Practices and Barriers of Spiritual Nursing Care Among Nurses in the Acute Care Unit: A Qualitative Study

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Abstract

The purpose of this qualitative study was to explore the practices and barriers of spiritual nursing care among registered nurses in the acute care setting like emergency room in a private, non-sectarian hospitals in Laguna. A self constructed semi-structured questionnaire pertaining the nurses' understanding of spiritual nursing care, their practices of spiritual nursing care and the hindrances to its practice was used to interview the participants. In analyzing the data and extracting the findings, Clark and Braun thematic analysis process was used. Based on the findings of the study, it emerged that spiritual nursing care was seemingly complex and differently understood by nurses yet they recognized that it can be emphazised by giving patients a holistic care through offering prayer, providing words of encouragement and respecting the patient's beliefs. However, provision of spiritual nursing care in the acute care unit is inadequate and remains to be a challenging component of patient care because of lack of time, different beliefs of the patient and it's consideration as of least priority in the acute care unit, among others. It is indicated that although there's a shared understanding of spirituality and spiritual care among nurses, contextual factors, like the working area of the nurses, play a role in the type of spiritual nursing care intervention selected.

I. Introduction

Wholistic approach to nursing, declares that a person's physical, psychological, social, and spiritual state are all equally important and that one should be treated as a whole (Nash & Yuen, 2009). Spirituality, however, is a universal human phenomenon that is increasingly being examined as a construct related to mental and physical health. Its confusion and incomprehension is ever present (Alpert, 2010).

Illness and other lifealtering events often lead people to question the meaning and purpose of life. For many patients, spirituality provides the foundation and support that enables them to move from dissonance and brokenness to a sense of well-being and wholeness. A steadily building body of research shows that spiritual and religious practices support health (Nash & Yuen, 2009; Koenig, 2008; Baetz & Toews, 2009).

As spirituality and spiritual care are gaining increasing attention, their potential contribution to acute care remains unclear. There are no generally accepted guidelines or practices for spiritual care in this acute care arena (Nash & Yuen, 2009; Vermandere, Lepeleire, Smeets, Hannes, Mechelen, Warmenhoven & Aertgeerts, 2011).

Although positive aspects of spirituality have been emphasized, a disturbing majority of acute care registered nurses still do not acknowledge spiritual aspect in their conceptual line of work. They delude spiritual matters as personal and sensitive area to address with their patients (Pike, 2011). A need for wholistic nursing care is not in question, but there is an apparent necessity for more understanding and to determine its importance to nursing as viewed by nurses in acute care (Nash & Yuen, 2009; Vermandere, et al., 2011). To do so, the researcher desired to delve deeper into the spiritual dimension in healthcare, in order to identify its practices and barriers, more specifically in acute care units.

The study aimed to answer the following research questions:

- How do nurses in the acute care unit understand the spiritual nursing care given to their patients?
- What are the spiritual nursing care practices among nurses in the acute care unit?
- What are the barriers to spiritual nursing care interventions as experienced by nurses in the acute care unit?

Methods

This study utilized a qualitative research design Purposive sampling technique was used to select the participants. The informants were registered nurses working in acute care units, mainly the emergency rooms and were primarily handling the patients. The selected participants had at least 2-7 years of work experience and were of different denominations. Both genders were considered with a total of 17 participants with 12 came from two different, nonsectarian, private health facilities and 5 came from a government community hospital. The instrumentation used was one-on-one interviews in which Bogdan and Biklen's (2003) guide in conducting a good interview was followed. The interview was developed as an in-depth open and semi-structured interview. Saturation was attained during the data gathering. The six phases of Clark and Braun thematic analysis process was used to analyze the data. To avoid common pitfalls and increase trustworthiness, five basic measures was used, as stated by Eliot (2011). in which the researcher defined clear participant criteria; a set of thoughtful, targeted, unbiased questions was developed; data were collected in multiples, which included interviewing several participants. Also interviewing was done until a point of saturation was reached; and c member checks was conducted , which refers to a process of sharing the findings with those from whom the researcher had collected the data by sharing a list of bulleted findings with major themes and sub-themes to the people interviewed to give an opportunity to not only validate the findings but also elicit further clarification of their results (Shenton, 2004).

