

RUNNING HEAD: SPIRITUAL NURTURING

STUDENTS' LIVED EXPERIENCE OF SPIRITUAL NURTURING
IN NURSING EDUCATION:
A PHENOMENOLOGICAL STUDY

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DEDICATION

For Linda

1964-1995



*“If in the twilight of memory we should meet once more,
we shall speak again together and you shall sing to me a deeper song.”*

(Gibran, 1923, p.95)

ABSTRACT

The purpose of this thesis is to explore the phenomenon of spiritual nurturing as experienced by students in their fourth-year of an undergraduate baccalaureate nursing education program in Canada, using van Manen's (2002) approach to phenomenology. The goal of this study is to describe the lived experience of spiritual nurturing of fourth-year nursing students in order to reflect on how nursing students learn spiritual care. Data were collected via in-depth interviews with seven fourth-year nursing students and analyzed according to van Manen's interpretive approach. Three themes of spiritual nurturing emerged: spiritual nurturing as exchanging energy (spirituality as relationship with others), spiritual nurturing as recharging energy (spirituality as relationship with self), and spiritual nurturing as receiving energy (spirituality as relationship with transcending). Spiritual nurturing as it applies to nursing education, nursing practice, administration of nursing programs and nursing research are discussed from the students' perspectives.

ACKNOWLEDGEMENTS

“And there are those who give and know not pain in giving, nor do they seek joy, nor give with mindfulness of virtue; They give as in yonder valley the myrtle breathes its fragrance into space. Through the hands of such as these God speaks, and from behind their eyes He smiles upon the earth.” (Gibran, 1923/1986, p.20)

I would like to thank Dr. Sonya Grypma, Dr. Cynthia Chambers, Dr. Ruth Grant-Kalischuk and Dr. Joanne Olson for giving freely of themselves and asking those challenging questions that made me think.

“If he is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind.” (Gibran, 1923/1986, p. 56)

I especially wish to thank my supervisor, Dr. Sonya Grypma for leading me gently to the threshold of my own mind.



And finally, I would like to thank my family for loving me through it all.

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CHAPTER ONE

ORIGINS

Your reason and your passion
are the rudder and the sails of your seafaring soul.

If either your sails or your rudder be broken,
you can but toss and drift,

or else be held at a standstill in mid-seas.

For reason, ruling alone, is a force confining;

And passion, unattended, is a flame that burns to its own destruction.

Therefore let your soul exalt your reason to the height of passion, that it may sing;

And let it direct your passion with reason,

that your passion may live through its own daily resurrection,

and like the phoenix rise above its own ashes.

(Gibran, 1923/ 1986, p. 50)



Chapter One: Origins

The purpose of this study is to gain an understanding of the meaning of nursing student experience with spiritual nurturing in an undergraduate baccalaureate nursing education program in Canada. The intent is to give rich description and evoke new and deeper understanding of the phenomenon of spiritual nurturing as experienced by nursing students. This phenomenological study on what it means to have one's spirit nurtured sheds light on how nursing students learn spiritual care. I agree with Burkhardt and Nagai-Jacobson (2002) that "as nurses who are called to be healers, we must recognize that the path of healing is a spiritual journey for both those in need of healing and those facilitating the process" (p. 39).

Despite the abundance of literature on matters related to spirituality and health, there is a lack of *research* on how nursing students *learn* spiritual care (Pesut, 2002). For example, literature exists on spirituality, spiritual well-being and spiritual health (Bradshaw, 1997; Burkhardt & Nagai-Jacobson, 2002), spiritual nursing care (McEwen, 2004) on teaching nursing students how to provide spiritual care (Callister, Bond, Matsumura & Mangum, 2004; Greenstreet, 1999; Narayanasamy, 1999; Pesut, 2003; Ross, 1996) and on promoting caring within nursing education (Beck, 2001; Burke, 1992; Hoover, 2002). However, little research has been done on spirituality in general educational theory (Doetzel, 2004). Many authors have identified the need for research on how nursing students *learn* spiritual care (Bradshaw, 1997; Callister, Bond, Matsumura & Mangum, 2004; Greenstreet, 1999; Pesut, 2003; Ross, 1996). The goal of this study is to address this gap in research on how nursing students learn spiritual care through examining how nursing students are nurtured spiritually.

In a literature review of teaching spirituality in nursing, Greenstreet (1999) concluded that there is wide consensus that nurses need to be better prepared to provide spiritual care to clients but there is a lack of research on how this might be achieved. To create an environment that is conducive to healing “. . . we must look at the preparation of nurses as the beginning of the process toward healing ourselves from within so that we can better facilitate healing in others” (Jackson, 2004, p. 200). In order to identify the best method of teaching spiritual care to nursing students, instructors must identify how nursing students learn spiritual care.

Mezirow (1997) outlines how adults learn and the importance of a person’s experiences to that learning or “. . . frames of reference that define their life world” (p. 5). According to Mezirow, students learn best when they can integrate new information with their experiences. It follows therefore that in order to identify how nursing students learn spiritual care, we must first identify what it means to have one’s spirit cared for or nurtured from the nursing student’s perspective. From this information, knowledge may be gained on how to proceed to teach spiritual care.

Research Question

The research question that guided this study was: What are students’ lived experiences of spiritual nurturing in nursing education? The stories of others can provide an opportunity to gain knowledge of life events, emotions, and situations that we would not normally experience (van Manen, 2001). Thus, related questions addressed in this study included: What is spiritual nurturing? What is the nature of this experience? How is spiritual nurturing experienced by fourth-year nursing students in their clinical practica or in their classrooms? What are essential elements of spiritual nurturing? What does

spiritual nurturing look like? Van Manen (2001) suggested that researchers could *borrow* the experiences of others in order to gain knowledge for themselves. Through interviewing, insight and understanding was gained for the purpose of reflecting on the phenomenon of spiritual nurturing as experienced by nursing students.

Terminology defined

In this study *spirituality* is defined as a person's relationship with self, with others and transcending (McEwen, 2004; Pesut, 2003). *Transcending* is defined as that which is above or beyond the limits of knowledge that can be perceived by the senses (Online etymology dictionary, n.d.). Transcendentalism refers to the 19th century New England movement that stressed the presence of the Divine within humans as a source of knowledge and a guide to action. It is a philosophy that "asserts the primacy of the spiritual and the intuitive over the material and the empirical" (Oxford online encyclopedia, n.d.). *Spirit* is defined as the vital principle or animating force within living beings, i.e. their essence (Online etymology dictionary, n.d.). The term *spiritual well-being* is used here as "the affirmation of life. . . the spiritual is not one dimension among many in life; rather, it permeates and gives meaning to all life. The term spiritual well-being, therefore, indicates wholeness in contrast to fragmentation and isolation" (National Council on Aging, 2005). It is acknowledged that it is difficult to define the boundaries between psychological, emotional and spiritual well-being as they are intricately entwined. *Spiritual distress* is a nursing diagnosis recognized by the North American Nursing Diagnosis Association (NANDA) and is used here as "the state in which the individual or group experiences or is at risk of experiencing a disturbance in the belief or value system that provides strength, hope, and meaning to life" (Carpenito, 2002, p. 432).

An assumption guiding this study is that spirituality is innate in all people. Each person may express spirituality in a different way. Religion, as a culturally learned behaviour, is viewed as one way of expressing a person's spirituality. People express their spirituality in different ways, for example through religion, prayer, music, art or gardening (Westera, 1999). For this study, the term *nourish* is understood as a concept related to spirituality. The word *nourish* originated in 1290 A.D. and means to bring up or nurture. It is Old French for nourishment. In Latin the word is *nutrire* and means to nurse, to foster, to support, and to preserve (Online Etymology Dictionary, n.d.). Thus, the phrase *spiritual nurturing* is regarded as the act of being refuelled (nourished), refreshed, and supported to develop one's relationship with self, with others and transcending.

Coming to the Question

The human science researcher attempts to capture the perceptions of participants in the hope of creating discussion that may lead to a new understanding of a phenomenon which in turn may stimulate positive changes within the profession and for the public the profession cares for (van Manen, 2001). My involvement with the phenomenon being investigated creates the passion for me to delve into this topic. This involvement as well as my assumptions has evolved from my environment, knowledge base and experience.

Environment

I was raised in a Caucasian Christian middle class family in an urban centre. I attended Sunday school and Canadian Girls in Training in the United Church. Here I learned about being caring, tolerant and non-judgmental. I attended several Christian and non-Christian churches over the years that taught me to be open to different religions as expressions of spirituality. I believe in a higher power, which I refer to as God. Surveys

have found that over 90% of the population worldwide believe in a higher power (cited in Mueller, Plevak & Rumman, 2001) therefore this study assumes there is a higher power.

Knowledge Base

I was educated in the public school system in an urban centre. In addition to my schooling I took piano lessons for years, culminating in becoming an Associate of the Royal Conservatory of Toronto as a piano teacher. Music has been a large part of my own spiritual development: Through music I am able to transcend my spirit:

TRANSCENDENCE

Playing the piano. I begin.
Awareness with each key I
strike. Excitement. Anticipation.
Will it happen today? Then it begins,
slowly, effortlessly. A sense of a shimmer.
Very, very slowly. The shimmer grows. It begins
to surround me. It invites me in. A little bit at a time.
Very slowly. My fingers are still playing – yet how? Of their
own accord as my thoughts dissolve. No awareness, no worries, no pain,
all at once I feel exhilaration rush my soul. I become suspended in time. My body
lightens. The depths of my gut rise to meet my heart and become one with my mind.
Altogether I move beyond this world to join the shimmer. The shimmer- is it energy?
It carries me . . . away. I am rolled gently in something like mercury mixed with
shimmering light, pure light. Energy? I am lifted, and instantly, I become one
with this wave. I become enveloped in soft vibration. In the shimmer. I am
the shimmer. I am the energy. The energy is everything. I become one
with everything. Away I fly. Sustained by only rhythm. Unconditional
acceptance. There is only I and I am everything. Here I am. I am free.
I am with everything. Everything is in me. We are all together.
The universe and I. The energy and I. There is sweetness
in this place. Pure joy. There is softness here. Gently
caressing my soul with each vibration of the melody.
Only hearing remains. But it is different.
Clearer. Crisper. Sweeter. An endless
tempo of joyous release gently rolling
my soul over and over, higher.
How high can I go?
Eternity is here.
For a moment.
And then
it is gone. . .

Perhaps one of the most transformative experiences for me was taking a Master's course entitled Spiritual Assessment. This course has significantly contributed to my understanding of spirituality as a dimension of health. One of the other students taking this course considered herself an atheist. She did, however, consider herself to be spiritual. It was at this time that I began to understand the meaning of spirituality differently. The idea of a higher power being within one's self emerged through discussion with this individual. This was an interesting concept for me that was very intriguing. I therefore do not presume that the term higher power refers to God, but instead believe that it can also be interpreted as being a power innate in all human beings. I therefore invite the reader to interpret the term higher power in what ever way is comfortable. I embarked on this journey in my quest to discover more about spirituality and its effects on health. Through all of these formal education experiences I have come to believe that there are many ways of expressing one's spirituality and one way is not in any way superior to another (Westera, 1999).

Experiences

In my own nursing career I have experienced the positive results of treating the whole person, which is all of their dimensions of health: physical, mental, developmental, emotional, social and spiritual (Labonte, 1993 cited in Kozier et al., 2000). Working as an educator in a pre-operative assessment clinic, a staff nurse on hospital wards and as a nursing instructor has made me realize the importance of addressing all of these dimensions of health with my clients and my students. The manner in which I treat a client or a student seems to have an effect on them. When people feel safe, secure and

respected (Westera, 1999), they seem to be more successful in achieving health [clients] or career goals [students].

I have been strongly aware of a spiritual presence in my work as a clinical instructor for first and second-year nursing students. With seven students and up to 32 clients on a busy post-operative surgical floor, I struggled, when I first started this type of work, to know where I was needed at any given moment. One day, I became aware of a compelling force trying to direct me. I decided to relax and allow these intuitive nudges (which I consider to be spiritual) to guide me. I am receptive to this inner guidance and trust it completely. Embracing this spiritual force (or nudge, or voice, or intuition) has relieved my anxiety as a clinical instructor and has improved my mental, emotional and spiritual health. In the past, several of my nursing students in clinical have commented that they do not understand why I am always there exactly when they need me. This inspires me to seek to uncover the Divine through the personal experiences of others. Several philosophers, like Descartes, view God as a fixed God. “. . . like a clockmaker, having set the mechanism of the world in motion, takes no further part in its progress” (Bradshaw, 1994, p. 22). Pascal (as cited in Bradshaw, 1994) represents my own position: “alongside the rationality of man there was intuition; alongside logic, instinct” (p. 23). The premise here is that the spirit of a higher power is available to individuals in their work and assists in mysterious ways.

