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Nurse Practitioners' Spiritual Perspectives And Attitudes Toward Providing Spiritual Care

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NURSE PRACTITIONERS' SPIRITUAL PERSPECTIVES
AND ATTITUDES TOWARD PROVIDING
SPIRITUAL CARE

by

DENNIS R. LONG

A Thesis
Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

August 1997

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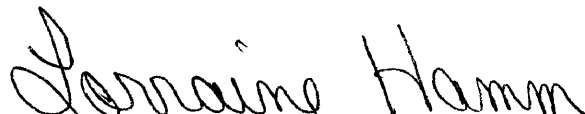
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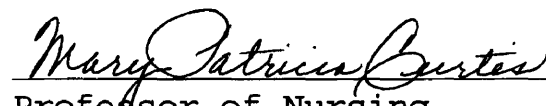
Nurse Practitioners' Spiritual Perspectives
and Attitudes Toward Providing
Spiritual Care

by

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Abstract

Spirituality is viewed by many nursing theorists as an integral subset of personhood. However, current literature suggests that spirituality may be overlooked by health care providers when rendering holistic care. The purpose of this study was to assess the spiritual perspectives of nurse practitioners and ascertain attitudes toward providing spiritual care. A descriptive study was conducted to answer the following research questions: What are the spiritual perspectives of nurse practitioners and what are nurse practitioners' attitudes toward providing spiritual care? The theoretical framework was based on Ellison's (1983) Conceptualization of Spiritual Well-Being. The sample (N = 80) of nurse practitioners were licensed to practice in the State of Mississippi. The majority of participants (71%, n = 58) were \leq 45 years of age, and 75% (n = 60) revealed < 5 years experience as a nurse practitioner. Ninety-five percent of the sample was female. Spiritual perspectives were measured using

Reed's Spiritual Perspectives Scale (SPS), and Soeken and Carson's Health Professional Spiritual Role Scale (HPSRS) measured attitudes toward providing spiritual care. The findings of the study suggested that nurse practitioners consider spirituality an important aspect in their lives and believed that providing spiritual care was important. Implications are that nursing interventions which promote spirituality must be utilized by nurse practitioners to promote holistic care. In addition, if spirituality is an important aspect of health care, nursing education must focus on spiritual matters. Recommendations are made to incorporate spiritual related issues into all areas of nursing education. This researcher also recommends a replication of this study using a larger sample.

Dedication

I would like to dedicate this research project to my undergraduate nursing instructors who encouraged me to pursue my Master of Science degree.

Acknowledgments

I wish to thank my family and friends for their understanding and encouragement during this endeavor.

I also want to express my sincere appreciation to my research committee, Melinda Rush, Lorraine Hamm, and Dr. Mary Pat Curtis. Their willingness to serve and expertise played a major role in the completion of this project.

Finally, I thank God for allowing me this opportunity and with whom all things are possible.

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Chapter I

The Research Problem

Nursing has long been considered a holistic science that defines personhood as consisting of body, mind, and spirit (Carson, Winkelstein, Soeken, & Brunins, 1986). This definition supports the beliefs of many nursing theorists who view spirituality as an essential subset of personhood which must be addressed when rendering holistic care. Also, many health care providers believe that spirituality may improve well-being and, therefore, must not be overlooked ("Can Spirituality Improve Healing," 1996). Despite these beliefs, Oldnall (1996) suggests that spirituality is often neglected by health care providers when rendering care.

Current literature provides numerous reasons why spiritual neglect exists. According to Ferszt and Taylor (1988), a thorough spiritual examination may take more time than the health care provider's workload will permit. Daaleman and Nease (1994) suggest that a fear of projecting one's own views, a lack of the awareness of the

importance of spirituality, and a discomfort with the subject may prohibit inquiries into spiritual issues of clients. Although a variety of explanations exist for the neglect of the spiritual subset of personhood, limited research has been conducted regarding the spiritual perspectives of health care providers and attitudes toward providing spiritual care. Therefore, the purpose of this study was to assess the spiritual perspectives of nurse practitioners and ascertain attitudes toward providing spiritual care.

Establishment of the Problem

In nursing, person is viewed as a holistic being composed of physiological, psychological, sociological, and spiritual subsets. However, spirituality is often forgotten (Dettmore, 1984). This neglect may be due to the uneasiness of health care providers when discussing spiritual issues (Daaleman & Nease, 1994).

Nurses, especially nurse practitioners, must be aware of their personal views and attitudes as they shape responses to and care for patients (Saylor, 1990). Limited research exists regarding spiritual perspectives of nurse practitioners and attitudes toward providing spiritual

care. Therefore, future research that will document these perspectives and attitudes is essential.

Although many researchers agree that spirituality is multifaceted and perspectives vary among individuals, traditionally, spirituality has been associated with religion, the meaning of life, and an inner spirit (Bernard, cited in Oldnall, 1996). According to Oldnall (1996), problems may exist with this definition because defining and describing characteristics of spirituality as exhibited in human beings may be difficult. Oldnall (1996) states that individuals may have spiritual needs but have no religious ties.

Other views of spirituality suggest that the religious side of spirituality involves the image of God and soul (Carson, 1989). According to Carson, individuals are thinking, feeling, moral, and creative beings with the ability to relate to God and others in a meaningful way. Carson has stated that human beings need a reason for living and a set of beliefs that will explore the meaning of life, suffering, health, and illness. In comparison, Carson has suggested that secular views of spirituality do not constitute a transcendent being or a set of religious beliefs. Instead, each person consciously or unconsciously

has chosen a set of values which become the major focus of life. This latter perspective embraces the belief that individuals have the ability to motivate lifestyles toward fulfillment of needs, goals, and aspirations (Carson, 1989). The religious and secular views of spirituality must be defined to determine the relevance regarding holistic care (Carson, 1989).

Helping clients fulfill their spiritual needs is a major part of holistic care (Forbis, 1988). Nurses are well trained to meet a client's physical and psychosocial needs. However, they are not indoctrinated as well to meet clients' spiritual needs. According to Forbis (1988), this inadequacy may be due to trends of educators who view spiritual needs of clients as a superficial introduction to religious issues.

Other researchers suggested that spiritual care of clients is limited. According to Highfield and Cason (1983), nurses often consider three approaches to a client's spiritual needs. The nurse will either define spiritual dimension as part of the psychosocial dimension, deny the existence of the spiritual dimension, or define the spiritual needs of clients as worthy of independent

consideration. Highfield and Cason suggest that if clients receive spiritual care the care is often inadequate.

Significance to Nursing

If spirituality is an essential subject of personhood and if nursing is a holistic science, then spirituality must not be overlooked when rendering client care.

Therefore, nursing research that increases the scientific body of knowledge regarding spiritual perspectives of health care providers and attitudes toward providing spiritual care must be documented. In addition, new knowledge may support the use of nursing interventions that enhance a client's spirituality rendering a positive effect on well-being (Kaye & Robinson, 1994).

Based on researcher recommendations, health care providers must explore their own spirituality, thereby increasing their level of comfort when discussing spiritual issues (Daaleman & Nease, 1994). If health care providers are unsure of their own spiritual perspectives, they may feel unable to meet a client's spiritual needs. Therefore, clients who wish to utilize spirituality as a coping resource cannot because the issue is never raised by health care providers (Dettmore, 1984). Findings from

this study may assist health care providers in recognizing barriers that inhibit inquiries into spiritual issues of clients.

Conclusions of this study may aid nursing educators. Highfield and Cason (1983) suggest nursing education regarding spirituality is limited to superficial acquaintances with expressions through rites, rituals, and beliefs. According to Highfield and Cason (1983), the concept of spirituality is much more profound. Nursing educators must broaden their base of understanding regarding spirituality and encourage students to integrate this dimension into client care. This study may serve as a stimulus for future research concerning the neglect of the spiritual subset of holistic care.

Theoretical Framework

The theoretical framework for this study was Ellison's (1983) Conceptualization of Spiritual Well-Being. According to Ellison, spiritual well-being is an interaction between the dimensions of religion and existential well-being. Ellison suggested that religious well-being is an association with a power higher than self and existential well-being referred to an inner peace and

purpose in life. Ellison viewed all individuals as spiritual and suggested that spirituality is an important force that affects thoughts, feelings, relationships, and physical condition. Ellison (1983) stated that spirituality is a driving force that propels individuals to seek satisfaction, purpose, and meaning to life. Ellison's Conceptualization of Spiritual Well-Being is not directed toward determining spiritual existence but rather ways to enhance spirituality as it exists in each individual. Individuals function as integrated systems; therefore, the religious and the existential dimensions of well-being overlap. The spirit of human beings allows and motivates the search for meaning and purpose of life. The spirit provides personality and some sense of energizing direction and order. However, the spiritual dimension does not exist in isolation from one's psychic. The spirit affects and is affected by one's physical state. Therefore, if individuals are healthy, they feel alive, with a sense of purpose and completeness. This spiritual health will be experienced to the extent that individuals are psychologically healthy (Ellison, 1983).