Environmental or site triangulation and triangulation by data source with data collected from a variety of participants with no connection, for validation purposes were used to answer the questions set in the study and to secure the data. Written consent obtained with the assurance that the information gathered and their identification be kept confidential and anonymous. In doing so, all names were changed into codes during transcription of interviews and the participants were referred only by those codes during data analysis and statement of the results.

Results

To answer Research Question 1, "How do nurses in the acute care unit understand the spiritual nursing care given to their patients?" six themes emerged: beliefbased care, spiritual upliftment, God-led decisions, respecting the beliefs of patients, praying for the patient, and presencing.

Belief-based care. Belief-based care emerged as the first theme because most of the nurses, in different ways, described their understanding of spiritual nursing care as care provided from "the belief in God", either by the nurses' or the patient's beliefs. Nurse 1, with four years of experience and works at one of the private institutions, stated: *'We do care to the patients with guidance from our beliefs like with the teachings of the Lord with the bible. The way we care for our patients is also the way we may care for the Lord as if he was like the patient.'*

This idea was further illustrated by Nurse 9, a Catholic, who understood spiritual nursing care as strengthening the already existing beliefs of the patient.

Nurse 9 stated, "*Spiritual nursing care is the way you boost or help patient to understand and believe in God in anything that they are suffering from. You enforce what they believe in.*"

Spiritual upliftment. Spiritual upliftment emerged next as the nurses believed that spiritual nursing care can assume considerable importance when the patients' physical presence is threatened by disease and death. Nurse 14, a nurse working at the government community hospital with six years of experience, stated: '*When we say spiritual nursing care, it is good to provide it to our patients because it provides them with confidence. Patients who are sick or feel weak regarding their sickness, they need to receive strength. If they cannot receive it from people around them, they could have it from above*.'

Nurse 10, who works at one of the private facilities further stated:

'It is the outlook of the inside of the patient it helps them to have a good prognosis. If they have a good spiritual foundation they may have a good prognosis because it helps them to have a positive outlook. If I believe in God or someone else higher and more powerful than me, then I can trust my life with that higher power. Because of this then I may have a good prognosis. If you have a good spiritual foundation as a nurse, then you can help the patient have a better outlook of the care given

and a better understanding of the situation.'

God-led decisions. God-led decisions emerged to be the third theme extracted from their responses, as the nurses described spiritual nursing care as a responsibility beyond their routine nursing care and as a way of working to please God. For example, Nurse 15, an Adventist nurse who works at the government community hospital said:

'For me spiritual nursing care is not just working as a nurse because it is your profession but working because it is your vocation as well. When you say it is your vocation, for me, it is deeper compared to just working because you are just earning money. It is my vocation because I am doing it and I am happy doing it and using my profession for God's glory.'

Nurse 2, a male nurse working at a private hospital, withdraws patience and tolerance from spiritual nursing care which is as a result of letting God lead in decision making when handling patients and relatives in distress. He stated: *'For me, spiritual nursing care is everything that I do in my career. I always put God first. It is very usual to encounter patients and relatives in the ER who are irritable or emotional, so as a nurse you should have understanding that the reason the patients or relatives are feeling that way is because they are patients needing care or the relatives have patients needing care. I have to tolerate their attitude. So I just understand them, both relatives and patients. Sometimes patients are the ones being irritable and sometimes the relatives. So for me it's put God first in everything that you do both to your patients and to the relatives.'*

Respect for persons. Respect for persons emerged as one of the themes of their view of spiritual nursing care as several participants suggested that relating with a patient should go beyond the status of being a patient, but as a person who is worthy of all attention and respecting their different beliefs is being considered. Nurse 7 who has worked in a private facility for two years stated: '*Mostly for me, I show respect for the patients. I value their cultural beliefs. There are other cultures that patients don't like being touched so I don't usually touch them without completely having their consent. Like eye contact, I don't give eye contact if the patient's culture doesn't allow it in their culture. We respect their beliefs and demands, so that they can feel better.'*

Nurse 12, who has worked for seven years at a private hospital, also indicated that spiritual nursing care should involve respecting all aspects of your patient, as evidenced by his statement: '*Spiritual nursing is the caring of the patient not only by just visiting or by assisting, but by showing respect, equality, and valuing them. It is not only by sharing faith or religious beliefs. It is respecting them by not showing them inequality. As I said, no matter what nationality or what the patient's religion is, you provide equal treatment.'*