One of my second-year clinical students was taking care of a client that had recently been diagnosed as terminally ill. The student and the rest of the staff did not know what the doctor had told the client. The student wrote in her reflective journal:

I just didn't know how to approach her . . . caution was the only thing that kept running through my mind. But now that I'm sitting back and reflecting on

the past two days, I can see how caution is another assessment tool that I have. Caution allows me to observe the situation, get a feel for the client, and allows them to ‘speak’ to me, through their body language, so that I can get a feel for how I should be approaching them. More and more every day I am amazed at the level of subjectivity we as nurses use when interacting with clients. Of course there is the objective data we use and collect, but so much is intuition, stuff that you can’t even really describe (written permission of author, 2005).

For this student, the experience of learning to rely on her intuition and instinct strengthened her ability to provide spiritual care. “Because it is inherent and latent, spirituality may not be able to be defined or taught in traditional ways; thus, it needs to be uncovered, evoked, found, or recovered because it is like a light switch that needs to be turned on” (Doetzel, 2004, p. 8).

Like Bradshaw (1997), I believe students learn to engage in spiritual care by being socialized into it. Nursing students learn how to care for their client’s spirit through observing spiritual care given by instructors and other nurses. Bradshaw states this learning is “caught rather than taught” (p. 57). The continuation of the so-called *spirit of nursing* through time can be contributed to nurses passing this on to other nurses. Nurses socialize and teach nurses to be nurses. The spirit is passed on. Nurses breathe it into new students.

THE BIRTH OF A QUESTION

It was early, very early. 0650.
It was very late for me and the others who were there all night working.
It had been busy. There was no time for a coffee break with the student who was doing her final practicum.
I remember thinking: That's okay. She will be done soon. It's very soon.
She will be okay.
I told myself this. I remember this.

The narcotic count was out.
I heard them, from the other side of the unit; their voices getting louder.
Tension was rising. The student was being defensive.
They could not find the problem. I was busy charting.
I remember thinking: Why is this student so defensive?
It isn't her fault.
I told myself this. I remember this.

The problem was not found.
A narcotic was missing.
I let it go. I went back to my charting. To get it done.
To get home. To go to bed.
I remember thinking: This is new. We have always found the missing narcotic in the past.
It isn't my fault.
I told myself this. I remember this.

I had a troubled sleep that day. Not sure why.
Maybe I was thinking about that lost narcotic.
The next night, the student was not there.
We tried to phone her.
I remember thinking: I wonder why the student is not here? Maybe she is still sleeping?
Maybe she is just mixed up?
I told myself this. I remember this.

We worked. We wondered.
Someone said "I wonder what is going on with her?"
Morning came, finally.
We never heard from the student.
I remember thinking: Something doesn't feel right.
Something is not right.
I told myself this. I remember this.

We were charting again. We looked up.
An officer was standing at the desk. He looked at us.
We knew. We heard the words and felt the pain.
The student was found dead in her car. She had gassed herself.

I was and still am angry, confused, hurt and sad that this student chose to end her life. Although, I will never know why she did this, I believe this research was my way of exploring possible ways to prevent this from ever happening again. I saw the devastating effects this had on her preceptor. I still feel the devastating effects this had on me. I can never answer why, but maybe I can supply some insight into how nursing instructors can support students. The first step is to understand the importance of spiritual nurturance and support of students. This knowledge may shed light on what kind of support is needed by nursing students as they go through the educational process. I believe this tragic and traumatic incident was the spark that led me to my thesis question.

Through interviewing nursing students, a sense of what needs to be done in the quest to promote spiritual health emerged. Nursing instructors may benefit from knowing what is nurturing a student's spirituality. The worth of this research will be in how it may affect future relationships between nursing instructors and students, between nursing students and clients and ultimately between nurses and clients. According to van Manen, ". . . the experience of reflecting on past pedagogical experience enables me to enrich and make more thoughtful my future pedagogical experience" (1990, p. 155).

Review of the Literature

A review of the literature on spirituality in nursing supported my research question: What are students' lived experiences of spiritual nurturing in nursing education? In this section the existing literature will be discussed from a professional as well as a health and wellness standpoint.

Professional Motivation

In June 2005 the Canadian Nurses Association (CNA) made a resolution at their annual meeting to suggest that the World Health Organization (WHO) include spiritual well-being in the definition of health. "CNA [will] collaborate with [the] International Council of Nurses (ICN) and their International Health partners to lobby relevant government and non-government organizations of this initiative" (CNA, 2005, para 1). The ICN *Code of Ethics for Nurses* currently states, "in providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected" (ICN, 2000, p.2). CNA's *Code of Ethics for Registered Nurses* is organized around seven primary values including Dignity and Justice. Under the heading of Dignity, one statement reads: "Nurses should take into account the biological, psychological, social, cultural and spiritual needs of persons in health care" (CNA, 2002, p.13). Under the heading of Justice the code reads: "Nurses must not discriminate in the provision of nursing care based on a person's race, ethnicity, culture, spiritual beliefs, social or marital status, sex, sexual orientation, age, health status, lifestyle, mental or physical disability and/or ability to pay" (CNA, 2002, p.15). The College and Association of Registered Nurses of Alberta (CARNA) complies with

CNA's code of ethics as stated in the *Nursing Practice Standards* (2003), therefore, nurses in Alberta are expected to provide spiritual care.

The CNA advocates for quality practice environments that support the professional practice of registered nurses (RN's) (2001). The ICN agree, "Nurses have a right to practice in an environment that is conducive to quality care. . ." (2000, p. 33). Care of the spirit within and between nurses may improve social interaction. Social interaction among nurses has been shown to improve job satisfaction (Aiken, Clarke & Sloane, 2000; Aiken et al., 2002). Increased job satisfaction has been shown to improve client outcomes, including client mortality (Aiken et al., 2001; Aiken et al., 2002). The interplay between all characteristics of quality practice environments for nurses may have spiritual well-being at its core. Research is needed in this area. In my experience nursing can be difficult, draining a person physically, mentally, emotionally and spiritually. It can be especially difficult for nursing students. The saying that '*nurses eat their young*' has merit. Quality practice environments will never be attained until nurses learn to support and care for each other. Why can some nurses care for clients but not other nurses? Is there anything instructors can do to reverse this phenomenon? The quality of the practice environment may be enhanced if nurses are able to nurture each other's spirituality.

The nurse- client relationship is inherently unequal. What prevents the misuse of this power by nurses? The CARNA, CNA and ICN's position statements echo the sentiment that nurses may not judge or wield power or they may be held accountable for being in violation of the code of ethics. All persons are to be treated respectfully. The *spirit* of the code asks that nurses give the same commitment to all persons. Bradshaw (1994) likens this spirit to the parable of the Good Samaritan in the Bible. This paradigm

for caring exists, in part, because of its theological roots. The nurse is viewed as “a partner under God” (p. 316). “All human beings are equal, and equally loved and valued in the sight of God” (Bradshaw, 1994, p. 15). Epistemologically speaking nursing has derived from a theological basis (Bradshaw, 1994; Greenstreet, 1999). According to Greenstreet (1999), “. . . Spiritual nursing care is an ethic of care, expressed by an unconditional love of the nurse for the client, which has at its foundation the unconditional love of God” (p. 129).

Greenstreet (1999) talks about the “Enlightenment” as the period where nursing care moved from a religious vocation to a secular one. The changes in the amount of medical knowledge necessitated a need to provide research based medical care. In the evolution of research-based nursing practice, the spiritual dimension has been neglected in favour of researching topics that are easier to quantify or prove. Whall and Hicks (2002) comment that traditional medical model nursing instruction with its “over reliance on evidence-based practice may portend an atheoretical future devoid of the influence of traditional nursing values” (p. 73). In this century there has been a revival in researching spirituality as it relates to health, primarily with the hospice movement. It is only in recent years that an effort has been made to make the distinction between religion and spirituality. In the historic movement toward the secular, there was the notion that spirituality was related to religion. Sharing one’s religious beliefs was and is seen as socially unacceptable and viewed as infringing on the rights of others. I wonder if the emphasis on caring in nursing may be nursing’s way of caring for the spirit in a socially acceptable manner. I believe nurses practise spiritual care but subsume it under the sanctioned category of caring.

It is evident that nurses are obliged to learn spiritual assessment, planning and care in order to meet the practice standards of their own association. Up until the last few years little information on spirituality existed in nursing student's textbooks (McEwen, 2004) or in curricula (Lemmer, 2002). Olson et al. (2003) found that greater attention could be given to the spiritual dimension in Canadian undergraduate nursing education. If nursing educators are expected to graduate nurses who are skilled in spiritual care then a need exists to discover the best approach. Florence Nightingale believed that the experience of feeling the presence of God in our lives strengthens our belief in God (Macrae, 2001). The premise is that spirituality is developed through experience with the Divine rather than by simply believing in the Divine. Nurse educators are in a unique position to facilitate spiritual self-assessment in their nursing students and awareness of spiritual assessment and spiritual care of others. Perhaps the most effective method of accomplishing this feat is to practice spiritual care with students during every interaction. If students can live the experience of the presence of the Divine in their lives then they may be better equipped to provide spiritual care to their clients. This may be accomplished through:

The educational journey, in an educational environment in which the biography of the person (the student) interacts with the history of the culture of nursing through the biography of another person (the faculty) to create meaning and release potential in the lives of all participants. (Nelms, 1991, p. 6)

It is my belief that instructors must nurture students' spirits if they wish students to nurture clients' spirits. I concur with Brown and King who write, ". . . the preponderance of present-day educational theory and practice appear to support a deconstructivist

viewpoint that learners build their own knowledge in response to sensory inputs from authentic experiences” (2000, p. 245).

Pesut (2003) calls for educators to “reflect on our agendas and make sure they do not become one more oppressive voice in our students’ lives” (p. 292). She believes the educators’ role is to lead students to their own discovery of their unique self and their place in nursing. There exists a cognitive dissonance in the health care system where the expression of one’s own spirituality is not acceptable. Nursing educators encourage students to be open to different expressions of spirituality and to be non-judgmental. Nursing educators may unintentionally marginalize students by not allowing them to share their own spirituality with each other, with them, or with their clients. The suppression of their spirit on one hand and the encouragement to care for other’s spirits on the other hand sends a message that the students are not as important as their clients. What is good for nurses is generally good for clients. If nurses are spiritually revitalized on a continual basis, then it can be assumed that their clients will reap the benefits. Similarly, according to Burkhardt and Nagai-Jacobson, “. . . care of the spirit is a professional nursing responsibility and an intrinsic part of holistic nursing. . . [that] influences our ability to effectively facilitate healing with another” (2002, p. 39). This research was done in the hope of benefiting everyone involved in the healing process.

Health and Wellness Motivation

“A merry heart doeth good like a medicine, but a broken spirit drieth the bones.”

Proverbs 7:22

The rationale for nursing to recommend the addition of spiritual well-being to the WHO’s definition of health is in part related to existing research on the mind/ body

connection. The link between spiritual well-being and overall health has been well documented (Mueller, Plevak & Rummans, 2001; Taylor, 2002). Research has shown that spiritual well-being can positively affect health. For example, listening to relaxation music has been shown “to bring brainwaves into a 7 to 8 cycle per second pattern. This alpha-theta pattern is characteristic of a relaxed, aware, or meditative state” (Oschman, 2000; cited in Jackson, 2004, p. 207). Spiritual practices, such as meditation, music, art and prayer produce positive emotions such as love and contentment. These positive emotions decrease the “. . . activation of the sympathetic branch of the autonomic nervous system and the hypothalamic-pituitary-adrenal axis. . .” leading to a decrease in the release of the stress hormones norepinephrine and cortisol (Mueller, Plevak & Rummans, 2001, p. 1229). This response leads to less anxiety, lower blood pressure, lower heart rate, decreased oxygen consumption and enhanced immune function, all of which lead to better health (Mueller, Plevak & Rummans, 2001).

Mueller, Plevak and Rummans (2001) did a review of existing statistical studies on the association between spiritual well-being and health outcomes. The majority of the 350 physical health studies and 850 mental health studies found a direct relationship between spiritual well-being and positive health outcomes in regards to mortality, physical health, mental health, coping with and recovering from illness and health related quality of life. The studies included in the review used objective measures, such as spiritual well-being scales, and attendance at religious functions.

