.

In the transmission of learning, significant statements were clustered by: teaching as a moral imperative, role modeling, and programs on spirituality to enhance teaching methods and strategies.

Several respondents stated that teaching is a moral imperative. The transfer of spirituality must be based on values and relationship with God and involve moral reasoning. While others indicated that the development of spirituality in nursing students should be through role modeling. Role modeling is an effective means in teaching spirituality when the educator and what the educator is as a person set an example. Learning is done through observing and following the way educators conduct themselves.

Some respondents advocated that programs on spirituality to enhance teaching methods and strategies are essential in the passing on of learning. They recognized the importance of having these programs that would serve to increase one's competence and confidence in the delivery of spiritual care.

Theme 5: Connectedness

Another theme that emerged from this study is connectedness -- the intrapersonal connectedness and transpersonal connectedness. These relationships give rise to meaning of the individual with and as a part of the whole. In truth, a person's wellbeing can be determined by one's connectedness.

It has been concurred, according to Carr (2008), that spiritual care in the field of nursing is profoundly based on interfaces and interactions that each one has with one's self and other human beings. It is centered on connections in the promotion of the person's spiritual comfort as well as for his well being.

The way one interacts in offering spiritual care leaves a great impact not only to the recipient but also to the provider of spiritual care.

Some participants of the study asserted that there is connectedness to one's self or intrapersonal connectedness wherein one identifies his beliefs and its relationship to his own personal spirituality. In understanding one's spirituality, the ability to understand another's spirituality is developed. A person's

experience is a unique, personal understanding and belief that promotes understanding that can be imparted to others.

Another aspect that the respondents have observed is the transpersonal connectedness wherein an individual's spirituality is made through connections and manifestations of spirituality that is present between individuals and within their sphere. This would allow a person to achieve a deeper spiritual connection in the promotion of comfort, wellbeing and healing. It is based on empathy and care that gives support and spiritual strength. This is more than a shared experience or encounter.

Theme 6: Prayer

Prayer and its importance have been given emphasis in the delivery of spiritual care. It has been viewed as having hope on a higher being regarding the present situation. It is the soliciting for guidance and an act of dependence on God. Prayer as a means of spiritual care gives comfort not only to the one praying but also to the one prayed for. It is having the confidence and the faith that God is in control.

It has been observed that prayer can do a lot for those who are undergoing treatment or under stress. Prayer has been viewed by most of the respondents as an act that enabled them to deliver spiritual care. They noted the value of prayer in their lives in seeking guidance for the task at hand, for encouragement to those who need it and for their own selves as well.

Some respondents stated that prayer is a spiritual behavior that seeks guidance and assistance in their responsibilities.

While for others, prayer is a spiritual activity, which aims to give comfort and encouragement to others.

Conclusion

This phenomenological study gave the respondents opportunities to share their lived experiences in providing spiritual care while they were nursing students, nurse practitioners and nurse educators.

Some participants have not experienced providing spiritual care to their patients while others had the chance to practice rendering spiritual care to their clients. For some, while they were nursing students had clinical instructors who encouraged and demonstrated spiritual care and influenced them greatly in their lives to be more conscious, aware and concerned on providing not only the physiologic needs of the person but the spiritual needs as well.

The personal spiritual belief of the respondents while they were students had a great impact on the way that they understood the concept of spirituality and the manner of the delivery of spiritual care that they provided.

The study was able to determine that there is diversity on the understanding of spirituality of the nurse educators. Some respondents stated that they equated spirituality to be the same as religion, while for some spirituality is a relationship with a transcendent God, while to others, they have a vague understanding of the meaning of spirituality and to some respondents, spirituality is that feeling that evokes trust and hope.

The nurse educators revealed that there is really limited emphasis given to spirituality in the field of nursing and advocated that role modeling of nurse educators be evident and seen by the nursing students, they also stated that seminars or activities that would enable them to enhance their understanding of spirituality be established in their institutions.

With their experiences as nurse practitioners, some of them had a myriad of opportunities to provide spiritual care to their patients by being connected to the transcendent God, other people and to themselves. Spiritual beliefs and values are the foundation in their way of practicing spiritual care. Barriers identified in this study caused some of them to be unable to cater to the spiritual needs of others.

As nurse educators, some participants provided spiritual care to their students in a similar manner that they were taught by their mentors. They were influenced greatly by their instructors in how to be confident and competent in providing spiritual care.

Recommendation

There should be an increased in the awareness in the nursing profession that the rendering of spiritual care is part and parcel of holistic care and thus emphasis on this aspect of care be given attention. This study recommends that standard assessment tools be used in the rendering of care that places value on the patient's health care needs and their concerns (Burkhardt & Nagai-Jacobson, 2002). According to Power (2006), the main objective of spirituality assessment was to ascertain the patient's need and be able to prepare a care plan. The use of spirituality assessment tools would enable nurses to be competent in identifying and addressing spiritual needs in the nursing process.

It is recommended that the nursing administration give emphasis on the development of its faculty members through seminars and retreats wherein they can be connected with their spirituality and the importance of spiritual care.

Moreover, the implementation of nursing curriculum should also ensure that there are avenues for educators to examine their own spiritual perspectives to enable them to become more proficient and comfortable in dealing with spiritual issues of nursing students and the recipients of nursing care.

Persons with greater personal sense of spirituality can function as a guide to those who are less comfortable with their sense of spirituality and be able to mentor them in this area.

It is of great significance that the nurse educators develop an understanding regarding the spiritual standpoint of their students so that a connection is established in order for them to recognize spiritual needs of patients and how to address these concerns.

This study further recommends that an introductory subject on Spiritual Care be given to Level I students as well as its integration to major subjects. This will enable them to develop their understanding of spirituality and its importance in holistic care. Since there are already patient interactions among Level II students, in order to strengthen the students' concepts regarding this phenomena, it is also recommended that spiritual care be taught as a minor subject/ for Level III and IV, integration and in the different concepts and aspects of nursing and application in the nursing process both in theory and Related Learning Experience.

It is also vital important that the nursing curriculum be able to enrich the understanding of the nursing students with regards to spirituality. The educational program be give attention as well about the phenomenon studied that it is essential that the subject matter be based on research, be sensitive to the culture and be appropriate to the general public.

While it is recommended that nurse educators participate in and actively support scholarly inquiry into the spiritual realm and disseminate research findings, it is important that all research methods be used. This study should be replicated with current nursing students in different locations, and research tools be employed.

The use of real life teaching strategies that would aid the nurses in the development of their understanding of spirituality in the nursing process.

Spirituality courses or seminars can be helpful in the promotion of their concepts and the manner of delivery of spiritual care by presenting specific encounters and experiences and role modeling. Spiritual care can be transferred and one's approach can be developed through education.

Assessment tools are employed to determine and evaluate the result of education on the subject of spirituality of the students. There is also a need to stress the importance of students taking into account their own values and personal spirituality in their clinical experience.

It is the proposition of the researcher that a study regarding the method of delivery of spiritual care to patients and their families be conducted to assess if their spiritual care needs are addressed.

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