Praying for the patient. Praying for the patient emerged, too, as a theme because nurses view this as a form of spiritual nursing care. For example, Nurse 4 who has four years of work experience at a private hospital stated, *"Spiritual nursing, for me is caring in terms of applying spiritual care spiritually, by praying. It depends on the beliefs of the patient".*

Presencing. Presencing of the nurse emerged as another form of spiritual nursing care. The concept of presencing indicates the idea of a nurse being with a patient or family member during a time of need. Nurse 7 describes presencing as follows: *'Spiritual nursing care for me is having the patients or the relatives know your presence without doing anything, like just being there for them, showing empathy. Here in ER we have critical cases like people arriving as dead on arrival, we do what we can physically, like all the interventions. But spiritually we take care of them, by putting ourselves in their shoes, like what's happening to the relatives*.'

Spiritual Nursing Care Practices of Nurses in the Acute Care Units

To answer Research Question 2, "What are the spiritual nursing care practices among nurses in the acute care unit?" seven themes emerged from the data that were particularly extracted from the informants' responses. They include: offering prayer, encouraging conversation, respecting patient's beliefs, issuing religious literature, compassionate/ passionate care and encouraging church attendance.

Offering prayer. Most nurses offered prayer to the patients thus offering prayer emerged as the first theme. The nurses stated that they normally encourage prayer by either praying for their patients or with their patients. Nurse 15, who works at the government community hospital stated:

'I ask them to pray for them to lessen their burden or to somehow feel more relaxed or explain to them that God is always there to heal them and that it is possible for God to heal them, especially for those cases in the ER. When the patient is severely ill, and some patients who are rushed in the ER are normally severely ill and the relatives also feel nervous, we just ask to pray for them so that they can be calm and have peace of mind'.

Nurses ask their patients to engage in prayer as a source of comfort and hope. Nurse 4 indicated, "*I encourage the patient to pray or to hold on to what he or she believes in, regardless of whether the patient is Catholic, or whichever religion. I ask them to hold on to their beliefs, such as praying and asking for strength and blessings*".

Encouraging conversations. Many participants considered counseling and providing reassurance to patients as significant spiritual care interventions, thus encouraging conversation emerged as another theme. The use of encouraging words, as stated by Nurse 10, a Pentecostal, may be calming to the patient. She said: '*For those who are really in need actually just simple phrases or simple statements like "God loves you", "don't lose hope", "just always pray", "we'll always pray for you, too", or "we'll pray for your fast recovery", these are but simple words that may touch the patients' hearts or that may bring back or lead back their belief in God. Also if necessary, assure them that God is there for them to help them heal and have a good recovery. Just like the simple statements, like "God loves you", "don't lose hope" and "God bless", can be powerful. The simple statements, I believe are powerful.'*

Encouraging the patient to verbalize their feelings and listening was also described as spiritual nursing care, as stated by Nurse 9, *"For me, activities that I do to my patients that I believe are spiritual nursing care is encouraging them to verbalize their feelings or beliefs and trying to understand it".*

Respecting patients. Several participants identified spiritual nursing care as respecting the patient's beliefs thus emerged as a theme. Nurse 9 stated, *"Whatever they want to do with their beliefs I respect it, like Muslims if they have to pray in front of the sunrise like that, the food if they're not allowed to eat it, I don't restrict. Whatever their belief is, I just I respect it."*

Nurse 4 states that one should be aware of others' beliefs and respect their religious practices for a more effective spiritual nursing care. He says: '*Spiritual nursing care promotes respect to the patient, especially when it's in an acute setting like in the emergency room. You have to respect the spiritual beliefs of the patient, you yourself have to be spiritually knowledgeable about what is happening because without that you will not respect what the patient believes or what the patient is feeling. Because if you yourself believes in the religion or the God that you believe in, I think the care that you will be giving to the patient will be a lot more meaningful and more effective when it comes to everything that you do, than if you don't believe. But if you don't believe, you can just say this is just part of my work, let's just get over it, no respect, just do it. I think it contributes a lot to spiritual nursing.'*