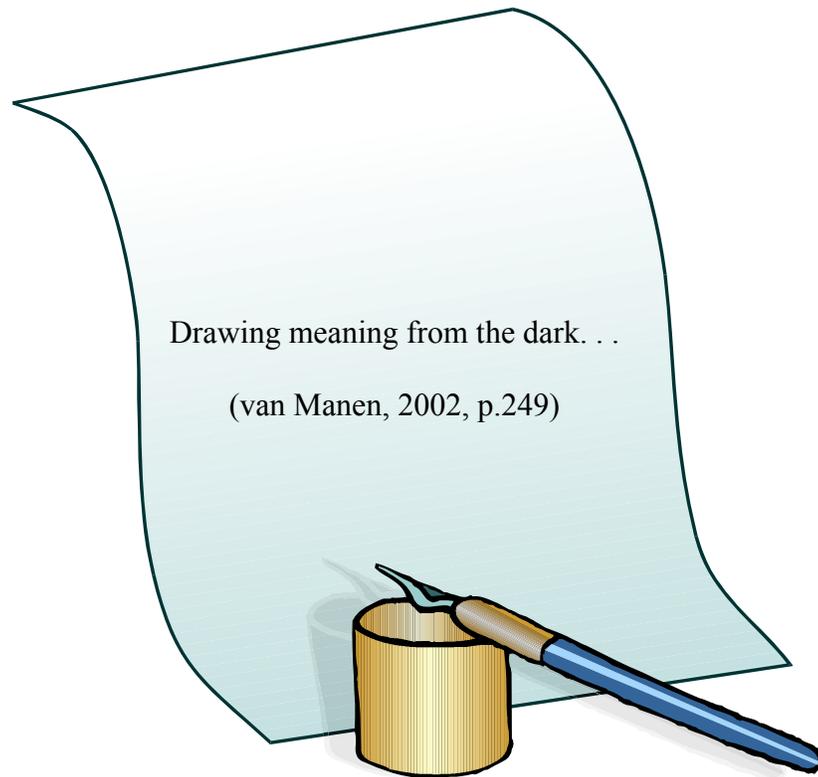
In regards to mortality a meta-analysis of 42 studies involving “. . . 126,000 persons found that highly religious persons had a 29% higher odds of survival compared with less religious persons. . .” that could not be attributed to confounding variables or

publication bias (Mueller, Plevak & Rummans, 2001, p. 1227). In regards to physical health these authors found that 12 out of 16 studies examined found that religious involvement was associated with less cardiovascular disease and mortality. Fourteen out of 16 studies found that religious involvement was associated with lower blood pressure and nine out of 13 studies found that other spiritual practices, such as meditation, were associated with lower blood pressure. Studies reviewed also confirmed that religious involvement shortens hospital stays and results in fewer hospitalizations. In regards to mental health, 24 out of 29 studies found an association between religious involvement and less depression. An inverse relationship between religious involvement and suicide has been repeatedly demonstrated in several studies starting from 1897 (Mueller, Plevak & Rummans, 2001). Similarly, Hafen and others found that “people with a deep sense of spirituality reported less use of medical services, less minor illness, and more complete recovery from minor illness than the national average” (Hafen, Karren, Frandsen & Smith, 1996, p. 383).

A cardiologist in San Francisco researched the effects of prayer on 192 coronary care unit clients. These 192 clients were chosen from 393 clients on the unit. This random double blind study found that the clients who were prayed for had significantly fewer complications than the ones that were not prayed for. He concluded that prayer was effective and beneficial in the clinical treatment of clients, even when the clients were not aware they were being prayed for (Byrd, 1988). The above studies demonstrate that a great deal of research has been done on religion as an expression of spirituality however; there is a need for more research on other methods of expressing one’s spirituality, such as art or music.

Knowing that spiritual well-being affects overall health leads us to the question of how to promote spiritual well-being. If research can discover how instructors can best promote spiritual well-being of students then instructors can possibly directly improve the health of caregivers and indirectly improve the health of clients. Costs associated with spiritual distress are presently unknown because of the difficulty that arises in attempting to measure them. It is conceivable to expect, however, that health care costs could go down if caregivers' and clients' spiritual well-being were consistently addressed.

CHAPTER TWO
RESEARCH DESIGN



Chapter Two: Research Design

My method of choice for this study was phenomenology. Phenomenology as well as data collection procedures and data analysis are discussed in this section.

Methodological Strategies

Phenomenology is the investigation into meaning and essence (van Manen, 2001). The state of mind in which the individual finds his or her being in the world is subjectively explored. The purpose is to seek understanding in context through interaction with others. Phenomenology as an inductive methodology attempts to capture the participant's perception of his or her lived experience (Patton, 2002). Research on spirituality often uses phenomenology (Brown, 2000; Larson, 2002; Richardson, 2002; Walton, Craig, Derwinski-Robinson, & Weinert, 2004). This methodology is useful when there is a scarcity of information on a subject. The flexibility of interviews provides an advantage when exploring relatively new ground.

Van Manen (2001) provides guidelines for phenomenological researchers and suggests that to really understand phenomenology, one must actively *do it*. The data of phenomenological studies are human experiences. "We gather other people's experiences because they allow us to become more experienced ourselves" (van Manen, 2001, p. 62). Gathering of and reflecting on lived experience data are part of the same process and should not be separated (van Manen, 2001). This study was guided by van Manen's (2001, p. 30-31) methodological approaches for doing practical phenomenological research. The "dynamic interplay among [these] research activities" (van Manen, 2001, p. 30) helps the researcher to seek out ". . . that which makes a some-'thing' what it is-and

without which it could not be what it is” (Husserl, 1982; Merleau-Ponty, 1962; cited in van Manen, 2001, p. 10). These methodological approaches include:

Turning to a phenomenon which seriously interests us. For this study I intentionally chose to interview fourth-year nursing students within a local collaborative nursing program. Each nursing program ultimately has its own culture. If “knowledge claims are products of social processes” (Rodgers, 2005, p. 152) then as a nursing instructor in this region I felt a sense of responsibility to understand how the culture of a program can affect nursing students. Awareness of the bio-psycho-social-spiritual needs of students in this region enhanced my ability to capture important insights. “Inquiry that sheds light on the nature of relationships . . . empowers all parties” (Rodgers, 2005, p. 156). ‘The perspective of the gaze’ in this study was fourth-year nursing students from the same program.

Investigating experience as we live it. Interviews with volunteer fourth-year nursing students commenced the data collection process. “Conversational interviews” (van Manen, 2001, p. 98) were conducted at neutral, quiet locations convenient and agreeable to both participant and researcher. Locations included private areas of public buildings and a room at a local university. I chose not to use my office as this may have unintentionally created an unequal balance of power. My sincere interest in students and their stories allowed me to be present in the moment, regardless of location. This ‘presence’ allowed students to feel safe enough to share their stories and their spirit. “With our presence, we create a sacred space. . .” (Burkhardt & Nagai-Jacobson, 2002, p. 39).

Students were encouraged to reflect and describe their experiences with spiritual nurturing. Participants were invited to share stories, experiences, anecdotes and thoughts on spiritual nurturing. Broad open-ended questions formed the basis of the questioning (Appendix B). These questions were carefully worded in the hope of minimizing the imposition of predetermined responses (Patton, 2002). For example: Is there an experience you have had as a nursing student that stands out for you as a spiritual experience? Could you describe it for me? These questions placed the participant in the role of the expert. I used my intuition and knowledge base to direct the line of questioning.

I would concur with Fitchett (1993) that spiritual care should be based on a functional approach to spiritual assessment of a client. A *functional* approach assesses how a client finds meaning and purpose in life and what practices the client associates with that meaning. It is an open-ended way of inquiring about a client's spiritual health. This can be contrasted with a *substantive* approach, which may ask direct close-ended questions like, 'do you believe in God?' The clinical environment may be said to be spiritually pluralistic and as such a functional approach offered a greater possibility that the nursing students shared their spiritual story in their own terms (Fitchett, 1993). I utilized this philosophy throughout my interviews. For example, the question 'what brings you joy and peace in your nursing career' is representative of a functional approach that is broad enough to be congruent with van Manen's conversational interview approach.

Analysis was done on an ongoing basis with data collection in order to reflect on responses and make revisions for future interviews (Creswell, 2003; Duffy, Ferguson &

Watson, 2002; Patton, 2002, van Manen, 2001). Ongoing analysis gave direction to and influenced future questions as concepts and themes emerged. Demographic data from participants were obtained. All participants were female and ranged in age: five students were in their 20s, one in her 30s and one in her 40s. Students were asked if they had taken a course on spirituality in the past, in order to assess the knowledge the student brought to the interview. Two of the students interviewed had taken an introductory religious studies course at a local university.

Reflecting on the essential themes of the phenomenon. Entwined with data collection were ongoing reflections of the essence of the conversations as well as ongoing exposure of themes. Interviews continued until themes were revealed and richly described, recognizing, however, that “. . . no interpretation is ever complete, no explication of meaning is ever final, no insight is beyond challenge” (van Manen, 2002, p. 237). The goals of analysis are “to do justice to the richness of the data” (Richards, 2002, p. 268).

Content analysis of transcripts led to classifying data and generating themes. I interpreted variations in the nature of responses as meaning units. These units were then organized into themes. The themes are supported with direct quotes from the participants. I did the analysis as soon as possible after the interview in order to retain the meaning of the phenomenon in context.

Van Manen (2001) provides three approaches for analyzing phenomenological data; “the wholistic or sententious approach; the selective or highlighting approach; and the detailed or line-by-line approach” (p. 92-93). Not all approaches need to be used in every study. For this study, two of these approaches were used. The wholistic or

sententious approach was used where the text is approached as a whole. Phrases are written that capture the fundamental meaning of parts of the interview. The selective or highlighting approach was also used where specific statements from the participants reveal the meaning of the phenomenon being described. I then analyzed the phenomenological findings from a pedagogic perspective and made suggestions for further research.

Describing the phenomenon through writing. The outcome of using van Manen's approach is rich description and interpretation, in the form of written text that describes this essence. For this study the outcome is rich descriptive text of what constitutes spiritual nurturing in nursing education from the nursing student's perspective. The processes of analysis in qualitative phenomenological research are as important as the outcome because data are analyzed and reported in words rather than numbers (Creswell, 2003). It is during the process of analysis and writing research reports that researcher bias may affect the results as the researcher cannot help but interpret the meanings from his or her own perspective. Kleiman (2004) illuminates this point by stating, "the researcher's reflective experiences. . . come to life during the analysis" (p. 13). Van Manen (2002), talks about the researcher as author. The challenge and aim of writing phenomenological research is to "be allusive by orienting the reader reflectively to that region of lived experience where the phenomenon dwells in recognizable form" (p. 238). Van Manen (2001) suggests that ". . . the textual approach one takes in the phenomenological study should largely be decided in terms of the nature of the phenomenon being addressed. . . ." (p. 173). My descriptive approach discloses spiritual themes by analyzing the students' experiences and use of language. It is acknowledged, that the analysis stage in this

phenomenological study is a subjective interpretation (perception) of the lived experience through the lens of the subject and a further subjective interpretation of the subject's perceptions through my own lens.

Maintaining a strong and oriented pedagogical relation. Van Manen (1990) speaks about the reflection action assumption; alluding to the idea that the worth of reflection is in how it may affect future relationships or practice. Interpretation of phenomenological research is individualistic in nature: each person takes something different from it and uses this knowledge to refresh or improve his or her own practice. The purpose of the 'gaze of wonder' is to internalize a truth into one's own practice. Not the truth, but a truth. Each reader may be enriched in a different way. In this way, the value of this research is revealed to individuals searching to improve their own practice, ". . . drawing meaning from the dark" (van Manen, 2002, p. 249).

Research Method

Participant selection. Qualitative research typically uses purposeful sampling (Patton, 2002). A purposive sample for this study was sought from fourth-year nursing students who volunteered to be interviewed, and who were willing and able to articulate their experiences of spiritual nurturing in the clinical and/ or classroom setting. Fourth-year nursing students were purposely chosen over first, second or third-year nursing students as they may have had more experiences with spiritual nurturing which they could reflect on. Van Manen recommends that the method of research should match the subjects (2001). He states that participants must have knowledge of a "certain way of being in the world" (p. 39) in order to be able to describe what the experience was like for them. The students interviewed took therapeutic communication in year one of their

program. These students have had time and experiences to apply their communication skills in their classrooms and clinical settings. For this reason, these students were ideal subjects for the purposes of interviewing.

Size. The purpose of qualitative research is to seek depth over breadth (Patton, 2002). Lincoln and Guba (1985) recommend interviewing to the point of redundancy if the purpose is to maximize information. Phenomenological analysis is a “thoughtful, reflective grasping of what it is that renders this or that particular experience its special significance” (van Manen, 2001, p.32). As each individual nursing student may have a different unique experience with spiritual nurturing, it is unlikely that all possible themes were explicated. Giorgi (2000) suggests that the number of interviews usually ranges from one to a maximum of 10 (cited in Kleiman, 2004). From a possible 65 students in fourth-year, 16 students signed up to participate in this research. In this study, seven interviews were considered sufficient when enough aspects of the phenomenon of spiritual nurturing were captured:

. . . to become more thoughtfully or attentively aware of aspects of human life which hitherto were merely glossed over or taken-for-granted [that] will more likely bring us to the edge of speaking up, speaking out, or decisively acting in social situations that ask for such action.(van Manen, 2001, p. 154)

The seven students interviewed were randomly chosen from the available 16. The remaining available students not interviewed were personally thanked for their interest.