Ellison suggested that spiritual well-being and spiritual health may not be synonymous. However, spiritual

well-being is an expression of spiritual health. According to Ellison, spiritual well-being may be an expression of good health like a complexion and pulse rate are expressions of good health. In addition, Ellison stated spiritual well-being does not appear to be the same as spiritual maturity. However, a spiritually mature person will have a positive sense of well-being (Ellison, 1983). Ellison's beliefs indicate that strategies to promote spiritual well-being may be directly aimed at the quality of one's relationship with God and one's existential state.

Assumptions

For the purpose of this study, the following three assumptions were made:

1. Spirituality is an essential subset of personhood.
2. Spirituality has a positive effect on well-being.
3. Nurse practitioners have spiritual perspectives and attitudes toward providing spiritual care.

Purpose of the Study

The purpose of the study was to assess the spiritual perspectives of nurse practitioners and ascertain attitudes toward providing spiritual care.

Statement of the Problem

Spirituality is a vital component in holistic care. All components are interrelated and must be considered if an optimal level of health is to be achieved.

Nurse practitioners may fail to consider spirituality when addressing health issues. No studies have been identified regarding spiritual perspectives and attitudes of nurse practitioners on providing spiritual care. Therefore, nursing research was conducted to assess the nurse practitioner's spiritual perspectives and ascertain attitudes toward providing spiritual care in an effort to render holistic care.

Research Questions

Two research questions were answered in the study:

1. What are the spiritual perspectives of nurse practitioners?
2. What are nurse practitioners' attitudes toward providing spiritual care?

Definitions of Terms

For the purpose of this study, the following terms were defined:

Spiritual perspectives:

Theoretical: views regarding one's inner self and a relatedness to a power higher than self.

Operational: views of nurse practitioners regarding one's inner self and a relatedness to a power higher than self as measured by Reed's Spiritual Perspectives Scale.

Nurse practitioners:

Theoretical: a certified advanced practice nurse clinician (Anderson, 1994).

Operational: a certified expanded role nurse practicing in the state of Mississippi.

Attitudes toward providing spiritual care:

Theoretical: attitudes of health care providers toward rendering spiritual care (Soeken & Carson, 1986).

Operational: attitudes of nurse practitioners toward rendering spiritual care as measured by Soeken and Carson's Health Professional's Spiritual Role Scale.

Summary

This chapter presented spirituality as an integral subset of personhood. Current literature suggests that this subset may be overlooked by health care providers

when rendering care. Therefore, a better understanding of spiritual perspectives and attitudes toward providing spiritual care may help promote holistic care.

Chapter II

Review of the Literature

A review of literature was conducted to familiarize the researcher with an existing knowledge base for the study. A noticeable lack of studies regarding the spiritual perspectives of health care providers and attitudes toward providing spiritual care existed. However, the concept of spirituality has been the focus of many studies and nursing articles. This review of literature presents studies regarding spiritual perspectives, attitudes toward spiritual care, attitudes concerning inquiry into spiritual issues, and the importance of spiritual interventions.

Daaleman and Nease (1994) conducted a descriptive study to investigate patients' attitudes about physician inquiries into spiritual and religious issues and identify variables that may determine which patients would be receptive to such inquiries. The researchers suggested that religion and spirituality were interchangeable in

this study due to their belief that patients used the terms synonymously.

The research sample (N = 80) included patients (between the ages of 20 and 87 years) of a university-based family practice center. Subjects were selected using a convenience sampling design. Eighty-seven percent of the sample was reported as Protestant or Catholic denomination, 7% stated their religious affiliation as "Other," and 5% reported "having no affiliation with a religious denomination." The educational background of the sample ranged from some high school to graduate school level.

Data were collected using the Spiritual and Religious Inquiry (SRI) questionnaire. The tool was specifically designed for the study. The SRI was a self-report measure which included the variables of age, educational level, prayer frequency, religious denomination, frequency of religious service attendance, and 11 statements regarding physician inquiry into patients' spiritual and religious issues. Each participant was asked to complete the SRI and return the tool prior to leaving the clinic.

Utilizing descriptive and inferential analyses, the researchers found that 64% of the respondents prayed daily

compared to 20% who rarely prayed, and 43% attended regular religious service whereas 40% rarely attended. Additionally, most respondents did not agree with statements regarding physician inquiry into a patient's spiritual history. However, subjects did agree that patients should be referred to pastoral professionals for spiritual problems. Findings also indicated that no significant difference existed between subjects' openness to physician inquiry into spiritual and religious issues and the stated religion and level of education. In addition, respondents who regularly attended religious services as well as those who prayed daily generally agreed that physicians should inquire into patients' religion and personal faith and this inquiry should become part of their medical record.

Daaleman and Nease (1994) concluded that identifying patients who attend regular religious services or those who pray frequently may be indications of individuals who would be receptive to inquiry by physicians into spiritual issues. This identification may have a positive effect on the attitudes of physicians toward providing spiritual care. Therefore, future research is needed to assess spiritual perspectives and attitudes of health care

providers such as nurse practitioners in an effort to ensure inquiry into spiritual issues of clients.

Another study was conducted by Emblen and Halstead (1993) to determine how patients, nurses, and chaplains are defining the phrases spiritual needs and spiritual interventions. The purpose of the study was to identify and compare the meaning that patients, nurses, and chaplains have regarding spiritual needs and related interventions.

The research sample (N = 38) consisted of 19 surgical patients, 12 nurses, and 7 chaplains. The sample was selected using a convenience sampling design. Surgical patients were selected based on established criteria. The criteria did not allow cardiac or liver transplant patients to be used in the study. In addition, each surgical subject was over the age of 16 years, able to speak English, alert with the ability to respond and reflect on questions and experiencing no discomfort that would alter speech. The nursing sample was selected from the same surgical units as the surgical subjects. Chaplains were chosen according to denominational affiliation from general and religious hospitals.

Data were collected using a standard interview approach. Questions were developed utilizing guidelines established by Stallwood and Stoll (1975). A panel of experts composed of 2 chaplains and 2 nurse researchers established the face validity of the interview questions. The sample subjects were asked questions that would elicit a response to three research questions. The responses were tape-recorded and transcribed verbatim.

Emblen and Halstead (1993) found that spiritual needs were categorized by patients, nurses, and chaplains under religion, values, relationships, transcendence, affective feelings, and communication. However, chaplains did not designate items under the affective feelings section. In addition, a negative division regarding spiritual needs was designated by nurses and included values, relationships, and others. Regarding the question, what do patients, nurses, and chaplains identify as nurse and chaplain interventions, the researchers found that patients recognize such items as prayer, scripture, compassion, presence, talk, touch, smile, as interventions. While nurses and chaplains identified prayer and presence, nurses recognized religious support, and chaplains identified Bible reading and confession as

interventions. The question regarding how nurses' and chaplains' perspectives of patients' spiritual needs relate to their designation of spiritual interventions, analysis of the data revealed that respondents' discussion of perspectives and interventions were congruent. The researchers found that generally nurses and chaplains who recognized religious aspects of spiritual also need identified religious interventions. In addition, when items were identified under the relationship category, more relationship interventions were recognized.

Emblen and Halstead (1993) concluded that those spiritual needs as viewed by patients, nurses, and chaplains might be classified under religion, values, relationship, transcendence, affective feeling, and communication. Also, related interventions might include talk (listen), offering prayer, reading scripture, being present, and making referrals. The researchers suggested that a complete assessment might allow for spiritual needs to be identified and categorized according to an individual's needs. In addition, offering several options as interventions may aid in meeting the spiritual needs of clients.

Findings by Emblen and Halstead (1993) suggest that spirituality is multifaceted. Further research investigating spiritual perspectives of health care providers, such as nurse practitioners, may provide information that will aid in identifying and meeting patients' spiritual needs.