Issuing religious literature. Handing religious literature to patients that they may read and find meaning or hope, also emerged as a spiritual nursing care practice in the acute care unit. Nurse 10 mentions: '*Personally I give patients religious literature because in our church we have these magazines. I give them those magazines so they can read them. I think that's helpful once they read and I know the Spirit and God will touch their hearts.'*

Nurse 3, a Born Again Christian with six years of work experience at a private hospital stated that, in addition to offering encouraging words, she also gives religious cards, that are meant to provide encouragement. She said, *"Sometimes I give cards. It's available at the counter such as one with, 'God is good'. "*

Compassionate / Passionate Care. Compassionate / Passionate care emerged as one of the themes as some participants found it as a spiritual nursing care practice in the acute care unit. Nurse 2 attempted to differentiate a nurse who provides compassionate care from one who does not by stating: '*You show compassionate care by simply talking to the patients while providing nursing care. For instance, let's say you have nurse 1 who is taking care of his or her patient just to do his or her job, while nurse 2 is taking care of his or her patient with passion just to help a patient with sympathy. So the two nurses serve differently, one by performing the nursing job*

to finish as a duty and the other one with care and passion.'

Nurse 5 also mentioned how to care for a patient compassionately by saying: '*When it comes to spiritual nursing care, the first thing that comes into my mind is regarding religion and how can I deal with patients, patiently and with care and also with love. You serve them like a family. I do not treat my patients like other persons, so I treat them with love and care as much as I can.'*

Encouraging church attendance. Encouraging fellowship with others, by attending a mass service or church service has been noted to be part of spiritual nursing care by the participants. This was mentioned by Nurse 11, a Catholic, who has worked for three years in the ER at a private hospital. She stated: '*Usually we have first Friday mass here in the hospital and we encourage those Catholics patients to join. It is only Catholics that conduct worship in this hospital, and it is usually on the first Friday of the month. It is for both patients and the nurses, everybody is invited to attend. We encourage patients who want to attend.*

To emphasize on church attendance as part of spiritual nursing care practice, Nurse 14, who works at a government community hospital, further
states, "*In this hospital every Thursday we have a mass so in the ward the relatives or patients who can tolerate it and are able attend the mass are encouraged".*

Reading scripture from the Bible. Reading scripture from the Bible as part of spiritual nursing care also emerged as one of the themes as stated by nurse 12 who has seven years of work experience. She
states: '*Reading a verse from the Bible, can be done before starting your duty, but it is hard to do here. We practiced that every day before, when the hospital was new, but this time we have a lot of patients in the wards so it's not applicable anymore.'*

Participants in the study also encouraged Muslim patients to read the Quran if it was available.

Barriers to Spiritual Nursing Care Interventions Experienced by Nurses in Acute Care Units To answer Research Question 3, "What are the barriers to spiritual nursing care interventions as experienced by nurses in the acute care unit?" six themes emerged from the data that were particularly extracted from the informants' responses. They include: different beliefs, insufficient time, spiritual nursing care perceived as least of priority, feeling of inadequacy, lack of rapport with patients, angry patients or relatives.

Different beliefs. Nurses in the acute care unit observed that, although they would like to provide spiritual nursing care to their patients, the numerous belief systems proved to be a challenge since they were not familiar with all the religious affiliations and beliefs of their patients. Nurse 14 stated,
"The first challenge is every people believe in different religions so I cannot force them to believe what I believe. So I just have to respect what they believe. It's a great challenge that you respect them and what they believe." Nurse 2, a male Catholic nurse who has worked as the ER nurse in a private facility for two years also voiced: '*Not all people are religious, so they don't mind whatever you say, they just believe what they believe. If that's the case I cannot do anything about it, I let it be. Some religions don't tolerate the medical management we need to do to their patients like blood transfusion such as Jehovah's Witness, they don't accept it.*

The fear of intrusion due to lack of knowledge of the patient's religion and beliefs acts as a barrier to provision of spiritual nursing care as indicated by Nurse 2: *I'm a catholic and to deal with a muslim or hindu or other religions, I really have little knowledge about their religion and in what they believe, so that's the challenge. I don't know what name they call their God or what how they address Him. It's really a challenging part when it comes to spiritual nursing in the acute care unit.'*