Ethical considerations. Another reason for using fourth-year students as participants was because of potential ethical concerns surrounding conducting research with my current or future students. As I instruct first and second-year nursing students I

am not in a position of evaluating fourth-year students for a grade in a course. I believe former students who were not comfortable talking with me about their experiences did not *sign up* as participants. “. . . Communication that involves all interested persons in exchange free of any dominating influence” is the key to ethical research (Rodgers, 2005, p. 152). I agree with Rodgers that, “free and equal exchange of ideas is essential to the development of understanding” (p. 154). Van Manen (1990) believes there will always be asymmetry of the relationship between instructor and student. I was therefore aware of the potential existence of power relationships that may exist and attempted to minimize these effects through honest and open communication. For example, I would verbally validate what the student said after they spoke so the student would know that it was safe to pursue the topic honestly. The written consent (Appendix A) included a statement that participation in this study would not affect grades and that all information would be kept confidential. Pseudonyms were used in all data and discussions with my thesis committee.

Interviews may affect or influence not only the interviewee but also the interviewer in unanticipated or unknown ways. As such, the research was viewed as a learning experience for both the researcher and the participant. One disadvantage of phenomenological interviews is that the researcher can misinterpret non-verbal communication. Interpretations of non-verbal cues were validated verbally with the participants throughout the interview process. I paid a great deal of attention to my own non-verbal communication; limiting positive or negative actions, like shaking the head yes or no, in order to prevent influencing the participants responses and prevent interview bias (Duffy, Ferguson & Watson, 2002). The art of interviewing requires researchers to

accept information as it is and refrain from filtering the information from their own perspective. This awareness required introspection on my part.

Protection of participants. Ethical principles of research were adhered to in this study. A research proposal was submitted for ethical review to the University of Lethbridge Ethical Review Committee for Human Subjects prior to the undertaking of the study. Confidentiality and anonymity of data as well as the participant's right to withdraw, without reason, from the study at any time were included in the consent (Appendix A). The consent informed participants of their right to refuse to answer or expand on any question at any time as well as their right to terminate the interview at any time. I remained aware of participant fatigue or distress throughout the interview process. The tape recorder was turned off at times at the request of the participant and at my discretion. A list of counsellors was readily accessible at the interviews in case the interviews triggered emotions that were difficult for the participant to deal with.

Anonymity and confidentiality. Raw data were assigned an identification number that cannot link the participants with the data. Only I am able to link the raw data with the participants. Pseudonyms were used in all written material. All tape recordings and transcripts will be destroyed in five years from the date of this thesis. Confidentiality will be maintained by keeping identifying data in a locked file that only I can access. All information will be held confidential as in any professional relationship.

Recruitment. Recruitment strategies were initiated following ethical approval. A letter of invitation to participate/ consent (see Appendix A) was distributed to the fourth-year nursing students in their classes. Students filled out the consent if they agreed to participate in the study. To maintain confidentiality the instructors collected consents

from all students whether they had signed them or not and forwarded these to me via the secretary. Potential participants were contacted by telephone one interview at a time as needed.

Instrument. In phenomenological studies, the instrument is the researcher (van Manen, 2001). Data collection for the proposed study began with face-to-face in-depth interviews. These conversational interviews were tape recorded to assist in the analysis stage. Each participant was interviewed once. The interviews lasted anywhere between 60 and 90 minutes. Follow-up was conducted by email. Rodgers (2005) states that “the nurse [or researcher] cannot assume that he or she necessarily understands the person’s viewpoint” (p.155). The tape recordings were transcribed in their entirety for ease of analysis. A copy of the transcript was sent to participants to give them an opportunity to clarify points or to stimulate further discussion. Verification of the transcripts was obtained from students via email. Controversy exists as to whether the essential meanings need to be validated from the participants. Giorgi (2000) argues that because the interpretation is the researcher’s, verification with participants is redundant. I recognize, therefore, that the final interpretation of the themes generated from the participants belong solely to me and as such do not need verification from participants. A copy of my thesis will be sent to each participant.

Other data. Van Manen acknowledges that conversational interviews are only one resource for collecting phenomenological data. Collecting lived experience holistically often involves the use of other resources, such as diaries, poetry, anecdotes and art. For this study, some of these other forms of data are included to ease interpretation. I have

written a personal journal to document insights and personal impressions gained through this research process. Portions of this journal are reported in this study.

Data Analysis and Interpretation

Trustworthiness. Confidence in the truth of the datum is maintained in phenomenological research if the participant's verify the datum (Patton, 2002). Because this study is based on the students' words, students were asked to verify that the typed transcripts were correct in content. All students verified this. As such, credibility was assured.

I used van Manen's process of "free imaginative variation" to distinguish if a theme was essential or incidental to the specific phenomenon being studied. "In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is" (2001, p. 107). Free imaginative variation occurred by imagining the phenomenon without a particular theme. If the phenomenon lost its fundamental meaning without a particular theme, then that theme was considered essential. Credibility is attained in this manner if the researcher is considered credible.

Researcher credibility is the faith that can be put in the investigator (Patton, 2002). Researchers who interpret the text bring with them understanding and experience. I, as the researcher, was the data-collecting instrument and interpreter in this study. Arnold and Boggs (2003) suggest that experienced nurses are naturally skilled in the art of interviewing because they use formal and informal communication techniques for acquiring data within their practice on a routine basis. As a registered nurse, I have nineteen years of nursing experience, including ten years of clinical instruction and six

years of classroom instruction. In addition to these experiences, I have taken an undergraduate course in counselling. Thus, I felt well prepared to conduct open-ended interviews. However, since I had never interviewed for the purposes of research before, on-going consultation with my faculty supervisor was sought throughout the study.

My experiences, qualifications and assumptions have been included in this thesis because they may affect the interpretation of the data and are important components in establishing trustworthiness (van Manen, 2001). Husserl (1962) first developed the traditional approach of descriptive phenomenology. His approach was characterized by the researcher 'bracketing' or "holding in abeyance the researcher's pre-conceptions and theoretical impositions" (cited in Kleiman, 2004, p. 9). Consistent with van Manen's (2001) interpretative approach to phenomenology, bracketing of my personal preconceptions was not embraced in this research. Rather, the significance of my existing worldview is included throughout this study as a researcher cannot escape sharing his or her own worldview (Giorgi, 2000).

Validity. This research will be considered valid if the text meets four conditions; "oriented, strong, rich and deep" (van Manen, 2001, p. 151). To be 'oriented' means that my research remains committed to describing the meaning of spiritual nurturing experiences of nursing students. To be 'strong' means that clarity exists in the interpretative written portion of my thesis and that the text is exclusive to the purpose of the study. To be considered 'rich', means my text is unique and engages the reader. To be considered 'deep' means the perspective of the text describes ". . . meaning structures beyond what is immediately experienced" (van Manen, 2001, p. 152) in order to *speak for* the nursing student.

I have used two methods of presenting data in order to ease interpretation and ensure that my text remains ‘oriented, strong, rich and deep’. Direct student quotes are indented and single spaced. Prose that I created from a reconfiguration of student words and my own words (interpretations) are in block (poetry) style, single spaced, flush with the left margin and have a title.

Epilogue

Discovering how nursing students learn spiritual care begins with understanding what spiritual nurturing means to nursing students. The philosophy and methodology that is congruent with this type of research is phenomenology. In this thesis I have given *voice* to several themes of spiritual nurturing through the stories of seven nursing students. Strategies that support nursing students may ultimately improve client outcomes. This research may benefit nursing students, nursing instructors, the quality of the practice environment, the profession of nursing and clients.

Meet the Students

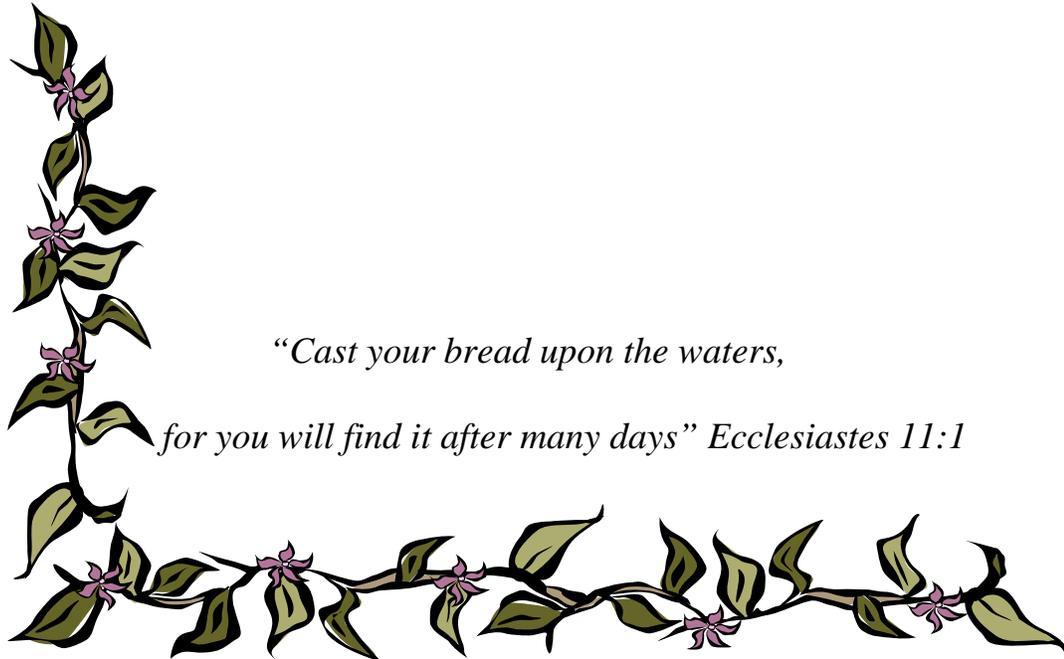
Seven fourth-year female nursing students were interviewed. At the time of the interviews, all were doing their final practicum before graduation. The final practicum is a consolidated preceptored experience where the student works full time for 10 weeks in close association or relationship with a RN, in a setting chosen by the student. It is a time of immersion into the full scope of practice of a RN. Both Nadia and April were doing their practicums' in rural hospitals in southern Alberta: Nadia in a small town on the prairies and April in a small town in the mountains. Rural nursing encompasses a full range of experiences with clients from across the lifespan. The other students were working in a local acute care hospital. Sky and Katy were both on a pediatric ward. In addition, Katy was doing some shifts in a neo-natal intensive care unit. June was working on a post-operative surgical unit. Melissa and Anne were both working on psychiatric units. Three of these students had experience volunteering in other countries that were unrelated to but enhanced their nursing studies. April, at the age of 14, went to Mexico to help build houses. Sky did basic health teaching in Mexico and Guatemala. Nadia spent last summer helping out at a rural hospital in Kenya, Africa. These experiences may have impacted these students' understanding of spiritual nurturing. Katy and June both took an introductory university course on religious studies that may have also contributed to their understanding of spirituality.

The stories of these students illuminate what spiritual nurturing means to them. Three major themes emerged: The provision of spiritual care of others as nurturing the nurse where spiritual nurturing is seen as *exchanging energy*; The provision of spiritual care of self as nurturing the nurse where spiritual nurturing is seen as *recharging energy*

and; The provision of spiritual care from a higher power as nurturing the nurse where spiritual nurturing is seen as *receiving energy*. Come; join me on my journey with these seven remarkable women.

CHAPTER THREE

SPIRITUALITY AS RELATIONSHIP WITH OTHERS



*“Cast your bread upon the waters,
for you will find it after many days” Ecclesiastes 11:1*

Chapter Three: Spirituality as Relationship with Others

In speaking with the students it became apparent that relationship was fundamental to their own spiritual nurturing. By being in relationship with others, with self and with a higher power (transcending), these students were able to exchange, recharge and receive energy. Replenishing their energy through relationship nurtured the students' spirits and ensured that the process of spiritual nurturing continued. It became a circular process to me: without beginning or end. Acknowledging this premise, I chose to start and end in the application of spiritual nurturing to clinical nursing practice (in praxis) to not lose sight of the focus of this study; to maintain a pedagogic perspective.

Spiritual Nurturing as Exchanging Energy

The students described several ways that they nurtured their clients' spirits. These include through conversation, end of life care, touch, empowerment and the little things. What was interesting was that the student also appeared to be nurtured in this process.

Through conversation.

The students described various ways in which energy was buoyed and exchanged with clients through conversation. Regardless of the setting, the common denominator evident in the students' recollections was respect; through conversation they could convey respect for their client. When Katy was asked what gave her joy and peace in her nursing, she replied:

I think mainly in long-term care because I had more time to sit and talk. I think that is when I feel more peace- when I sit and talk with them and I make that connection. I just love talking to them, even if they don't respond. Even though they're not talking to me, when I am doing all this personal care, it is such a personal thing, so I just come in and introduce myself in the morning. . . and I just talk about the weather.