In a study by Kaye and Robinson (1994), spirituality as a resource for individuals providing care was investigated. Kaye and Robinson explored spirituality among caregivers' wives. The purpose of the study was to compare the spiritual perspectives of caregiver wives and noncaregiver wives of dementia victims and noncaregiver wives of healthy adults in the United States. Additionally, the researchers sought to determine whether the spiritual perspective was an important resource for the caregiver situation. The following key words were defined: Spiritual perspectives were the personal views and behaviors that express a sense of relatedness to a dimension beyond ordinary physical boundaries or a belief in a power higher than self; caregivers were wives of dementia victims; and noncaregivers were wives of healthy adults.

The research sample (N = 45) included females between the ages of 50 and 80 years. The sample was selected using a convenience sampling design. Seventeen caregiver wives of Alzheimer victims and 23 noncaregiver wives of healthy adults participated. The participants had the same educational and religious background and were financially stable.

Data were collected using the Spiritual Perspective Scale. The 10-item instrument measures perspectives relating to spiritual views and interactions. The Likert-type scale was used to ascertain the degree of importance of spiritual perspectives in the caregiver situation.

The researchers found no statistical significance between spiritual perspectives of caregiver wives and noncaregiver wives of dementia patients and noncaregiver wives of healthy adults. Spiritual perspective was found to be an important resource for the caregivers. Of this group, 77% indicated that spirituality was discussed with others at least once a week. Also, 88% of this group read spiritual literature once a week and 65% read once a day. A high percentage of caregivers utilized private prayer once a day and sought spiritual guidance when making

decisions. Sixteen (94%) of the caregiver group expressed spiritual views as an influence on their lives.

Kaye and Robinson (1994) concluded that nursing interventions which enhance the client's spiritual perspective may be useful. These researchers recommended further studies concerning the spiritual perspective of caregivers. Recommendations also were made by Kaye and Robinson (1994) for studies that would involve the use of church members as a resource for clients.

Kaye and Robinson's (1994) study suggests that spirituality is a positive resource for clients. These findings suggest a need for further research that will explore the attitudes of health care providers toward rendered spiritual care.

Another related study conducted by Sodestrom and Martinson (1987) utilized a descriptive approach to examine the coping strategies of cancer patients. The purpose of the study was to determine patients' and nurses' degree of agreement when identifying spiritual coping strategies used by patients. A convenience sample of 25 nurses from an oncology unit in a major non-sectarian medical center was paired with 25 patients. The patient participants (n = 25) were required to be 18 years

or older, diagnosed with cancer for at least 6 weeks, and aware of their diagnosis. The nurse participants (n = 25) were selected from registered nurses who worked at least 24 hours per week.

Sodestrom and Martinson (1987) utilized the Patient's Spiritual Coping Interview (PSCI) developed by McCorkle and Benoliel to describe a patient's use of spiritual coping strategies relating to God or a higher power. A semi-scaled interview was conducted using open-ended and opinion questions. The interview included 30 questions which describe a patient's relationship with God or a higher power, use of spiritual activities and resource people, and perceptions of the nurse's role in spiritual care. Seventeen items on the PSCI were utilized to determine the degree of agreement between patients' and nurses' identification of spiritual strategies. The remaining questions were used for descriptive purposes. To establish content validity, a panel of experts was used to judge patient and nurse interviews.

The Walch Aspin t test was utilized to describe the differences between patients' responses on the use of spiritual coping strategies and demographic variables. Patients' regular church attendance and perception of

prognosis were found to be statistically significant. Patients who attended church at least once a week were found to use more spiritual resource people, $t(15, 7) = 3.56, p < .05$, and activities, $t(18, 9) = 5.71, p < .001$. Patients' realistic awareness of their poor prognosis also used a greater number of spiritual activities, $t(4, 16) = 2.19, p < .05$. No statistical significance was found between patients' response and their age or length of time they knew their diagnosis as determined by Pearson's correlation coefficient.

Nurse response to identifying patients' religion, spiritual beliefs, and use of spiritual and resource people were matched to their patients. Forty-four percent of nurses could identify their patients' religious preference, and 76% correctly identified that patients found meaning and purpose in a relationship with God. The identification of spiritual activity utilized by patients varied among nurses; however, 60% of nurses correctly identified patients' reliance on family, nurses, and physician as a spiritual resource.

A t test was conducted with several variables to determine significant differences in the responses of nurses and patients. A greater number of spiritual

activities, $t(2, 7) = 2.34, p < .05$, were identified by nurses who knew the patients. No significance emerged between agreement between nurses and patients regarding the use of spiritual coping strategies and nurses' religious church attendance and experience with cancer nor for the variables of patients' sex or religion. In addition, no significant difference was found between patients' and nurses' agreement and nurses' years of experience, self-appraisal of their ability to assess spiritual needs, time worked with their patients, and hours of spiritual instruction.

According to Sodestrom and Martinson's (1987), findings of the study indicate that nurses who care for terminally ill cancer patients should educate themselves about spiritual coping strategies used by patients, establish a liaison with hospital clergy and/or patients' resource people, and promote nursing research on patients' use of spiritual activities and resources. The researchers determined that almost half of the patients utilized nurses as a spiritual resource. This determination emphasizes the importance of incorporating spiritual assessment and support into delivering nursing care in an effort to help patients manage illness effectively.

Sodestrom and Martinson (1987) concluded that nurses are often used as a spiritual resource. Therefore, an investigation regarding nurse practitioners' spiritual perspectives and attitudes toward providing spiritual care may provide important information concerning a valuable resource used by clients.

An additional study that examined whether patients want physicians to discuss religious beliefs was conducted by King and Bushwick (1994). The researchers utilized a cross-sectional survey of patients at a community hospital and tertiary referral center in Greenville, North Carolina, and a community and teaching hospital in York, Pennsylvania.

The sample for the study involved adult patients 18 years or older who were able to respond to questions in a brief interview. The sample (N = 186) consisted of subjects selected by using the family practice inpatient census and hospital obstetric delivery list. One hundred three subjects were selected at Pitt County Memorial Hospital in Greenville, North Carolina (PCMH) and 83 at York Hospital in York, Pennsylvania. The mean age at PCMH was 48 and 61 years in the York sample. Thirty-seven percent of the PCMH sample was white, and 93% of the York

group was white. A total of 94% stated that spiritual health is as important as physical health.

Data were collected during a brief interview in which a questionnaire was administered by a research assistant in the patient's room. Demographic data including age, sex, race, and health status were solicited. In addition, questions about religious preferences, religious beliefs, and frequency of religious service attendance were presented. Subjects were asked about their previous experience with faith healing, prayer, and physical injury into spiritual issues. The role of faith and healing relating to health was assessed using a 5-point Likert-style scale. Each respondent rated his or her degree of agreement with a series of statements.

Data were examined using cross-tabulation and correlation. Statistical significance was set at $p < .05$. Findings indicated that patients expressed positive attitudes toward physician involvement into spiritual issues. Seventy-seven percent revealed that physicians should consider patients' spiritual needs. Thirty-seven percent wanted their physicians to discuss religious beliefs with them more often, and 48% wanted physicians to pray with them. Findings also suggested that 68% of

physicians never discussed spiritual issues. In conclusion, the researchers' findings supported the original hypothesis that patients want physician inquiry into spiritual issues, but physicians rarely discuss such issues with patients. According to King and Bushwick, this may result from the fact that medical students are taught that a discussion of spiritual issues of clients is inappropriate.

King and Bushwick (1994) implied that religious beliefs and experience are important aspects of hospitalized clients. Physicians should be attentive to the spiritual needs of their patients. King and Bushwick suggested further research to determine various ways to address the spiritual needs of clients. Their findings elucidate the need for further research that will provide insight into views and attitudes of health care providers toward rendering spiritual care.

A current study by Pullen, Tuck, and Mix (1996) utilized a descriptive, correlational investigation to explore spiritual perspectives of mental health nurses. The purpose of the study was to describe the spiritual perspectives of these nurses in a public facility. The sample utilized in the study was all registered nurses

(RNs) (N = 84) employed at a public mental health facility which provided long-term care. Each participant was asked to complete a demographic questionnaire, a consent form, the Reed's Spiritual Perspective Scale, and three open-ended questions. Thirty to 60 minutes were allowed for completion of the questionnaires. Each completed questionnaire was placed in an unmarked envelope by the participant and the sealed packets were returned to the researchers. Demographic data were collected using a fixed-response survey format.

Demographic data included the educational background in years, race, years of service as a mental health nurse, age of patients served, and spiritual care education. Reed's Spiritual Perspectives Scale (SPS) was utilized to measure spiritual perspectives. An arithmetic mean of responses was used to compute scores on the SPS. The participants' scores ranged from 1 (low SP) to 6 (high SP).