Insufficient time. Insufficient time emerged as another theme on the challenges encountered by nurses in providing spiritual nursing care in the acute care unit. Providing spiritual care is seen as something extra that needs special time to be done and not as part of the nurse's professional expertise in clinical practice. Nurse 1, a male nurse who has worked for four years expressed: '*Actually for me, we don't practice spiritual care as often as we should, because in the ER we only have a maximum of two hours to attend to our patients then we either endorse them here at the ward or we admit them to the breathing room or we send them home. So in that span of time, two hours is the maximum time we have with our patients. It is very limited because they're many patients and maybe it's a short time to do spiritual nursing care to*

them'

All of the nurses agreed that every patient requires spiritual care in which according to some, because of lack of time, it is difficult to reach out to everyone as voiced out by Nurse 8, a 26 year old, Born Again Christian who has worked for three years at the private hospital, "We don't have enough time to interact with the patients with the set up here in the ER. The patients come and go and we don't have the time to sit with them and talk."

It was evidently noted by the participants that lack of time was among the major hindrances in performing spiritual nursing care in the acute care unit. Activity in the emergency rooms was described as being "*too fast*", leaving no room for spiritual nursing care. Nurse 9
said: '*Here in the ER the flow of the work is so fast so you only have limited time to talk to patients because you have more things to do other than spiritual nursing care. The maximum hours of patients staying here in ER is two hours, especially for critical patients, but the common illnesses they only last here for 45 minutes or one hour and we take them to the wards. So there's no time for spiritual nursing care.'*

Spiritual nursing care perceived as least of priority. Several participants suggested that spiritual nursing care in the ER was the least priority since the patients had to deal with more urgent physiological matters. Nurse 14, a female nurse with six years of work experience in
the ER at the government community hospital, stated: '*Because the patients were rushed in the ER for emergency need, we have to address their concerns first. So before anything else we have to do something regarding their physical health, for example, if the patient has difficulty in breathing we first have to do suctioning, give oxygen and medication. We do this first before interacting or discussing the need for spiritual nursing care, or saying we pray first and ask for help from above. For us, nurses we should prioritize the immediate need of the patient first, before we could do things in comforting ways or saying comforting words.'*

Nurse 13, a male nurse who has worked as an ER nurse for five years in the government community hospital, also emphasized the same point by saying: '*For me spiritual nursing care is important but if you ask for a percentage that should be allowed for it in the ER, I'd give it 10-15%. I cannot give it a higher percentage than that because in the ER you are dealing with emergency cases. You have to provide immediate relief for a problem. The patient came with difficulty in breathing so you have to address that. For example, if it is a vehicular accident we have to check for the, the airway, the breathing, the circulation, and all that stuff. So for me it should be included but only if time permits.'*

Chaplains, in healthcare institutions, are sometimes the only providers of spiritual care for patients and their families. As mentioned by nurse 7,
"We don't pray for the patients like what pastors do. We don't pray for the family. We nurses should do it with guidance from the pastors".

Feeling of inadequacy. Feeling of inadequacy emerged as the theme as some participants mentioned that their hindrance to providing spiritual nursing care is that they felt they were not properly equipped since they were not spiritual themselves. Nurse 13, a 25 years
old male nurse who is a Catholic, stated,
"I'm not a spiritual nurse. I am not a spiritual person that's the problem. So I am not in the position to display or to be the one to provide them with spiritual nursing care".

Nurses in the acute care unit work closely with the sick and dying, and they often find themselves called upon to address a patient's spiritual needs. It is when confronted by these situations when they find themselves not properly prepared. When asked what hinders her from practicing spiritual nursing care, this
is what Nurse 11 responded: '*We really don't practice spiritual nursing care. We just respect whatever are the patients' beliefs. If they want to share, they share. Maybe we are not used to it, or I don't know how to begin or how to provide spiritual nursing care. Maybe some other time I'll try if I
can, if there's a chance.*

Not all nurses feel comfortable providing spiritual nursing care in all situations, while at the same time they may be concerned about the appropriateness of such activities. They also have questions on how to perform it.