Katy integrates conversation with physical care in order to ease her client's and her own comfort level. Physical care may be intrusive and through the use of conversation, Katy is able to acknowledge the client's spirit behind the body that she is caring for. She is in essence respecting her client as a human being and this brings her peace.

SKY'S STORY

You have a sense of death as a nurse,
and when it is coming. Clients do too.
It was just after suppertime.
I went to see my client, a man who was dying.
I just knew that he wasn't really himself.
He was not ready to go.

I said 'what could I do to make you feel better?'
He said, 'There is nothing you could do to make me better.'
It was hard to engage a meaningful conversation.
He appeared distraught and full of worry.
He wasn't leaving the world happily.

I said, 'Well, no we can do anything you want.'
He finally said he wanted to talk
about his daughter who was schizophrenic.

'I have always taken care of her.
Who will look after her?
Where will she go?
To everyone she is just a schizophrenic, she is not a person.'

I said 'Talk about her as a person.
Is she kind?'
He talked and talked.
'Nobody understood schizophrenia at the time she was diagnosed.
They didn't understand, they thought that's stupid,
it shouldn't be like that, she will be fine, there are programs.'
He talked some more.

At the end he said,
'You know, it sounds kind of strange but, I feel like I can go now.
I got to tell somebody, unload.
Thank-you. You are a little angel. You have come down from heaven,
to let me know, that it is okay to let go of this guilt and go.
Thank-you.'

Sky's perseverance with the use of conversation allowed this man to feel respected and safe enough to share his concerns. Sky reflects, "when they release their spirit, when they release themselves; that's the only experience." Whereas Sky used conversation to help a dying man come to acceptance, Melissa speaks about using conversation as an aid to help a suicidal client want to live again. Both students show respect for their clients through the use of conversation.

MELISSA (ON PSYCHIATRY)

A lot of people come in
-suicidal clients
who don't really want to die so much
as they don't want to live.
I know at first it doesn't sound any different
but it is – they don't want to die
and sometimes the best thing you can do
is just sit with the person and say yeah.

For Katy, Sky and Melissa conversation was all they had (a tool) to connect with a client (energy exchange). The conversation became the treatment to help care for or heal their clients.

Through end of life care.

The students talked about palliative care as being a time where spirituality is easier to address with clients and their families. April stated, "people are more open to their spiritual needs because it is *that time*." The openness the students felt from their clients gave them an opportunity to pursue spiritual topics in an atmosphere of acceptance. This accepting attitude gave the students peace, which in turn nurtured their own spirits. Katy tells me this story:

GOD'S WILL

Seven babies and he is dying,
These babies to leave behind.
So heartbreaking; I want to see him live,
To see his children grow.
Their faith, it is so strong. His manner; so calm.
His wife; so phenomenal.
God's will, they say. In God's hands.

He is never alone.
Beside his death bed the children; they keep on playing.
I want to be in charge; to do something.
But his wife says: 'He is tired of fighting,
He is not afraid to die, please don't prolong his life.'
She says 'We just want him to go as peaceful as possible.'
They know where he is going. He knows where he is going.
They are all at peace. How can I not be too?

The nursing students described a feeling of peace that came with knowing that their client had reached a state of acceptance. It was apparent that not only was it the client that must reach this acceptance, the nursing students also had to arrive at *that place*. If the students had not reached *that place* then a great deal of energy was spent on trying to fix the client rather than on truly connecting with the client. In order to nurture their client's spirit and smooth their client's transition to death the students needed to be able to grasp the significance of their actions through the client's eyes. The client, in essence helped the student nurse arrive at that place; the client nurtured the student nurse, which in turn allowed the student nurse to nurture the client. It is in this moment of mutual understanding that energy was exchanged between client and nurse.

Through touch.

IN SWAHILI

10 women and I are outside on the patio.
I am playing my flute, others are singing,
at an orphanage in Kenya run by nuns.
There is a ward here for disabled women.

I hear this noise, a type of crying.
A screaming cry.
I look up,
They are bringing in a new lady.

She is visibly upset.
The nuns- they are yelling at her,
In Swahili.
She is crying, she is scared.

The other women – they swarm her, talk to her,
In Swahili.
She gets more agitated.
I can't talk to her, in Swahili.

I go over, I hold her hand,
and take her over to a bench.
I sit with her, I hug her,
In Swahili.
She calms.

Nadia, Melissa and April discussed using touch when there was nothing else that they thought they could do. To be able to do 'something' nurtured the nursing students. The universal language of touch allowed the students to give something to their patients and in return they were also nurtured. Melissa shares:

When I was in my rural rotation there was an elderly woman I was caring for. She was declared palliative, she was dying, and her body was just shutting down. She was very elderly and she had many children. She was cognitive and a very delightful woman. Her lungs were deteriorating. Then she was told and it was like this is the end. She just needed someone to hug her. I couldn't fix her, I couldn't make it better, I couldn't change anything, but she needed a hug.

The students talked about having a sixth sense in relation to when it was appropriate to use touch with a client. Several of the students talked about the need for nurses to be careful with whom they hugged, yet they seemed to instinctively *know* when it was safe and appropriate to do so. Nadia asserts:

Some clients you just kind of know that you need to give them space so you let them sleep or you let them be by themselves and then others you know you need to sit and talk with them. I am very careful about who I hug, especially in the health care system right now. I had a client and she was so upset and I gave her a big hug and she came up to me after and said she really needed that. Some clients you can sense that you don't want to give them a hug, you want to reassure them in a different way. I think you can learn how to give medications, but I think you know caring and therapeutic touch.

Through touch, all of these students were able to convey empathy and caring. For Nadia and Melissa to touch another was to connect with that person; to make contact.

This contact affected the client and the student nurse in some way. The unspoken act of touch carried energy towards the client and this nurtured the client and the student nurse.

The students indicated that not only did they know when it was appropriate to touch; they also knew when they needed to encourage a client to seek strength from within.

Sometimes the greatest gift these nursing students gave their clients and themselves was empowerment.

Through empowerment.

MELISSA

Bad things happen and you can't change that
but if we can give people the tools
to deal with what's happening and move on;
and give them someone who actually cares.

The students told several stories where the main reoccurring theme was one of empowerment. Through empowering clients, both the clients and the nursing students received something. Here I get a sense of pride from Melissa as she tells me her story:

One night we had a 16-year-old girl on psychiatry whose asthma was starting to flare up. An asthmatic can feel out of control pretty fast and I saw this happening with this girl so I just sat on her bed and gave her a brief lesson. So I was explaining and she was a really intelligent young woman and you could just see it gave her that sense of control, her spirit was there. For some people giving them that sense of - I can do something.

The sense of control that Melissa speaks of is revealing of the *power* (energy) that is given to the client by the nurse. Whereas Melissa teaches something to a client in order to empower them, Nadia empowers her client by encouraging the client to come up with the answers:

HOMEWORK

I was on my Psych rotation.
I had a girl who was severely depressed.
She was anxious, overwhelmed with trying to change her life.
Her affect was flat, blunted.

I said, 'I am going to give you some homework,
at the end of this shift I want you to tell me
one good thing about today.'

At the end of the day
she had found something good.
Soon after that I would come on shift
and she would be telling me two good things.
Soon, she was finding more positive than negative.

She found something in herself. A strength.
She began to smile.
I found something in myself. A strength.
I smiled too.

Before she left she said: 'I don't know
what I would have done without you.'
And I felt the same.

Nadia also exudes pride that she was able to help someone help themselves. The pride these students felt appeared to buoy their spirits (energize them) as was apparent by the non-verbal expressions on their faces as they told me these stories. Their faces became animated in the telling as if in remembering they could relive the feeling of energy the event gave them. They were sincere in the telling and appeared privileged to be able to be in a position to truly help another. Sometimes, however, it was not necessarily the 'big' things that nurtured these students. Sometimes, the smallest act held great significance and meaning for the students.

Through the little things.

*“For in the dew of little things the heart finds its morning and is refreshed”
(Gibran, 1923/ 1986, p.59)*

ANNE'S SNIPPETS

I had a very sick young man with schizophrenia.
As much as I could I would get into his world.

But it was just snippets here and there.
But I knew that I was actually in his world
for a little bit.

A year later, I was talking to a nurse
with 30 years experience about this young man.
A nurse whose opinion I valued.
I told her a couple of these snippets.
She said, 'Wow, I can't believe you got that out of him.'

It made me feel good.
It was good validation.

Later that day, another student came up to me
and said, 'My client told me this.'
I could see her excitement.
It wasn't big.
But it was big.
I know how she felt.
I understood.

The students make reference to validating their clients by providing the little things. This validation showed that the students truly cared (sincerity) and could be trusted. On psychiatry, Anne talks about the reward of simply motivating a client with schizophrenia to have a shower:

I know some people don't even think about that, people who have been seasoned nurses for a long time- they expect bigger things. But I am happy with that. I hope I will be happy about that in ten years, because that might be all that you get from somebody. If you are the one person who helped them for ten minutes that day you might have been the only person who has done it in weeks. To spend ten minutes listening to them and validating what they have to say. They (the nurses) say 'they never get better, they never get better' but I think they are looking for the big better. There is no cure for Schizophrenia . . . They just forget to enjoy the small things. They just expect big things.

Enjoying the small things nurtures Anne and helps her keep perspective in her role as a student nurse on psychiatry. To validate her client through listening is a way for her to endorse her client and make him or her feel worthy of love. It is confirmation that what they have to say is important. This strengthens the bond between Anne and her client.

Sky adds that strengthening the bond between nurse and client through the little things can improve relations with the client's family because the family sees their loved one is being cared for. Sky refers to nurses as the "*trench workers of care*" because "families take out their frustrations on you." She told me that often families are upset, "maybe their mom or dad has cancer; they don't know what to do, so they are taking it out on you, and I think that you can really make a difference." She believes that regardless of all the work that goes on behind the scenes (in the trench), clients and their families often only remember *the little things*. Sky:

TRENCH WORKERS

So many clients say, 'The nurses were wonderful' or 'The nurses were not wonderful.'
A lot of times it does not have to do with the 'Medication wasn't on time.'
It was more that 'The nurse really cared' or 'The nurse brought my dad a hot cloth for his forehead,' or 'a cool cloth' or whatever.
It's those little things.
It's not 'The nurse didn't bring my meds on time and my vitals weren't done.'

The Provision of Spiritual Care of Others as Nurturing the Nursing Student

Through relationship with clients.

SKY

I need, I crave that appreciation and recognition
and I don't want to say recognition;
maybe just the energy transfer- I really crave that.
I love that; I love knowing that I am needed.
It's like you plug into each other and so you're fed too.
That's what I love about nursing.

To nourish, to feed someone's spirit, is in essence to nurture one's self according
to the students. Katy tells us:

In nursing, some things are so hard to deal with but you get rewarded in so many ways. I think that is why there is so much in nursing. If you always gave and you never got anything back, I don't think there would be any nurses left; everyone would just be spent; just burned out. I think part of it is almost selfish reasoning for me because I like to get that back. I like to feel clients are at peace where they're at or that they got the best care from me, not just physical care but spiritual, mental and everything else. I can go home and feel really good about what I have done. I get frustrated on days when it is so fast paced that I don't have time to sit and really talk with them. I just go home feeling really burned out if I haven't had a chance to really connect with anyone.

April, like Katy, uses the word *selfish* to describe the rewards of nursing:

I have developed passions for vulnerable populations and for geriatrics and palliative care; people at those vulnerable times in their lives. Sometimes when I think about it I think it is kind of a selfish thing because it does give me that sense of accomplishment and purpose; but I am helping other people as well. I mean if you would ask me why I am doing it - it is because it makes me feel good.

Katy and April describe this reward with a negative term (selfish) whereas Sky endorses the reward as being a two-way street; an energy exchange. Altruism in nursing is typically considered an unselfish act, whereby nurses give to the client without thought of themselves. Nurses are taught to place the client's needs above their own. The word implies self-sacrifice; it is philanthropic in nature. Inherent in the essence of altruism is the idea that the nurse must give up something, be a generous donor and that this is somehow negative or difficult to do. The students' descriptions contradict this idea as they suggest that by giving spiritual care they receive spiritual nurturing. Therefore, what is good for clients is indeed good for these nursing students. By giving, they received, so in essence the words *unselfish* and *selfish* became synonymous for me when reading the students' transcripts. By nurturing others these students nurtured themselves. This dichotomy or contradiction in terms may be responsible for the incongruence in the student's minds, as they appear to have to defend the notion. When April was asked what brought her joy and peace as a student, she replied:

This may sound sort of *corny*- but just nursing. I am still at that point. I have said to my friends and family that when I don't feel good after a shift and I don't come home and love what I do, then I am going to do something else. I think just being able to experience people; in the way that we do, and that is not just touching their bodies but it is touching their entire lives. We just get to interact with people in a way that other people don't.