Data were analyzed using the Wilcoxin Signed-Rank Test. No significant differences were found between SPS scores when age of participants, education, religion, race, years of service of mental health nurses, age of clients served, and spiritual education were reviewed.

However, there was a slightly lower SPS score ($M = 4.733$) for males as compared to females ($M = 4.866$). A slightly lower score ($M = 4.866$) also was found for nurses working evening shifts when correlating shift work to the SPS score. When examining spiritual value and spiritual related interaction, there were significant differences between younger and older nurses, $F(2, 24)$, $p < .05$, but no differences in SPS scores between age groups. Analyzing other variables revealed no significant differences.

Pullen et al. (1996) concluded that no findings were definitive. The researchers recommended future studies continue to examine spiritual perspectives of health care providers. According to Pullen et al., gender and shift work were the only variables correlated to the SPS score; therefore, recommendations for future studies with a larger sample are needed. In addition, a slight correlation between SPS scores and every shift employment was found. Therefore, further research might also be considered in this area. According to Pullen et al., the most interesting finding was that the sample of mental health nurses, across all ages, had higher SPS scores than previously reported. Because it is unknown what factor may contribute to the higher scores, future studies to explore

the spirituality in mental health nurses was recommended (Pullen et al., 1996).

Researchers suggest that clients are generally accepting of health care providers inquiring into religious and spiritual issues. In addition, spiritual needs may be classified under religion, values, relationships, transcendence, affected feelings, and communications. Consequently nursing interventions that enhance spiritual needs may benefit the client's well-being. These findings reinforce the importance of nursing research which assesses spiritual perspectives of nurse practitioners and ascertains attitudes toward providing spiritual care.

Chapter III

The Method

The purpose of the study was to assess the spiritual perspectives of nurse practitioners and ascertain attitudes toward providing spiritual care. The empiricalization of the problem is described in this chapter which includes the research design, data collection method, and data analysis.

Design of the Study

A descriptive approach was utilized to assess spiritual perspectives of nurse practitioners and ascertain attitudes toward providing spiritual care. A descriptive design is used to observe, describe, and document aspects of situations as they naturally occur without manipulation of variables (Polit & Hungler, 1995). Therefore, a descriptive design was deemed appropriate as no manipulation of variables occurred.

Variables

Variables of interest. The variables of interest were the spiritual perspectives of nurse practitioners as measured by Reed's Spiritual Perspective Scale and attitudes toward providing spiritual care as measured by Soeken and Carson's Health Professional's Spiritual Role Scale.

Control variables. The control variable was the practice status of the sample. Subjects were certified as nurse practitioners in the state of Mississippi, therefore, were currently practicing in the advanced clinician role.

Extraneous variables. The extraneous variables included truthfulness of the subjects in completing the questionnaires, subjects' religious beliefs, age, sex, ethnic origin, number of years of experience, and socioeconomic status.

Setting, Population, and Sample

The setting for this study was practice areas which employed certified advanced nurse clinicians and located in the state of Mississippi. Mississippi is a southern state with 75 rural counties and 7 urban counties. The

population of these counties totaled 2,573,216. Based on the 1990 Census, the per capita income for the state averaged \$13,343 in 1991 (Mississippi Statistical Abstracts, 1994).

The population for the study was certified advanced nurse clinicians licensed in the state of Mississippi. The total population was $N = 360$ and consisted of family nurse practitioners, pediatric nurse practitioners, adult nurse practitioners, gerontological nurse practitioners, obstetrical-gynecological nurse practitioners, school nurse practitioners, family planning nurse practitioners, and neonatal nurse practitioners.

A systematic sampling plan was used to select a sample of 150 prospective participants. Systematic sampling was based on a selection of every third certified nurse practitioners from the total computerized list of practitioners obtained from the Mississippi Board of Nursing. The actual sample was $N = 80$ representing a 53% return of the total prospective sample.

Methods of Data Collection

Instrumentation: A six-item, researcher-developed questionnaire was used to collect demographic data from

the participants. The Health Professional's Spiritual Role Scale (HPSRS) developed by Soeken and Carson was used to ascertain nurse practitioner attitudes toward providing spiritual care. The HPSRS is a 25-item Likert scale which assesses the attitude toward the role of the health professional in providing spiritual care. The HPSRS includes both negatively and positively worded items in random order. Attitude scores can be compared using the 25-Likert response items which range from 1 (Strongly agree) to 4 (Strongly disagree) after reverse scoring the negatively worded items so that a higher score reflects a more positive attitude. For the purpose of analysis, total summate scores can be computed on the 25-item Likert scale. Also included is a list of 13 specific behaviors which might be considered appropriate actions in providing spiritual care. Respondents are asked to indicate how appropriate their behavior on a scale of 1 (Not appropriate) to 4 scale (Very appropriate). The rating of the behaviors is used to rank-order activities and is not part of any attitude score.

The validity and reliability of the Health Professional's Spiritual Role Scale were established as follows: Items were developed from the nursing literature

which discussed the spiritual dimension of nursing practice. Both negatively and positively worded items were used to avoid a potential response bias. Two nurses who teach an elective course entitled Spirituality in Nursing Practice reviewed the items for content. The HPSRS correlated positively with Ellison's Spiritual Well-Being Scale ($r = .43, n = 53$; $r = .57, n = 93$) and with the Religious Well-Being subscale ($r = .46, n = 53$). Comparison of scores between nursing students in a religiously affiliated school with those in a public institution showed a significant difference.

Test-retest reliability (coefficient of stability) for a sample of 29 graduate nursing students tested at a 2-week interval was $r = .84$ for the attitude statements and Spearman's rho $r = .96$ for the behaviors. Internal consistency reliability as measured by coefficient alpha for the 25 attitude statements was as follows: .75 and .78 for a sample of 21 graduate nursing students tested two times, .79 for a sample of 53 (29 senior year nursing students and 24 graduate nursing students), and .81 for a sample of 93 registered nurses from two teaching hospitals and one community hospital. For this study, 150 prospective nurse practitioners participating from the

state of Mississippi were asked to complete the HPSRS. This scale was utilized to measure the participants' attitudes toward providing spiritual care.

The Spiritual Perspective Scale (SPS) was used to assess spiritual perspectives. This 10-item tool measured spiritual views and the extent to which spiritual-related interactions were used by participants. The SPS was initially tested on over 400 adults of all ages including healthy, hospitalized, and seriously ill groups. The SPS was scored by calculating the arithmetic mean across all items, for a total score that ranged from 1.0 to 6.0. Responses to each item were selected using a 6-point Likert-type scale that was anchored with descriptive words. Reliability of the Spiritual Perspective Scale has been estimated by Cronbach's alpha and has rated consistently above .90 with very little redundancy among the items. Average inter-item correlations ranged from .54 to .60 across the adult groups. All item-scale correlations were above .60. The Spiritual Perspective Scale demonstrated criterion-related validity and discriminant validity (Reed, 1986, 1987).

Procedure. The proposal for this research was approved by the Mississippi University for Women's

Committee on the Use of Human Subjects in Experimentation (see Appendix A). Once approval was granted, permission was obtained to use the Spiritual Perspective Scale and the Health Professional's Spiritual Role Scale (see Appendix B). The Mississippi Board of Nursing was contacted and a categorical list of certified nurse practitioners was obtained. From this list, a sample of 150 prospective participants was selected utilizing a systematic sampling plan. A data collection packet was mailed to each prospective participant with a request to complete and return the questionnaires no later than April 1, 1997. Packets included an introductory letter (see Appendix C), a six-item researcher-developed demographic questionnaire (see Appendix D) and two data collection instruments, the Health Professional's Spiritual Role Scale (see Appendix E) and the Spiritual Perspectives Scale (see Appendix F). A self-addressed, stamped envelope was enclosed for the participant's convenience. A reminder note was mailed approximately 10 days after the introductory letter to encourage participation (see Appendix G).

Methods of Data Analysis

Descriptive statistics were used to describe and synthesize the data. Data from each questionnaire were categorized using frequency distribution and percentages.

Summary

This chapter described the empiricalization of the problem. A detail of the design of the study, variables, setting, sample, and population for the study were presented. In addition, method of data collection and analysis were described. Limitations of this research were also identified.