Lack of rapport with patients. Many participants stated that a lack of an established relationship with the patients or good rapport with their patients hinders them from providing spiritual nursing care as they consider that spirituality is a rather "personal" issue. As stated by Nurse 10: '*Before you give words of encouragement to your patients, you need to first build a rapport. If your patient trusts you, if they think you're a good person and you think they welcome your ideas then you can share the encouraging words but if you feel that your patient is not that kind of a person and not so religious, then maybe you should refrain from saying the encouraging words. Sometimes we Filipinos tend to get shy. We just do our work, give the medicine, educate them about the illness and we tend to forget about spirituality. There's still the boundary between us nurses and our patients because we still have professional relationship. Personally because I think that when I tell them those encouraging words, it sounds a little bit personal so it's very difficult to build a personal relationship or not personal but a little bit closer relationship.*'

Angry patients/relatives. Patients and relatives experience anger and despair especially when their loved ones are in acute care units and faced with illness that in a way hindered the nurse from providing spiritual nursing care.

Nurse 7 has this statement: '*When there are irate people, they are hard headed like we have experienced. What I do is understand that they have big problems, they're sick so they demand too much. So, as nurses, we accept that and we don't fight with them or argue with them. We just understand them. You can't give spiritual care when the patient is mad or irate. They won't understand.*'

Nurse 12 also gives his experience and states that the patient's level of anger may be so elevated leading to "shouting" at the nurses. He states: '*Sometimes the patients or relatives are too stressed. In emergency situations you know that patients and relatives don't know or understand that they're more sick patients but they feel like they're superior than others so they shout at us for not assisting them or their patients immediately, while the reality is that there are a lot of other patients to take care of. We need to attend to a patient that is more critically ill than them.*'

DISCUSSION

Spirituality is often related to one's belief system (Yang & Mao, 2007). Furthermore, Khairunnisa, Paul, and Olsone (2011) states that spiritual care meant incorporating religious practices or beliefs into the provision of nursing care. As the participants stated, It is adhering to one's client's beliefs about God and incorporating religious beliefs when reassuring and counseling the patient. In a culturally diverse and multi-faith society, spirituality is highly subjective and means different things to different people. It however gives meaning to life, provides hope, gives a reason to live and can influence health (Wilding, 2007). It is therefore important to understand what beliefs and practices the patient values especially when working with people whose beliefs and practices nurses are unfamiliar with.

Nursing is more about healing rather than curing. One might have an illness and consequently seek help from a physician expecting to be cured, but healing is more from within, not attained through medicine only, or through what nurses are doing (Khairunnisa, Paul, & Olsone, 2011). White (1905) declares that true healing comes only from God. Sometimes people lose hope and when you touch the spirit part of this person, they feel confident that they have a companion in their difficult situation, and it is this will-power that assists in coping (Khairunnisa, Paul, & Olsone, 2011). Shelly (2000) suggests that the strength of a client's spirituality influences how he or she copes with sudden illness and how quickly he or she can move to recovery.

For caregivers who hold a religious perspective, the patient is seen as a part of God's creation, or as created in the likeness of God. This puts emphasis on the nursing care provided, and directs it towards care provided for God's service (McCormick, 2014). Monareng (2013) indicates that, relating with a patient was understood to be spiritual when being conscious of those actions for serving or pleasing God. He further states that the patient is seen as a spiritual being and should be treated so.

Khairunnisa, Paul, and Olsone (2011), suggest that the first step to use when showing a person that you care for him, is to respect him as a human being, recognize that he is a unique person and you will care for his needs, and that you are open to listen to them and to help them as much as you can. They further

mention that some of the moral and ethical behaviors such as being polite, honest, faithful, and respectful to individuals regardless of religious beliefs were considered as spiritual nursing care interventions.

Shelly (2000) describes compassionate presence as more than just showing up at the bedside when a person is sick. It requires nurses to relate to others as individuals, person-to-person, which requires humility and enables them to care for patients as fellow human beings rather than approaching them in the authority of a nurse role. Often, after therapeutic procedures have been completed, the medications have been given, and the formal nursing interventions have been carried out, ill persons/and or family members long for a nurse to just be with them for a few minutes; to be a caring presence, not listening for they may be too fatigued to talk; not touching for they may be in too much pain for physical contact, but just to be there, to be present during their time of lonelines and suffering (O'brien, 2014).