I sensed by April's use of the word *corny* that she was perhaps embarrassed to disclose that she herself received something good from giving; as if this was silly, childish or not acceptable as a nurse. This sense of feeling sinful (selfish) was suggestive to me that these students believe that there remains an unspoken law that to be a good nurse one must put one's own needs aside. Sky also seems embarrassed to admit this selfishness and defends her feelings by the use of the word *cliché*:

As long as I can come to work and make someone smile, I know that sounds very *cliché*, but it's true, if I can just make someone smile or a little happier or do something that makes me feel good- I feel good for the rest of the day.

Feeling needed was a reoccurring theme in the students' narratives. Katy voiced:

It is more comfortable for me if I create an environment that is safe for everyone to share with me. I want them to feel that they are in a safe environment, that I am considering all aspects of their life, not just like 'Your getting the standard here, we have to give it to everyone', more like personalizing their care. I like that; I am trying to do things especially for them.

Sky epitomizes the need of the student nurse to feel needed. In speaking about her purpose as a nurse, she reveals:

I think that's why nursing is so fulfilling for me, I do have a purpose. I really have a passion for going to the third world; I went to Guatemala last year. I loved it because the people are so much different and there was so much of a different appreciation and it was more meaningful. I think that is one of the reasons that I hated working on the one surgery floor because 90% of the people were healthy – hip and knee surgery and they didn't really care if you were there or not, they just wanted to get out of the hospital. I really liked the other surgical floor; you never knew what you were getting and the people had a different sense. You actually had cancer clients there, you would have clients that were beat up with two by fours or hit by trains, I liked that because there was that spiritual transfer and sometimes you only see that in crisis situations.

SKY

I love motor vehicle accidents.
I love that really traumatic stuff,
especially families being involved.
I get to feel that energy.

All of a sudden the important things come;
you see the family pouring love into a person to keep them alive.
I like palliative nursing and I love all that death kind of stuff.
There is a real sense of spiritual and there is an energy that's present
and you can really feel it.
It is very powerful, I really love that.

The energy exchange that Sky talks about nurtures her. This *pouring of love* implies an energy that is freely given, without reserve. It implies a vigorous gush, or

cascade of love that exudes energy that the student can then *pick up* and keep for his or her own use.

How else are these students nurtured? The students acknowledged that the spiritual nurturing they gave and received in relationship with their friends, family and peers impacted their ability to effectively nurture their clients in the clinical setting. By receiving energy from one person in their private lives the student was then able to give this energy back to another in their professional lives. Through relationship they were nurtured: they received positive energy, which renewed their ability to then exchange this energy with those in need (circular).

Through relationship with friends.

SKY'S SPIRIT FEEDERS

My close friends,
I can call anytime,
And they are there for me.
It is a real *spirit feeder*,
To have friends that care about you.
There is no competition between us.
We are just together.
That is my self-care plan,
I just want to be with them.

The students talked about the importance of friends to their spiritual health. Here Sky refers to her friends as 'spirit feeders', which implied to me that her friends provide the *fuel* needed to sustain her. This fuel is like a *banquet* or *feast* for her soul; without which she would not thrive. This fuel provides her with energy in which to flourish. Nadia states that she heals herself by debriefing with her friends. Having an outlet to talk through the struggles of nursing was very important to Nadia. For some students this outlet was provided through friends, and for others, it was through family.

Through relationship with family.

When the students talked about their family and the importance of their family to their spiritual health, I was struck with the unconditional love and acceptance underlying their comments. Katy shares, “because my family is so close they just give me some sense of peace and comfort and I know if anything bad happens I can go home and cry to my mom.” Sky believes that “when people start feeling alone and isolated they start getting hardened inside and life doesn’t have much meaning.” The word ‘isolated’ used by Sky conjured up images of alienation and disconnect for me. I contrasted this with her previous use of the word ‘pouring’ and was struck by the lack of energy exchange in the word ‘isolated’.

June adds in that “it is hard, they (family) don’t understand the same way as other nurses may, but at the same time they see that it is important to me, they know when I need support.” Anne and Katy had the added support of having family who also worked in the health care field and they both verbalized how supportive it was to have someone who truly understood. Ann states:

My husband is my therapy and so we share lots of stories, there is that confidentiality stuff but you leave names out, you go home and talk things out. He feels the same frustrations with the health care system that I do.

Katy talks about living with her sister, who is also a nurse: “I come home and I have had the worst day of clinical and this and that happened and she would just say, ‘you know what – it is going to get better.’ Just having that reassurance.”

Through relationship with peers.

Those students who did not have family working in the health care field were the ones that spoke most about the importance of forming relationships with peers. Melissa

encouraged nursing instructors to encourage students to form relationships right on orientation day as these friendships “can help them cope.” Katy expanded on this idea:

Taking ten minutes or even an hour out of that homework to go out and socialize with your nursing friends is going to help you focus on that assignment better than if you just sit and work on it -but you can't convince people of that. I think nursing students are not as unified as we used to be, we don't live in the dorms together, I guess that is a big factor. There is a lot of stress in nursing students, humongous and I realized about year three that if I didn't keep up relationships with my friends I would get really stressed out.

June explains how important it is to be able to connect with peers in the clinical environment, not only in conference at the end of the day but also throughout the day.

JUNE

If you are willing to share with each other because, we know how each other is feeling, we have similar experiences. The same things frighten us; we are excited for each other when we do certain things because they are the same things that we are trying to do. We just have that *common ground*, we understand each other and where we are coming from. If we share with each other, you feel a little more comforted because you know you aren't alone, other people are feeling the same thing.

Exchanging experiences with a peer nurtured these students. They were able to care for each others' spirit because they shared *common ground*. The familiarity that June felt with her peers through sharing similar experiences seems to connect her to them in a special way, as if a bond (energy exchange) is created between them. This bond seems to anchor (ground) June in a safe place.

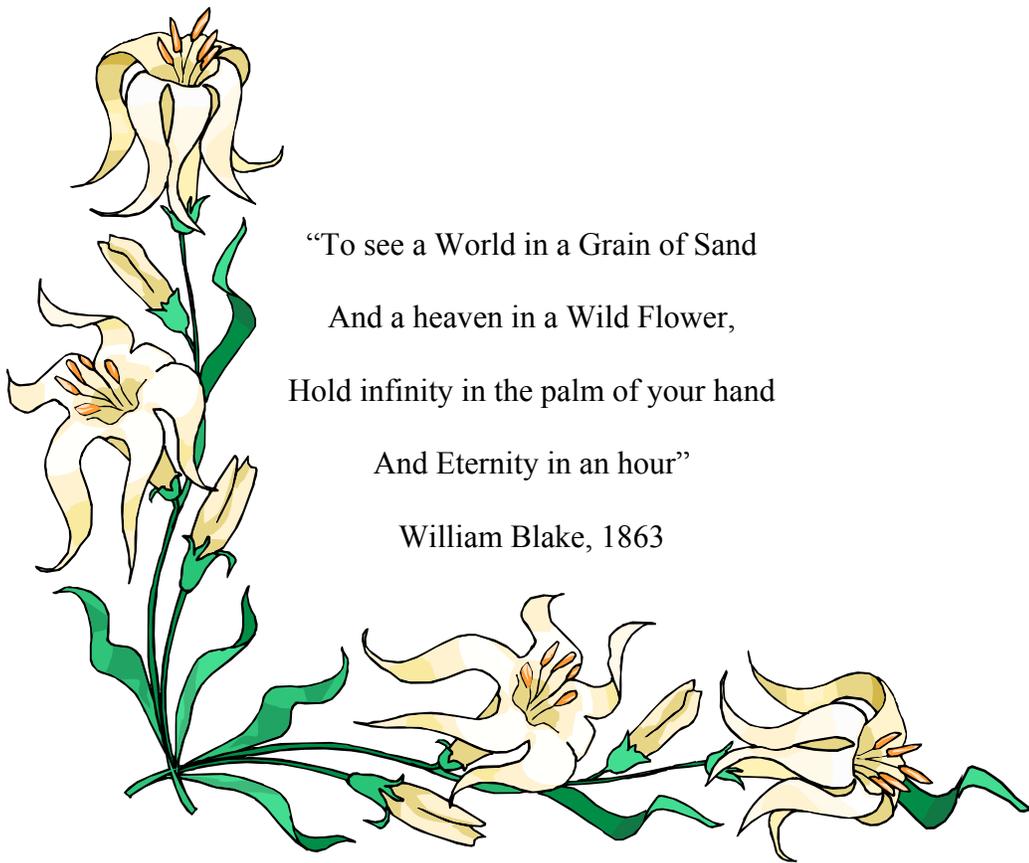
In summary, the students discussed relationship with others as a form of nurturance. Through conversation, end of life care, touch, empowerment and the little things the students were able to exchange energy with their clients. This exchange nurtured the client as well as the nurse. The provision of spiritual care to and from clients,

friends, family and peers nurtured these students' spirits so they were refreshed to continue the cycle of nurturing.

It was my intent, in this chapter, to describe relationship with clients (exchanging energy) prior to describing the provision of spiritual care as nurturing the nursing student so that the reader could experience this theme for themselves through the students' stories. In contrast, the next two chapters will describe relationship with self and relationship with transcending in conjunction (at the same time) with the theme of nurturing the nursing student through recharging energy and receiving energy respectively.

CHAPTER FOUR

SPIRITUALITY AS RELATIONSHIP WITH SELF



“To see a World in a Grain of Sand
And a heaven in a Wild Flower,
Hold infinity in the palm of your hand
And Eternity in an hour”

William Blake, 1863

Chapter Four: Spirituality as Relationship with Self

*The Provision of Spiritual Care of Self as Nurturing the Nursing Student****Spiritual Nurturing as Recharging Energy***

The students discussed several ways that they nurtured themselves spiritually. Three main themes evolved, recharging: through self-healing, through relationship with nature, and through self-actualization.

Through self-healing.

For these students, self-healing included a variety of activities from baking bread (Melissa), to playing instruments (Nadia), to reading the Bible (Nadia) and to journaling (Nadia, June and Anne). The students commented on taking time to simply reflect. All of the students mentioned the word *calming* when talking about their own spiritual activity. Nadia plays the flute and the piano and states “it is very *calming* to me.” She also reads a lot. “If I have had a really hard day there is nothing better than to take a nice warm bath and read and just relax.” Nadia discloses that she needs “that personal space to heal myself. I am religious so I pray a lot and that is a very, very *calming*, soothing thing for me reading my Bible.” Katy mentioned that she really tries to take Sundays off because she grew up going to church and so she tries to keep that: “That really does heal my spirit.” She mentions a retreat that she recently went on in the mountains and comments on what a peaceful experience that was for her. She states, “I think I need that or I would lose my mind.”

Both Nadia and Anne talk about journaling as a way of reflecting and learning from their experiences in nursing. Nadia credits her journals as a method of internalizing the learning from experiences. Anne comments that “. . . all my journals are really

important and I use them in my psychiatry.” Anne adds that watching a good comedy is also a release.

It would appear that finding a calm place within recharged and nurtured these students’ spirituality and helped heal them. This helped them bring this calm to their clients. Nadia affirms, “I would just want a calming presence.” I am struck with the fact that the clinical environment, especially in acute care is far from the quiet, peaceful, calm environment that these students spoke of needing in order to heal. Nadia expresses how this may affect care:

If you’re really tense, it’s sensed by the client. . . it’s amazing how fast they pick up on your mood. If you go into that room and you’re like; okay let’s go, we got to get up; we got to do this, blah, blah. I learned that a lot in long term care. It may take older people a longer time to do things but if you are really *calm* about it it will go faster then if you are trying to rush them. So I think as a nursing student you have to learn to be *calm* in what you are doing because you are a little bit high strung when you start and I have learned over the years to *calm* myself down even if I feel that I am totally, completely overwhelmed that I am not going to pass it onto my client.

For Nadia and the other students the calm they nurture in their private lives helps them bring this back to their clients.

Through relationship with nature.

“I don’t need a great cathedral with windows of stained glass. I find God here in my garden among the clover and the grass.” (Author Unknown)

The students talked about spending time by themselves reflecting with or in nature. Again the word *calm* came up often. April states, “I go horse back riding, which is a spiritual thing. I just go out and ride and I feel content and *calm* and you think about things” Melissa shared that she loved to garden: “I get out and dig and weed and make planters and create some beauty.” Sometimes she would take a cup of tea and sit on the front steps with her dog: “It is very *calming*. Sometimes it is spiritual because you marvel

at God's creation and it is just amazing. I love biology and the magnificence of creation and the variety.”

The continued use of the word *calm* by these students interests me. A *calm* time, a quiet time that is relaxing and restful to the spirit is the image that comes to mind. A time to collect one's thoughts, compose one's self in an atmosphere of quiet where the mind is not *clouded* or *ruffled* with outside stimulation (clinical environment). A serene, tranquil place where one can be still and just *be*; a *hush*. In this place energy is *re-‘fuelled’*, *re-‘nourished’* and *re-‘stored’* for future use.