Chapter IV

The Findings

A descriptive study was conducted to assess the spiritual perspectives of nurse practitioners and to ascertain attitudes of those nurse practitioners toward providing spiritual care. Data were collected utilizing a researcher-designed demographic questionnaire, Reed's Spiritual Perspective Scale, and the Health Professional's Spiritual Role Scale. Frequency distributions and percentages were used to analyze the data. The findings are presented in this chapter.

Description of Sample

The target sample consisted of 150 nurse practitioners whose names had been systematically selected from a computerized list obtained from the Mississippi Board of Nursing. The sample list included Family, Adult, Pediatric, Neonatal, Obstetrical/Gynecological, Gerontological, School, and Family Planning nurse practitioners certified to practice in the state of Mississippi. Of the 150 questionnaires mailed, 92 (62%)

were returned. Nine (12%) of the returned questionnaires were not complete, and 3 (4%) of the sample did not return all three questionnaires. Therefore, the actual sample included 80 subjects.

The age of the sample ranged from 27 to 68 years with a mean age of 42.05 years. The majority of the sample (95%, $n = 75$) was female.

Of the 80 respondents, 77.5% ($n = 62$) were white. The remainder (6.3%, $n = 5$) was Black, and 16.3% ($n = 13$) indicated American Indian, Scottish, German, or Irish.

Years of professional experience ranged from < 1 to 24. Other demographic data revealed that 76.3% ($n = 61$) of the sample lived with a significant other and 23.8% ($n = 19$) lived alone. Findings also showed that 87.5% ($n = 70$) were of Protestant affiliation which included Baptist, Presbyterian, and Methodist. The other 7.3% ($n = 6$) were Catholic, and 5% ($n = 4$) reported having no religious ties. Distribution of the sample by age, gender, ethnic background, experience, living with significant other, and religious affiliation can be seen in see Table 1.

Table 1

Age, Gender, Ethnicity, Experience, Living with Significant Other, and Religious Affiliation

Variable	f	%
Age (Years)		
≤ 45	57	72.0
46-55	18	22.0
≥ 56	5	6.0
Gender		
Male	4	5.0
Female	76	95.0
Ethnicity		
White	62	77.5
Black	5	6.3
Other	13	16.2
Experience in years		
< 5	54	75.0
5-8	14	17.0
≥ 12	6	8.0
Lived with significant other		
Yes	61	76.2
No	19	23.8
Religious affiliation		
Protestant (Baptist, Presbyterian, and Methodist)	70	87.5
Catholic	6	7.5
None	4	5.0

Note. N = 80.

Results of Data Analysis

Two research questions were used to guide the study. The first question was what are the spiritual perspectives of nurse practitioners? Reed's Spiritual Perspective Scale (SPS) was utilized to collect data. The 10-item SPS consisted of four items directed toward the participants' involvement in spiritually related interactions. Of the 80 respondents, 94% (n = 75) indicated that they engage in a spiritually related intervention less than once a month. Distribution of the responses to Questions 1 to 4 of the SPS can be seen in Table 2. The remaining six questions of the SPS considered participants' spiritual views. Analysis revealed that 97% (n = 78) agreed that spirituality was important in their lives. Table 3 provides a distribution of responses to Question 5 to 10 on the SPS. The mean SPS score was 5.36 (SD = 0.75). These findings suggested that spiritual perspectives among nurse practitioners were very positive.

Table 2

Nurse Practitioners' Responses to Questions 1-4 on the SPS Using Frequency and Percentage

Question	≤ once/month		≥ once/month	
	f	%	f	%
1. In talking with your family or friends, how often do you mention spiritual matters?	3	4	77	96
2. How often do you share with others the problems and joys of living according to your spiritual beliefs?	11	14	69	86
3. How often do you read spiritually related material?	5	6	75	94
4. How often do you engage in private prayer or meditation?	2	2	78	98

Note. N = 80.

Table 3

Nurse Practitioners' Responses to Questions 5-10 on the SPS Using Frequency and Percentage

Question	Agree		Disagree	
	f	%	f	%
5. Forgiveness is an important part of my spirituality.	79	98	1	2
6. I seek spiritual guidance in making decisions in my everyday life.	76	95	4	5
7. My spirituality is a significant part of my life.	77	96	3	4
8. I frequently feel very close to God or a "higher power" in prayer, during public worship, or at important moments in my daily life.	77	96	3	4
9. My spiritual views have Had an influence upon my life.	79	99	1	1
10. My spirituality is especially important to me because it answers many questions about the meaning of life.	76	95	4	5

Note. N = 80.

The second research question was what are nurse practitioners' attitudes toward providing spiritual care? Data were collected using the 25-item Health Professional's Spiritual Role Scale (HPSRS). Analysis revealed that 95% (n = 75) of the participants responded positively on the HPSRS. Distribution of the HPSRS is presented in Table 4. The mean HPSRS score was 2.78 (SD = .18). These findings suggested that nurse practitioners believed that providing spiritual care was essential and must not be overlooked.

Table 4

Nurse Practitioners' Responses to Question 1-25 on the HPSRS Using Frequency and Percentage

Question	Agree		Disagree	
	f	%	f	%
1. Health professionals give spiritual care to their patients by being concerned and kind.	66	82	14	18
2. A health professional should ask every patient if he/she wants to see a clergyman.	18	23	62	77
3. Most health professionals are not qualified to help patients with their spiritual needs.	28	35	52	65

(table continues)

Table 4 (continued)

Question	Agree		Disagree	
	f	%	f	%
4. A patient's religious beliefs are too personal to discuss with a health professional.	3	4	77	96
5. Health professionals are too busy to help patients with spiritual needs.	10	12	70	88
6. Health professionals who talk with patients about religious beliefs are trying to convert them.	4	5	76	95
7. A health professional who listens to patient concerns and fears is providing spiritual care.	67	84	13	16
8. A health professional should have no preconceived ideas about a patient's relationship with God.	67	84	13	16
9. Using scripture with a patient is appropriate for a health professional.	64	81	16	20
10. A health professional can assess a patient's spiritual needs by being observant.	46	57	34	43
11. Offering spiritual assistance to a patient is the clergyman's role and not the health professional's role.	4	5	76	95
12. Being able to assess a patient's spiritual needs requires special training.	21	26	59	74

(table continues)

Table 4 (continued)

Question	Agree		Disagree	
	f	%	f	%
13. Asking a patient his/her religious preference is sufficient for assessing the spiritual needs of the patient.	11	14	69	86
14. Most health professionals are uncomfortable discussing spiritual matters with their patients.	69	86	11	14
15. To be able to meet the spiritual needs of patients, a health professional needs to have a strong personal relationship with God.	51	64	29	36
16. Most health professionals are aware of the need to assess the spirituality of a patient.	23	29	57	71
17. If the health professional knows about a patient's religious values, he/she can offer better physical care.	59	74	21	26
18. Offering spiritual assistance to a patient can be the health professional's role as well as the clergyman's role.	79	98	1	1
19. A health professional should pray with a patient only if the patient is of the same religious faith.	1	1	79	97
20. Many health professionals don't understand how important religion is in the lives of their patients.	68	85	12	15

(table continues)

Table 4 (continued)

Question	Agree		Disagree	
	f	%	f	%
21. A health professional needs to be concerned about his/her own spiritual life before meeting the spiritual needs of patients.	59	73	22	27
22. The spiritual well-being of a patient is not as important as the physical well-being.	5	6	75	94
23. Responding to the spiritual needs of a patient is a responsibility of the health professional.	69	86	11	14
24. Understanding a patient's relationship with God is of little importance in providing physical care.	16	20	64	80
25. The emotional well-being of a patient is as important as the spiritual well-being.	72	90	8	10

Note. N = 80.

Other Findings

Additional findings were revealed in the study. On examination of the SPS's mean scores and age groups, SPS scores slightly decreased for participants age 46 to 55 years. The mean SPS score for the age group 46 to 55 years was 5.13 compared to 5.39 for participants \leq 45 years and 5.88 for the sample \geq 56 years. This decrease in mean SPS

score revealed a standard deviation of 0.75. These findings suggest a less positive response toward spiritual views and spiritual related interactions of the 46- to 55-year-old participants. The HPSRS mean scores remained stable in regard to all age groups with a standard deviation of 0.18.

Other findings were revealed when exploring SPS and HPSRS mean scores with years of experience. The mean SPS scores decreased to 4.57 with participants' practice experience of 5 to 15 years. This was compared to a mean SPS score of 5.64 with ≤ 1 year experience, 5.38 with 2 to 5 years experience, and 5.82 with ≥ 15 years experience. These findings suggest a less positive response of spiritual perspectives of the participants with 5 to 15 years experience. However, the mean HPSRS scores compared with years of experience remain stable with a standard deviation less than 0.21.