Prayer has been cited as the most common spiritual intervention with the highest frequency of all the suggested actions employed by nurses to care for the spiritual needs of their patients (Monareng, 2013). Prayer is envisioned as the spiritual action one takes to bring an individual into connection with God (Johnson, 1992).These activities may be appropriately carried out by the nurse only if acceptable to the patient and the family (Gallison, Jurgens, & Boyle, 2013). Christian nurses have the responsibility to pray for their patients.

Nawawi, Balboni, and Balboni (2012) indicate that providing reassurance to patients, making a patient pain-free, and reducing patients' fears in the hospital are part of spiritual care, since providing reassurance allays anxiety. O'brien (2014), states that the concept of listening is an integral part of being with a person. Active listening with responsive and sensitive feedback to the person speaking is important in providing spiritual care. Though listening to the patient and paying attention to him or her may not alleviate the disease problems, this calms the patient spiritually (Yousefi & Abedi, 2011).

As stated by the participants, issuing of religious literature can support, encourage and guide patients who are in crisis or those distracted by pain or disabilities (Fish & Shelly, 1978). It may provide hope, strength and peace. Shelly (2000) writes, however, that it should always be used in conjunction with compassionate presence for it to be effective, as nurses cannot issue religious literature when they have been absent in providing nursing care.

Illness changes a person's status in the worshipping community. Strong relationships have been proven to increase well-being, which is perhaps why one study found a strong association between church attendance and improved health, mood, and well-being (Krentzman, 2015). Thus encouraging church attendance is considered as part spiritual nursing care.

Reading scripture from the Bible can be perceived to be more of a religious practice, but it can also be viewed as part spiritual nursing care. Khairunnisa, Paul, and Olsone (2011), state that reading Holy scriptures promotes hope and peace amongst their patients. Shelly (2000) reckons that spiritual nursing care involves sharing scripture appropriately and praying along with sharing resources such as literature, music, and touch.

All of the nurses agreed that every patient requires spiritual care in which according to some, because of lack of time, it is difficult to reach out to everyone. Lancaster (1997) indicates that care givers often may say they have no time. Nurses are bombarded with too many tasks to do hence they avoid being caught up in other issues such as spiritual nursing care. However, Shelly (2000) states that spiritual nursing care may save time in the long run. She further states that many nurses use the excuse that they just do not have the time to provide spiritual nursing care, but when the underlying problem is spiritual, medication, surgery, or even psychiatric care will not be as effective as they would be when spiritual needs are appropriately met.

Corcoran (as cited in O'brien, 2014), reported that a significant amount of the ER nurse's time must be spent in meeting the patient's physical needs. A key role of the emergency department nurse is that of triage, or initial nursing assessment of the patient's condition in order to determine priority care needs (Blair & Hall, 1994). O'brien (2014) argues, however, that this does not relieve the ER nurse from attention to spiritual needs. The consideration of the ER patient's psychological and social problems, as well as physical assessment and triage, as part of

emergency nurse’s role has, been underscored in a list of ER nurse activity. Spiritual care may be an important need for both patients and family in an emergency situation, especially if the admitting diagnosis contains a life threatening dimension (O’brien, 2014).

Most nurses report to be feeling inadequately prepared to render spiritual nursing care to patients as most of the cited spiritual care they provided was either intuitive or done as part of their spirituality, and not necessarily as part of their professional training or responsibility (Monareng, 2013). To perform a complete spiritual assessment, nurses need to become familiar with the concept of spirituality and what it means in the care of patients (Clark, 1997). Exploring nurses spiritual profiles, especially for those who seem to be unfamiliar with spiritual matters, is a starting point on the journey to delivering spiritual nursing care (Shelly, 2000; Yang & Mao, 2007). Spirituality and religion are very personal matters of every human. It is for this reason that a good rapport should be established before engaging in spiritual care (Hajnova, Buzgova, & Feltl, 2015).
He states that nurses feel embarrassed or uncomfortable when patients or their family and friends raise matters concerning spirituality due to lack of rapport.

Ill patients and relatives in the emergency care units may struggle with their feelings of anger, fear, and despair, and with unanswerable questions of life, death, and the reason for its happening (Derrickson, 1996). It is in such times, that Nicholas and Barton (2013) state that not all patients will want or need to explore spiritual or religious concerns. They also said that the process of dying can paralyze patients emotionally and cognitively, leaving them with little to no energy to grapple with spiritual issues hence becoma angry as stated by the participants.

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