Sky also talks about taking her dog for a walk, “. . . just me and my dog and I can run all my thoughts out, and just relax.” She talks about enjoying the beauty of the simple things in life, “like smelling the fresh air or snow or wind blowing, just happy little things.” Sky offers a unique perspective in addition to the *calm* the other's spoke of:

I think that the biggest thing is that I don't take anything for granted. I am really thankful for everything. I really appreciate everything, I appreciate I have food, and I appreciate that I have people who care about me and so I never have that negative depressed sense of hopelessness because I feel really hopeful, I feel things are good.

For Sky, the gratitude she has in her spiritual relationship with herself strengthens her ability to bring a positive atmosphere to her clients.

Through self-actualization.

Maslow (1970) used the term self-actualization at the top level of his hierarchy of needs to mean, “developing to one's fullest potential” (cited in Wood, Wood, Wood & Desmarais, 2005, p. 373). He described a self-actualized person as one who had achieved his or her potential and who were comfortable with his or her life. Other traits included being devoted to a life's mission, independent, autonomous, tolerant, and having a strong

fellowship with humanity. Nadia speaks about her purpose as a nursing student in terms of finding her own philosophy:

I think a nursing student is there to learn but too often we think of learning as learning skills so I think as a nursing student you are trying to learn how to find a philosophy. That's your purpose- to find a philosophy that is going to guide where you are going to go after you are done school. A philosophy is going to guide every single thing you do as a nurse. I think the purpose of going into nursing school is to find out how do I perform skills, how do I organize myself, how do I ensure that I have peace and I am not high strung. . . to learn what kind of a nurse you are and because my philosophies are completely different from the next student but mine are not better than the next student it's just how they cope and how they deal with what they need to do.

June also alludes to finding a philosophy:

To find the balance and find how you are supposed to make the difference because I think we all have our different strong areas and I think you are supposed to find where you fit and how you can nurse your way. You really see that develop over your four years and you feel comfortable here and you're still learning but you feel comfortable in your place as a nurse.

Even though all students recharged differently, the commonalities included finding a calmness and a comfort level within themselves. After recharging (*in the hush*) the students felt *re-'freshed'*, *re-'newed'* and *re-'energized'* to come back (*re-'charge'*) to the clinical environment (*in the rush*) and bring the *calm* and the *gratitude* with them for their clients. Sometimes, the nursing students spoke of receiving energy, often in the form of unexplained help. Receiving energy through transcending completed the puzzle of spiritual nurturing for me.

CHAPTER FIVE
RELATIONSHIP WITH TRANSCENDING

“Spirituality is like a bird:
If you hold it too closely, it chokes,
And if you hold it too loosely, it escapes.”

-Israel Salanter Lipkin



Chapter Five: Spirituality as Relationship with Transcending

The Provision of Spiritual Care from a Higher Power as Nurturing the Nursing Student

Clark (2000) states that, “a person may be in relationship with God and not know it until there is some form of awakening or enlightening experience” (cited in Clark & Olson, p. 21). In discussion with the students the themes that emerged in regards to relationship with transcending were spiritual nurturing as receiving energy; through nursing as a ‘calling’, through intuitive knowing, through experience, through enlightenment and through ‘letting go and letting God’.

Spiritual Nurturing as Receiving Energy Through:

Nursing as a calling.

*“Follow your bliss and the universe will open doors for you,
where there were only walls.” Joseph Campbell 1904-1987*

APRIL’S STORY

I was fourteen, in Mexico.
I was on a mission, helping to build homes.
One day, I was sitting on the dirt ground.
There were hundreds of kids around me.
We were making shakers.
Out of styrofoam cups and macaroni.
I was handing out markers.

At that moment, I knew.
I knew that this was what I wanted to do
with my life.
I wanted to help people.
It just gave me a sense of purpose.

I don’t know what it was.
I just got this huge wave.
Enlightenment?
I just felt it
come over my body.

I was just sitting there
handing out markers.
There were kids crawling all over me.
This huge mass of kids.
I just sat down in the middle of them,
in the street.
I just started doing this and I felt
a huge purpose.
I felt so content and at peace.
I wanted to feel it again and again.
I wanted that sense of serving others.
I had someone take a picture of me, because in that moment, I knew.

Nursing as a calling was spiritually nurturing for some of the students. For April and Sky, realizing they wanted to be a nurse happened in another country. By comparing the culture and situation with their own country, it made them realize that nursing could help them achieve their own life goals. Sky reminisces about her time in Mexico:

I can't explain it; it is just like a surge of humanity. When I was in Mexico, I was working with kids teaching them to brush their teeth. These kids had nothing and when I first got there, I thought; oh my God, how can you live like this, it was horrible. . . on the second week I started to think; oh my God, these kids are so happy and smiling and they are just so spiritually alive and they're running over to their mom and braiding her hair and giving her kisses. . . they don't even realize how bad their situation is because they are so healthy spiritually. They have that. In Canada we are so busy working that we forget about nurturing ourselves and touching and hugging and being there for each other. I saw something in Mexico that I was drawn to and nursing has allowed me to have that.

Anne, on the other hand, came into nursing not knowing what she wanted to do. All of a sudden, it became clear:

I was in my psychiatric rotation a day and the staff said, 'So what do you want to do?' and I said, 'Right here, this looks good to me.' I was there a day and I knew it. And it is funny -we have third-years right now and there is another girl and I said to her 'You like this floor, don't you?' and she said 'I really do and I am really surprised.' It shows what you do. So it is kind of funny I am looking at her and that is probably how they looked at me a year ago.

By being in the nursing program, Anne was able to find a comfortable *place*.

The students were all excited about their upcoming graduation. Even though they were nervous about being on their own as nurses, they all felt that they had made the right decision to become nurses. This knowledge nurtures these students, as they prepare to take on this new role.

Through intuitive knowing.

*“Sometimes we may be stopped in our tracks for a moment
as a flood of delight fills our hearts. . .” (Davies, 2002, p. 261)*

WHISPERS FROM GOD

I was a new nurse, with little experience.
One day I had a client who was very sick.
A little voice kept telling me to phone the Dr.
The voice grew to an overwhelming urge that could not be denied.
I phoned.
The Dr. said that the antibiotics would ‘kick in’ soon and the client would be all right.
I tried to calm myself; however, the urge to do something kept growing inside my gut.
Restless and fearful I phoned the Dr. back. I told him that I did not understand how I knew, but I knew that he had to come to see the client right away.
He told me I was crazy and hung up.
I sat dumbfounded for a few minutes. My insides were writhing with a force so strong.
Knowing I had to do something I phoned the Dr. a third time.
Before he could speak, I told him that I would just keep phoning him until he came.
He swore and hung up.
To keep the tears at bay, I began to chart.
I looked up and the Dr. was there- irritated.
I ignored this irritation and took him to see the client.
He examined the client and immediately took her to the operating room.
The awful force that had been attacking my insides subsided instantly.
A few hours later, the Dr. returned.
He told me that the client was full of gangrene in her bowel and if he had not taken her to the operating room when he did, she would have been dead in a few hours.
He thanked me for persisting.

Like my own experience above, some of the nursing students described having a ‘*gut feeling*’ on occasion in knowing what to do; that could not, in their opinion, be explained by previous knowledge or experience. When they followed their *gut* and things turned out well, they were amazed. June maintained that:

As a student you are so focused on trying to learn everything, trying to do everything by the textbook and often times you just don't go with your gut -you don't trust your instincts and I think that you need to bring both sides together. You just can't go freelance bouncing around but at the same time you should trust your gut and you need to put yourself into it.

Learning from past experience and from intuition are skills that may take a nurse years to achieve. A nurse, according to Benner (1997), progresses through the stages of beginner, to competent, to proficient and finally to expert nurse. Benner suggests that at the proficient level a nurse may recognize a concern but may not be able to respond quickly with an appropriate response. June makes reference to Benner's work when she states:

I was looking at Benner's model of skill acquisition and moving through those levels of nursing you really notice that from a time when everything is so book oriented and that finally you are starting to get some intuition. I watched a video about Benner's Model and it said that if you don't ever make it to that intuition, if you don't ever use that intuition, you just become burnt out because it takes too much mental strength to just always be looking at the books and the theory part of it. You have to develop your own sense.

"Character, like a photograph, develops in darkness." (Author Unknown)

June reveals that developing intuition happens when you are not aware of it:

Students always ask me, 'does it get better?' and it does because you start to develop intuition I think. You don't notice it happening until you reflect back. You look at those students and you say to yourself; I was there, I was doing it by the book and I wasn't looking at the client, I wasn't using common sense, I wasn't looking at myself in all of that. You really notice your growth and it is really amazing.

According to the students, learning to value intuition as a tool to assist in their work can occur by having personal experiences or by listening to the experiences of people they respect. Nadia learned to value intuitive messages through listening to the stories of her mother:

NADIA

My mom, she works with seniors.
She volunteers.
One day, she was driving and she had a feeling
that she needed to go and see a particular lady.
She turned the car around and went and visited her.
Later that night, that lady died.

Because her mother valued this experience, Nadia learned to listen to her own inner
voice. Nadia declares:

I think that it sort of eats at your gut if you don't (listen). With nursing too
you're with a client and you think I need to sit and talk with them, or I need to do
this with them. You don't know why sometimes you don't even see the results. I
think God puts people in your heart. I think that is a very important part of
nursing. . . you just get the feeling that this person needs this today, they need to
be nurtured, they need to be talked to a little more maybe than another client.

For Nadia, her experiences with the Divine strengthened her belief in God. Sky, on the
other hand, integrates her intuition with assessment. When Sky was speaking to her dying
client about his daughter with schizophrenia she recalls:

There seemed to be an unexplainable need that I could just recognize and
it's hard to say but you can really tell when someone's spirit is down. I think that
you can really tell if you look at them, assess them. You can really tell if they
need something, maybe you don't know what it is that they need but if you can
kind of touch that, it almost opens up a little bit and then little by little- because at
first I didn't know what he needed, I just knew that he was very scared, he was
feeling guilty, he was feeling powerless, hopeless.

Because Sky valued her own intuition she said, "To be able to pick up on that. You could
do two things like walk away they probably wouldn't say anything or you could go back
and kind of figure it out. . . ." For Melissa, valuing her intuition served to protect her from
harm:

MELISSA'S PROTECTION FROM ABOVE

We had an admission that day.
It was my turn to do one.
A troubled young man they said.
Went ballistic they said.
The officers,
They had to use pepper spray on him.

My gut told me, No, I can't take this client.
I looked at my instructor and could tell he felt the same.
We decided against it.

Later, I was walking by the commons,
This client was watching TV.
I looked at him but,
I didn't see him, I saw someone else.
It was frightening, if only for a second.
Like his mask was off,
And I could see what was inside him.
His face, it changed and his skin went dark.
What I saw was scary.

After, people said I was *crazy*.
But I knew I had seen it,
And I wouldn't do anything to make that part of him
show ever again.

To me, this was confirmation,
That I had made the right decision to not take this client.
God let me see that.
To keep me safe.

The students spoke of the value of intuitive knowing, even if others thought they were 'crazy'. Because of my own personal experiences with intuition I have come to value this type of knowing. The fact that the students also valued this type of knowing was refreshing to me.

Through experience.

Sometimes, previous personal life experiences allowed the students to know what was wrong with their client or what their client needed. The students found meaning in

previous life experiences when they were confronted with the same situation again and knew what to do. It gave purpose to those experiences, as if they had had the experience in order to be able to come to that place where they would know what to do to help another. I had a sense of this is *God's plan* when listening to the students recount events where their own past experience became significant. This awareness of purpose nurtured the students spiritually. In speaking about learning about the importance of holistic care Katy states:

I honestly think starting second-year, when you are actually in a hospital; I think it kind of hits you that you are dealing with people. When you actually get in there and they are talking to you about their families, I think then you realize that this is so much bigger than just physical care, there are so many more aspects to them. I think it's just experience. I don't think you can always learn it in a classroom. I think your studies kind of guide you in that direction but going into clinical you're kind of thrown head first into it and you just rise. . . You try and help someone and the next client comes in and you would have learned from the last guy, this is what he really needed and it's what he wanted so you make more of a point of focusing on that with your next client.

Learning from the past helped June integrate her intuition with previous learning:

June: I had a lady and she didn't seem right. I had this feeling that I should talk about the things I learned in psych. Sometimes those questions are avoided because you are not going to ask someone if they are suicidal. There is still a kind of stigma and I think going to mental health we really learned that it doesn't have to be like that and that people want you to ask those questions. Later she said that it really helped her and she wanted to phone her daughter. She hadn't talked to her daughter in a long time and she needed to talk to her. She seemed happier. I remember that instance because I am still sometimes uncomfortable talking about those things. I don't know why, I guess it is just the stigma in our society that you don't bring up those questions to people, but I just felt comfortable doing it; I felt I needed to do it at that moment.