Limitations

The following limitations were identified:

1. The study was limited to the state of Mississippi. Therefore, the findings could not be generalized to other areas of the country.

2. Self-report questionnaires were utilized in data collection. Therefore, the researcher could not be certain of the truthfulness of the respondents when answering the questions.

3. A small sample size may not have revealed an accurate representation of the population.

Summary

In this chapter, data generated from the study were analyzed and findings were presented. Findings suggested a more positive response of the sample practitioners' perspectives as they relate to spiritual views and spiritual interactions. In addition, the researcher found that the sample indicated a more positive attitude toward providing spiritual care. In the following chapter, interpretation of these findings as well as conclusions, implications for nursing, and recommendations will be presented.

Chapter V

The Outcomes

Although nursing is considered a holistic science, research has shown that the spiritual subset of personhood is often overlooked by health care providers when rendering care. Therefore, a descriptive study was conducted to answer the following research questions: What are the spiritual perspectives of nurse practitioners and what are the attitudes of nurse practitioners toward providing spiritual care? Ellison's Conceptualization of Spiritual Well-being was used to guide this study. Data were collected utilizing Reed's Spiritual Perspective Scale and the Health Professional's Spiritual Role Scale by Soeken and Carson (1989). Interpretation of the findings of this study is discussed in this chapter. In addition, conclusions are drawn, implications for nursing examined, and recommendations which evolved from the study are identified.

Summary of the Findings

A total of 80 nurse practitioners in Mississippi was surveyed using the Spiritual Perspective Scale (SPS) and the Health Professional's Spiritual Role Scale (HPSRS). The results were considered to be representative of spiritual perspectives and attitudes of nurse practitioners in the State of Mississippi. The following research questions were answered: What are the spiritual perspectives of nurse practitioners and what are nurse practitioners' attitudes toward providing spiritual care? Data analysis revealed a mean SPS score of 5.36 (SD = 0.75) and a mean HPSRS score of 2.78 (SD = 0.18). These findings suggested that nurse practitioners have very positive spiritual perspectives and strongly supported providing spiritual care to clients. Additional findings indicated that mean SPS scores slightly decreased for participants age 46 to 55 years as compared to other age groups. There was a slight decrease in mean SPS scores for participants with 5 to 15 years experience when compared with other participants' years of experience. The HPSRS mean scores remained stable for age and experience of respondents.

Discussion

The majority (95%) of nurse practitioners in this study considered spirituality to be an important aspect of their lives. The respondents also believed that providing spiritual care to clients was an essential part of their role and responsibility as a health care professional. These considerations and beliefs are supported by the overwhelming positive responses to Questions 7 and 9 on the SPS which addressed spirituality as a significant part of and influence in the participant's life. Positive responses to Questions 11, 18, and 23 on the HPSRS suggested that providing spiritual care was the responsibility of the health care professional. These findings corroborate Kaye and Robinson (1994) who determined that spirituality had a major influence on the lives of caregivers. Also, a study by King and Bushwick (1994) revealed spirituality as an important dimension in a client's life.

However, the current research findings in this study must be interpreted with caution as the nurse practitioner responses may have been influenced by their practice setting. Mississippi is located in what has been referred to as the "Bible Belt," which suggests that residents,

including nurse practitioners, may be deeply seeded in religiosity. If this is true, spirituality may be a primary focus in their lives as they would be active in church life which includes spiritual development and sharing. This view is supported by a majority (96%, n = 77) of positive responses to Question 8 on the SPS which reflected God and public worship was important to participants. This spiritual influence also may be associated with cultural factors as many natives of the Bible Belt are ingrained with the belief that individuals must "practice what they preach." On the other hand, the nurse practitioner may not have been influenced by that environment and culture and is truly cognizant of, and believes in the value of, spirituality as a recourse or part of caregiving.

Other considerations that may have impacted the nurse practitioners' responses are the belief that spirituality is a private matter and should not be discussed. This view is considered in Question 4 on the HPSRS which presented religion as a private issue. Although this belief must be considered, a majority of responses (96%, n = 77) on the HPSRS did not support this view. However, Daaleman and Nease (1994) found that a discomfort with the subject of

spirituality prohibited inquiries by health care professionals into spiritual issues of clients. Another consideration is that findings must be interpreted in terms of the sample size. The sample (N = 80) represents a small number of nurse practitioners licensed to practice in the State of Mississippi and, therefore, may not reflect a true representation of spiritual perspectives and attitudes toward providing spiritual care. However, overwhelming positive responses on the data collection instruments may suggest that responses reflect accurate representation of nurse practitioner beliefs.

Demographic variables of the sample correspond to findings by Pullen et al. (1996). Pullen et al. found that no significant difference existed between spiritual perspectives and age of participants, religion, race, and years of experience. However, this researcher appreciates that demographic characteristics may have accounted for high scores. This is reflected by data that revealed a majority (72%, n = 57) of the sample was ≤ 45 years of age and that 75% (n = 54) had < 5 years experience. These variables may suggest that participants' responses are based on enthusiasm associated with younger age groups involved in new roles. This suggestion is supported by

findings that include a decrease in spiritual perspectives of participants between the ages of 46 and 55 years and those with 5 to 15 years experience.

When reflecting on the additional findings which emerged, the researcher suggests that nurse practitioners who expressed positive views regarding spirituality have positive attitudes toward providing spiritual care. The hypothesis was supported by Daaleman and Nease (1994) who found that individuals who engage in spiritually related interactions express positive attitudes toward spiritual care. Also, Emblen and Halstead (1993) determined that nurses and chaplains who identify spiritual interactions recognize spiritual needs. However, Question 14 in the HPSRS, which asked if health professionals needed a strong relationship with God to provide spiritual care, did not support this finding relating to religiosity.

Ellison's Conceptualization of Spiritual Well-Being was determined to be appropriate for this study. According to Ellison (1983), spirituality is an interaction between the dimensions of religion and existential well-being. This belief was supported by Highfield and Cason (1983) who suggested that spirituality was much more than rights, rituals, and religious beliefs. Oldnall (1996)

found that individuals often have spiritual needs but no religious ties. Overwhelming positive responses on the SPS and the HPSRS, which presented spirituality as two-dimensional, suggested that participants viewed spirituality as both religious and existential. This view is reflected in Questions 8 and 10 on the SPS which presented spirituality as a belief in a higher power and a meaning to life.

Conclusion

Spirituality is an essential component of holistic care and a valuable personal resource for nurse practitioners. Based on the results of this study, several conclusions can be drawn. Findings are similar to those of Kaye et al. (1994) who found that spirituality was an important resource for caregivers. Furthermore, results of this study support King et al. (1994) who found that religious beliefs were important to clients, and findings of Sodestrom and Martinson (1987) who concluded that nurses are often used as a spiritual resource. This researcher also concluded that the utilization of Ellison's theory was appropriate as supported by the majority of positive responses on SPS and HPSRS questions which presented spirituality as two dimensional. The use

of Ellison's theory is also supported by Emblem et al. (1993) who suggested that spirituality was considered by nurses and clients with varying dimensions.

Other findings suggest that spiritual perspectives decrease with age and experience. However, an increase was found in participants > 55 years of age and respondents with 15 or more years of experience. Therefore, the researcher concluded that nurse practitioners may focus more on physical aspects of care as age and experience increase, viewing spiritual needs as less important.

This researcher also concluded that a larger sample would have provided for more generalization of the findings. In addition, the instruments used to collect data were appropriate since a two-dimensional view of spirituality was provided.

Implications for Nursing

The results of this study have many implications for nursing. Implications are suggested for theory, practice, education, and research.

Ellison's theory was found to be beneficial in this study. Ellison's concepts may be used as an integral part of nursing research and practice regarding the spiritual dimension of holistic care. Ellison's beliefs are

supported by Cason (1989) and Emblen et al. (1993) who concluded that spirituality must be defined according to an individual's needs.

Other implications involved nursing practice. If nurse practitioners consider spirituality an important aspect in patient care, nursing interventions must be implemented to provide an optimal level of health for patients. This implication was reinforced by Emblen and Halstead (1993) and Kaye and Robinson (1994) who concluded that nursing intervention which enhances a client's spirituality may promote a client's health. Also, based on findings of this study, efforts must be made to recognize barriers that inhibit spiritual care. According to Daaleman and Nease (1994), health care providers must explore their own spirituality to increase their level of comfort when discussing spiritual issues.

If nurse practitioners express positive attitudes about incorporating spiritual clients into practice, all nursing students must be taught to consider their own spiritual beliefs and attitudes to better understand spiritual issues of clients. This implication was supported by Saylor (1990) who suggested that nurses, especially nurse practitioners, must be aware of their own

personal views and attitudes as they shape responses to and care for clients. Results of this study also may encourage educators to focus nursing curricula on spiritually related matters. Highfield and Cason (1983) and Forbes (1988) supported this implication when they suggested nursing education regarding spirituality was superficial, and educators must teach students to integrate spirituality into client care.

The final implication of this study is directed toward further research regarding spirituality. There is a lack of research available on this dimension of care. Research is needed to provide data that will support scientific knowledge for the role of spirituality in nursing. Research in the area of spiritual perspectives and attitudes may aid in recognizing barriers to spiritual care which, according to Oldnall (1996), is often neglected by health care providers. Further research may also identify nursing interventions which may have a positive effect on well-being (Kaye & Robinson, 1994).

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Replication of this study with a larger sample of nurse practitioners throughout the United States. A larger sample from various parts of the United States may provide more generalization of the findings.

2. Conduction of a study that would compare nurse practitioners' spiritual perspectives and attitudes toward providing spiritual care. A comparison study may provide insight into a relationship between spiritual perspectives and attitudes toward providing spiritual care.

3. Education of nurses, especially nurse practitioners, to be cognizant of personal beliefs and attitudes as possible barriers to providing spiritual care. Beliefs and attitudes often shape responses and care to clients.

4. Implementation of Ellison's theory as a theoretical framework for nurse practitioners' practice. Ellison's theory provides a two-dimensional view of the spiritual subset of personhood when rendering holistic care.

5. Conduction of a study that would determine if the spiritual aspects of holistic care are being utilized by nurse practitioners. The results of this study revealed positive spiritual perspectives and attitudes toward

providing, but did not explore the utilization of, spirituality interventions by nurse practitioners.

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APPENDIX A

APPROVAL OF COMMITTEE ON USE OF
HUMAN SUBJECTS IN EXPERIMENTATION
OF MISSISSIPPI UNIVERSITY
FOR WOMEN



MISSISSIPPI
UNIVERSITY
FOR WOMEN

Columbus, MS 39701

Office of the Vice President for Academic Affairs
Eudora Welty Hall
P.O. Box W-1603
(601) 329-7142

February 26, 1997

Mr. Dennis R. Long
c/o Graduate Program in Nursing
Campus

Dear Mr. Long:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research as submitted.

I wish you much success in your research.

Sincerely,


Susan Kupisch, Ph.D.
Vice President
for Academic Affairs

SK:wr

cc: Mr. Jim Davidson
Dr. Mary Pat Curtis
Dr. Rent

APPENDIX B

PERMISSION TO USE THE SPIRITUAL
PERSPECTIVE SCALE AND THE HEALTH
PROFESSIONAL'S SPIRITUAL
ROLE SCALE

380 Mill Road
Columbus, MS 39701

January 11, 1997

University of Maryland
School of Nursing
622 West Lumbard
Room 540, Pearson Hall
Baltimore, MD 21201

ATTENTION: Dr. K. L. Soeken

Dear Dr. Soeken:

I am a registered nurse seeking a master's degree in nursing at Mississippi University for Women. In partial fulfillment of this graduate degree, I am conducting a study regarding spiritual perspectives of nurse practitioners and attitudes toward providing spiritual care.

I am requesting permission to use the Health Professional's Spiritual Role Scale to measure attitudes of nurse practitioners toward providing spiritual care. Please include information pertaining to scoring of the instrument along with the method used to establish reliability and validity. I would appreciate your assistance regarding the use and purchase of this scale.

I can be reached at the above address or at (601) 328-7727. Thank you for your cooperation. As time is of the essence, I would appreciate your response as soon as possible.

Sincerely,

Dennis Long

FAX TRANSMISSION

TO: DENNIS LONG FAX: 601-327-4038

FROM: KAREN SOEKEN FAX: 410-706-3289

DATE: 22 JANUARY 1997

Number of Pages (including cover): 5

MESSAGE:

Here is information concerning the reliability & validity of the Health Professional's Spiritual Role Scale. We computed an attitude score using the 25 Likert-response items after reverse scoring the negatively worded items so that a higher score reflects a more positive attitude. We used the ratings of the behaviors to rank-order activities and did not include those ratings as part of any score. I hope this is the information that you need. Unfortunately we have not done further work on the scale as we had hoped.

You have my permission to use the scale for your research. All I ask is that you share a summary of your results with me, especially as it relates to any reliability or validity results.

380 Mill Road
Columbus, MS 39701

January 11, 1997

University of Arizona
College of Nursing
P. O. Box 210203
Tucson, Arizona 85721-0203

ATTENTION: Dr. Pam Reed

Fax: 520-626-2669

Dear Dr. Reed:

I am a registered nurse seeking a master's degree in nursing at Mississippi University for Women. In partial fulfillment of this graduate degree, I am conducting a study regarding spiritual perspectives of nurse practitioners and attitudes toward providing spiritual care.

I am requesting permission to use the Spiritual Perspective Scale to measure the perspectives of nurse practitioners toward providing spiritual care. Please include information pertaining to scoring of the instrument along with the method used to establish reliability and validity. I would appreciate your assistance regarding the use and purchase of this scale.

Thank you for your cooperation. As time is of the essence, I would appreciate your response as soon as possible.

Sincerely,

Dennis Long , MS 39702

Request Form

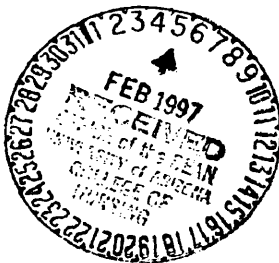
I request permission to copy the Spiritual Perspective Scale (SPS) for use in my research entitled,
NURSE PRACTITIONERS' SPIRITUAL PERSPECTIVES AND ATTITUDES TOWARD PROVIDING
SPIRITUAL CARE

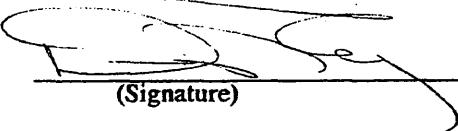
In exchange for this permission, I agree to submit to Dr. Reed a copy of the following:

1. An abstract of my study purpose, framework, and findings, especially which includes the correlations between the SPS scale scores and any other measures used in my study. (This will be used by Dr. Reed to assess construct validity).
2. The reliability coefficient as computed on the scale from my sample (Cronbach's alpha).
3. A copy of the one-page scoring sheet for each subject tested or #4.
4. A computer printout listing the data requested (See #3) and data coding dictionary (to decipher coded data).

Any other information or findings that could be helpful in assessing the reliability or validity of the instrument would be greatly appreciated (e.g. problems with items, comments from subjects, other findings).

These data will be used to establish a normative data base for clinical populations. No other use will be made of the data submitted. Credit will be given to me in reports of normative statistics that make use of the data I submitted for pooled analyses.

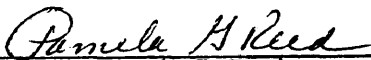




 (Signature)

Position and Full Address Graduate Student
380 Mill Road
Columbus, MS 39702

Permission is hereby granted to copy the SPS for use in the research described above.



 Pamela G. Reed
2-6-97

 (Date)

Please send two signed copies of this form, and a stamped, self-addressed envelope to:

Pamela G. Reed, Ph.D., R.N.
 College of Nursing
 University of Arizona
 Tucson, Arizona 85721

APPENDIX C

LETTER TO PARTICIPANTS
AND INFORMED CONSENT

April 11, 1997

Dear Survey Participants:

I am a registered nurse seeking a Master of Science in Nursing Degree at Mississippi University for Women. I am conducting a study regarding spiritual perspectives of nurse practitioners and attitudes toward providing spiritual care. Findings of the study may benefit nurse practitioners in their efforts toward providing holistic care to clients.

Would you please assist me in the study by completing the enclosed questionnaires. Approximately 15 to 20 minutes will be needed to answer the questionnaires. Completion of the questionnaire will indicate your agreement to participate in this study. Your participation is voluntary and anonymous, so do not identify yourself in any way.

A self-addressed, stamped envelope is enclosed for your convenience. To analyze the data in a timely manner, I would appreciate your returning the questionnaires no later than May 1, 1997.

Thank you for your cooperation and assistance in this study, and I look forward to your response.

Sincerely,

Dennis Long

Enclosures

APPENDIX D
LONG DEMOGRAPHIC DATA FORM

Long Demographic Data Form

Directions:

Please do not write your name on any of the questionnaire forms. Give only one answer for the following questions:

1. Sex
 Male
 Female

2. Age: _____

3. How long have you practiced as a nurse practitioner?
_____ years

4. Are you living with a significant other?
 Yes
 No

5. What is your ethnic origin? _____

6. What is your religious affiliation? _____

APPENDIX E
HEALTH PROFESSIONAL'S SPIRITUAL
ROLE SCALE

Health Professional's Spiritual

Role Scale

For each of the following, indicate how much you AGREE or DISAGREE with the statement. There is no right or wrong answers. I am interested in your opinion as reflected by the statement. Please check your response using the following code:

SA = STRONGLY AGREE
 A = AGREE
 D = DISAGREE
 SD = STRONGLY DISAGREE

	SA	A	D	SD
1. Health professionals give spiritual care to their patients by being concerned and kind.	___	___	___	___
2. A health professional should ask every patient if he/she wants to see a clergyman.	___	___	___	___
3. Most health professionals are not qualified to help patients with their spiritual needs.	___	___	___	___
4. A patient's religious beliefs are too personal to discuss with a health professional.	___	___	___	___
5. Health professionals are too busy to help patients with spiritual needs.	___	___	___	___
6. Health professionals who talk with patients about religious beliefs are trying to convert them.	___	___	___	___
7. A health professional who listens to patient concerns and fears is providing spiritual care.	___	___	___	___
8. A health professional should have no preconceived ideas about a patient's relationship with God.	___	___	___	___
9. Using scripture with a patient is appropriate for a health professional.	___	___	___	___

	SA	A	D	SD
10. A health professional can assess a patient's spiritual needs by being observant.	_____	_____	_____	_____
11. Offering spiritual assistance to a patient is the clergyman's role and not the health professional's role.	_____	_____	_____	_____
12. Being able to assess a patient's spiritual needs requires special training.	_____	_____	_____	_____
13. Asking a patient his/her religious preference is sufficient for assessing the spiritual needs of the patient.	_____	_____	_____	_____
14. Most health professionals are uncomfortable discussing spiritual matters with their patients.	_____	_____	_____	_____
15. To be able to meet the spiritual needs of patients, a health professional needs to have a strong personal relationship with God.	_____	_____	_____	_____
16. Most health professionals are aware of the need to assess the spirituality of a patient.	_____	_____	_____	_____
17. If the health professional knows about a patient's religious values, he/she can offer better physical care.	_____	_____	_____	_____
18. Offering spiritual assistance to a patient can be the health professional's role as well as the clergyman's role.	_____	_____	_____	_____
19. A health professional should pray with a patient only if the patient is of the same religious faith.	_____	_____	_____	_____
20. Many health professionals don't understand how important religion is in the lives of their patients.	_____	_____	_____	_____
21. A health professional needs to be concerned about his/her own spiritual life before meeting the spiritual needs of patients.	_____	_____	_____	_____

	SA	A	D	SD
22. The spiritual well-being of a patient is not as important as the physical well-being.	_____	_____	_____	_____
23. Responding to the spiritual needs of a patient is a responsibility of the health professional.	_____	_____	_____	_____
24. Understanding a patient's relationship with God is of little importance in providing physical care.	_____	_____	_____	_____
25. The emotional well-being of a patient is as important as the spiritual well-being.	_____	_____	_____	_____

For each of the following activities or behaviors, indicate how appropriate you feel it is for a health professional.

- 1 = NOT APPROPRIATE
 2 = SOMEWHAT APPROPRIATE
 3 = APPROPRIATE
 4 = VERY APPROPRIATE

	1	2	3	4
1. Refer a patient to a clergyman.	___	___	___	___
2. Pray with a patient.	___	___	___	___
3. Talk with a patient about God.	___	___	___	___
4. Read scripture to a patient.	___	___	___	___
5. Show kindness and concern to a patient.	___	___	___	___
6. Listen to a patient talk about God.	___	___	___	___
7. Talk with a patient about religious beliefs.	___	___	___	___
8. Obtain religious material for the patient.	___	___	___	___
9. Assist the patient to carry out religious practices and rituals.	___	___	___	___
10. Encourage the patient to talk about his/her fears and hopes.	___	___	___	___
11. Assure the patient of God's presence.	___	___	___	___
12. Arrange a visit from a clergyman.	___	___	___	___
13. Pray for a patient.	___	___	___	___

APPENDIX F
SPIRITUAL PERSPECTIVE SCALE

Code No. _____

SPIRITUAL PERSPECTIVE SCALE

Introduction and Directions: A person's spiritual views may be an important part of their life. In general, spirituality refers to an awareness of one's inner self and a sense of connection to a higher being, nature, others, or to some purpose greater than oneself. I am interested in your response to the questions below. There are no right or wrong answers, of course. Answer each question to the best of your ability by marking an "X" in the space above that group of words which best describes you.

1. In talking with your family or friends, how often do you mention spiritual matters?

/ _____ / _____ / _____ / _____ / _____ / _____ /
 Not at all Less than once a year About once a year About once a month About once a week About once a day

2. How often do you share with others the problems and joys of living according to your spiritual beliefs?

/ _____ / _____ / _____ / _____ / _____ / _____ /
 Not at all Less than once a year About once a year About once a month About once a week About once a day

3. How often do you read spiritually-related material?

/ _____ / _____ / _____ / _____ / _____ / _____ /
 Not at all Less than once a year About once a year About once a month About once a week About once a day

4. How often do you engage in private prayer or meditation?

/ _____ / _____ / _____ / _____ / _____ / _____ /
 Not at all Less than once a year About once a year About once a month About once a week About once a day

Directions: Please indicate the degree to which you agree or disagree with the following statements by marking an "X" in the space above the words which best describe you.

5. Forgiveness is an important part of my spirituality.

/ _____ / _____ / _____ / _____ / _____ / _____ /
 Strongly Disagree Disagree Disagree more than agree Agree more than disagree Agree Strongly Agree

6. I seek spiritual guidance in making decisions in my everyday life.

/	Strongly Disagree	/	Disagree	/	Disagree more than agree	/	Agree more than disagree	/	Agree	/	Strongly Agree	/
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7. My spirituality is a significant part of my life.

/	Strongly Disagree	/	Disagree	/	Disagree more than agree	/	Agree more than disagree	/	Agree	/	Strongly Agree	/
---	----------------------	---	----------	---	--------------------------------	---	--------------------------------	---	-------	---	-------------------	---

8. I frequently feel very close to God or a "higher power" in prayer, during public worship, or at important moments in my daily life.

/	Strongly Disagree	/	Disagree	/	Disagree more than agree	/	Agree more than disagree	/	Agree	/	Strongly Agree	/
---	----------------------	---	----------	---	--------------------------------	---	--------------------------------	---	-------	---	-------------------	---

9. My spiritual views have had an influence upon my life.

/	Strongly Disagree	/	Disagree	/	Disagree more than agree	/	Agree more than disagree	/	Agree	/	Strongly Agree	/
---	----------------------	---	----------	---	--------------------------------	---	--------------------------------	---	-------	---	-------------------	---

10. My spirituality is especially important to me because it answers many questions about the meaning of life.

/	Strongly Disagree	/	Disagree	/	Disagree more than agree	/	Agree more than disagree	/	Agree	/	Strongly Agree	/
---	----------------------	---	----------	---	--------------------------------	---	--------------------------------	---	-------	---	-------------------	---

Do you have any views about the importance or meaning of spirituality in your life that have not been addressed by the previous questions?

Thank you very much for answering the questions

APPENDIX G
REMINDER NOTE TO PROSPECTIVE
PARTICIPANTS

Dear Nurse Executive,

This is a follow-up to the questionnaire you should have received approximately 2 weeks ago. If you have completed and mailed the questionnaire, I would like to thank you for your prompt response. If you have been unable to complete the questionnaire, I do understand. However, I would like to stress the importance of the study and encourage you to complete the questionnaire and return it as soon as possible. The questionnaire takes approximately 15 to 20 minutes to complete.

If you have any questions or if your questionnaire has been misplaced, please call Dennis Long at (601) 328-7727 or by mail at 380 Mill Road, Columbus, MS 39702.