Gayle: I think each time we have an experience like that it strengthens us so that we are more comfortable doing it the next time.

June: Definitely, because then it just seemed natural and they don't look at you like- what are you asking me, they look at you like- thank you- I needed to say that.

For Melissa, past personal experience gave her a window to see into another:

There was a client on psych, as soon as I read her chart I knew intuitively that she had been sexually abused. I knew it before I met her. I just knew it, it was one of those things, there wasn't anything on the chart that even hinted to it.

I was sexually abused as a child. It was years before I disclosed it, you have to be ready, you have to feel safe. Well this young woman was eighteen, was she a child or was she an adult? Was she ready to deal with that? No she wasn't and for me to prematurely bring that up it would have done irreparable harm so unfortunately we didn't go there. I wish we could have and I am hoping that when she is ready there will be someone there for her, because she will need it. And do I look for that behind every fence post? No I don't, that was one of my concerns going into nursing - am I going to be hyper vigilant? No, but sometimes you just know -you can just see it.

Through enlightenment.

*“As I carefully sweep the ground of enlightenment,
a tree of understanding springs up from the earth.” (Nhât Hanh, 2006, p. 154)*

FROM BLACK & WHITE TO GREY

It was on pediatrics one day
There was a little girl
In a cast
She had been hurt
By her own father's hands

I was so sad
I was so angry- How could he do it?
That monster

Then my instructor said something
She said just one thing
Something so simple, so matter of fact
But that something just changed me,
Imprinted me that day
In that instant the world became different
No more black & white, only grey

She just said
'Her dad probably really loves her.'

For Anne, this experience was enlightening. Anne believes: “Spirituality to me comes from within. I don't associate it with organized religion or anything like that so for

me something that changes me is spiritual.” Anne’s core beliefs were challenged by this incident. This incident connected Anne with her true self, changed her at a deep level and forever imprinted her. She came in touch with her own spirit through this incident and this nurtured her. I recall Anne’s face when she told me this story; it was as if a light bulb had gone on. She felt the charge, the connection to who she really was and what she believed. She was able to live the experience of enlightenment through the experiences of others. This awareness (illumination) was for Anne a spiritual experience. The experience served as a vehicle to take knowledge to her soul where it became wisdom.

Through ‘Letting Go and Letting God’.

Nadia, while in Africa, felt that:

Being there and seeing that even though these people are in really bad conditions, they don’t have access to everything that we do here health care wise, they are still happy. Their whole life is depended on . . . they just have this whole outlook on life that you know things and circumstances are under God’s control.

The students talked about how their clients coped by not worrying (letting go) and trusting God to handle things. It was interesting to me that I was left with a sense that these nursing students *worked with God* to accomplish the tasks that the clients were trusting God to handle. By listening to the intuitive nudges, I had a sense that these nurses were also trusting God to help them care for the clients. The experience of listening to their intuition gave these students hope for a future where they can trust God to help them in times of need. This is what Bradshaw (1994) referred to as “a partner under God” (p. 316). This hope nurtured the students.

Hope is the Thing with Feathers

“Hope” is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all,
And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.
I’ve heard it in the chilliest land
And on the strangest sea,
Yet never, in extremity,
It asked a crumb of me.
-Emily Dickinson

CHAPTER SIX
SPIRITUAL CARE

Pieces
by Margaret Clark (1983)

Broken and in need of healing
Like an earthenware vessel left alone and empty in my hand
Broken and in need of healing
Toys, men and women, girls and boys.

Take the pieces of a life, write the story
Broken pieces in my life become your glory
Celebrate me as I am, take my laughing, lonely hand
And discover how the pieces of the life I have laid down
Find a home where my name is written on stone.

From the puzzle, packed in a thousand pieces
From the portrait taken from a slide
Through the hands that take the time to fit those pieces line on line
See the portrait painted peaceful one more time.



Stop this madness; stop the world from spinning aimlessly
Crashing lost and hopeless into wall
Fearful of the potter pouring forth his healing love
On vessels he has formed through mud and tears.

Trace the countless lines of care in aging faces.
Feel the surface rough but warm in shaking hands.
Hear the laughter in the look that holds you silent.
And celebrate me as I am, a broke vessel in your hand. . .
Yes, walk with me through the pieces of the life I have laid down
Finding a home where my name is written on stone.

We are stories; we are puzzles, scattered carelessly
Feeling all alone behind our walls
Fearful of the potter pouring forth his healing love
On vessels he has formed through mud and tears.

Take the pieces of a life, write the story
Broken pieces in my life become your glory
Celebrate me as I am, take my laughing, lonely hand
And discover how the pieces of the life I have laid down
Find a home where my name is written on stone.

Chapter Six: Spiritual Care

Attributes of Spiritual Care as Antecedents of Nurturing

The meaning of spiritual care to the seven students in this study evolved through dialogue with myself in relation to the underlying questions. During the interviews and later while reviewing the transcripts, I was mindful of questions such as how do these nursing students perceive *spiritual care*? What does it look like? How do they provide it? Two major themes emerged: Spiritual *skills* (*what* it is these nursing students do that can be considered spiritual care) and Spiritual *attitudes* (*how* these students provide care; what attitude they bring to the act).

Spiritual Care as Skill

Eliopoulos (2005) lists the spiritual needs of clients as love, meaning or purpose, hope, dignity, forgiveness, gratitude, transcendence, and expression of faith (p. 176). In providing spiritual care the skilled nurse provides an atmosphere that addresses these needs. Skill as an ability may be gained through combining knowledge with intuition and experience (Benner, 1992). The spiritual care skills the students learned through experience include: taking time, listening, being present, and connecting. Each of these skills was intertwined with each other in the students' stories.

Taking the time.

JUNE'S STORY

We had a lady who was dying.
She was in my section in a shared room.
No one came to see her. No one had time for her.

When she became very ill, they decided to move her to a private.
She would no longer be my client.
I was concerned. The section she went to was heavy.
They wouldn't have time to be with her.

It was one of those crazy nights.
No one had time for her.

The next morning I was walking by her room.
I had this gut feeling that I should go in and be with her.
But, I was called to do something.
Later, when I got to the desk they told me she had died.
I had let her down. We had let her down. I don't even remember why I was called away.
I have an enormous amount of guilt.
No one had time for her.

According to the students interviewed, in the world of clinical nursing practice, time is considered a rare commodity. In acute care (hospital) settings, these nursing students feel as though there is a trade off between getting the job done and getting it done well. Anxiety over getting everything done can overwhelm students and prevent them from providing the thorough care they want to provide. The ability to put the anxiety aside and really be there for a client when you walk into their room is a skill that is very difficult to maintain. June sees this skill as essential to spiritual nurturing:

People can sense that you are busy and they can sense the floor is crazy, they can hear the scampering around outside their room and when you spend time with them, just doing little things, I think they feel cared for. I think that is a major part of feeling balance and putting trust in health care providers and putting faith in that. I think that is fundamental; they have to feel cared for and they have to feel that you are there for them.

“Sorrow knocked at the door, Faith answered, and found no one there.”

(Japanese Proverb)

For June as well as the other students, trust is built when nurses make time for clients. Nadia also believes that trust is important. To Nadia, the faith that a client puts in the nurse or nursing student can often be therapeutic for the client. She believes that knowing that someone (a nurse or student) is available to a client when they need help

builds trust and faith. Taking time then, was crucial to Nadia in providing an environment that was conducive to healing. Nadia puts it this way:

A client would say, 'I really am tired today but I need to get out of bed' and you say, 'Well, would you like me to help you go for a walk?' because they are not always able to do it. I found they never want to ask you; they are always scared to ask you to do things with them. Just taking that time for them and making them feel that you really do have time for them, it really heals them and encourages them. When they trust you more then they are more willing to help themselves, they heal better.

June speaks about the guilt that can occur when she is not able to take time:

For me some days are so crazy that you just feel like you have missed something but other days when you know that you really made a difference to someone, that you have done a good job, that you have changed something, those are the days that you go home feeling peaceful; even if it was hectic. Those times make the difference between going home feeling joyful and peaceful and going home and feeling that guilt because you didn't do something for that person. In the end you look back and say what you were doing doesn't seem that important anymore. But that person will remember that they weren't cared for or that their needs weren't met or that they didn't feel at peace themselves and that is the difference.

Taking time not only nurtured these clients, it also nurtured these nursing students.

Listening.

According to Potter and Perry (2001) listening enables a nurse to enter a client's frame of reference. The nursing process is a five step organized system of caring for a client that includes: assessment, diagnosis, planning, implementation and evaluation (Potter & Perry, 2001). Assessment as the first step in the nursing process is fundamental to all other steps of the process. This holds true for spiritual assessment as well. For these nursing students spiritual assessment included really listening to get a sense of where their client was spiritually. Katy shares these insights:

I do try and talk to them and I try to get them to talk about their family. It can be so hard to just heal their spirit once it is already wounded and broken but I think just being compassionate and listening can be so big. A lot of time I am

sitting and listening to them tell me their story. You know you may hear the same story every morning but I think just taking the time to listen and see where they are coming from. I don't even know if it is necessary to talk to them but listening is huge, just showing that you are there for them.

Remen (1988) suggested that "healing is not a matter of mechanism, such as treatments or medications, but rather a work of spirit" (cited in Potter & Perry, 2001, p. 109). As Katy indicates, listening to her clients can help buoy their spirits, which may help heal them.

Being Present.

Sometimes, because these nursing students were so busy, they entered a client's room and just did the task that was required. Providing physical care in the absence of spiritual care was doing only half of the job as Nadia points out:

. . . just knowing that I have been compassionate to that client and maybe I am super busy but in that two minutes when I was with that client I was fully there for them, I was there to talk to them, and to listen to them; that brings me peace. It brings me joy if a client feels that they are cared for, not just physically but spiritually; in every part of their life. They feel safe that way because it is one thing to change that dressing but maybe they are apprehensive about something, so it is so important to make sure that you are there as a nurse for them in that time period you have.

April acknowledges that each person's concept of spirituality may be different:

A lot of times if they don't have people in their family to talk with because they might not be in the same *place* and so I find that hard to get into that *place* where I can be on the same level because I would say that everyone has a different concept of spirituality. I just think it is so neat when they will explain to me, even if it is a religious conversation, how things are important to them and how maybe their son or daughter might not understand.

April's discretion here ensured client-centered care. By being fully present and listening, April and Nadia give their clients permission to express their faith, thus meeting a spiritual need.

Connecting.

In conversation with the nursing students it became apparent that they described different ways of connecting with clients. The major themes that evolved were connection through caring, through conversation, through empathizing and through touch. Nadia speaks about the universal language of caring:

This summer I went to Kenya and I consider that a spiritual experience. I just really found that it was really spiritual for me because you don't speak the same language as people but you are connected to them on a caring level.

“Perhaps that was all emotion was- whatever it was – a bridge across which people walked to each other, a wonderful buoyance the better to hold the heaviness of communication.” (Mitchell, 1990, p. 60)

For Katy, making a connection often begins with communication. Katy expresses the need for this connection to occur as soon as possible after admission to a health care facility:

When they are in their rooms and settled that is when you actually make a connection. I think it is when you go in and say; ‘Okay Mr. So and So, how’s your day?’ And they start cracking jokes or they might break down and say they have had a really rough day and it has been really hard. As soon as they start sharing their emotions and feelings you feel like you have really made a connection. Anyone can share what’s going on in their day but as soon as they start sharing emotions you definitely make a connection because they are willing to open up about things that are personal.

Through conversation Katy encourages her clients to share the meaning the experience of being hospitalized has for them. Katy articulates the need for her to incorporate spiritual care into every other nursing action:

I just see some get really agitated when they are being dealt with roughly or just being ignored. . . Sometimes even talking to them about their children -you see the emotions and sometimes I have had them cry and I would say ‘It is okay.’ I think nursing is so much more than just skills, skills-anyone can learn, the emotional care is so much harder and the spiritual care is so much harder to give than just bathing them or giving them an injection or running an intravenous; that I can learn. I think the hardest lessons have been to really communicate and to

treat someone how I would like to be treated and respect them the way they deserve to be respected.

Katy keeps her client's dignity intact by respecting them through conversation. Through conversation she is able to connect to the real person that she is caring for.

Sky reminisces about some of her previous experiences throughout her nursing education. She was reminded of the potential for serious consequences if she did not make the time to connect to her clients and she shared this with me through a story.

SKY'S STORY

I remember a time a native fellow went to a hospital and they thought he was drunk, so they said 'get the hell out of here.'
So he ended up in another hospital bleeding to death.
It turns out that he had got bucked off his horse and kicked and was internally bleeding. But they thought he was drunk so 'get the hell out of here,'

I think about cases like that, is it easier to ignore it?
When I am a real nurse, what if I did that?
What if I was getting my charting done and was busy?
Is that why people are ignored or what?
Or do they not even sense it?

Sky articulated part of the problem that she believes exists in attempting to make time for spiritual care by connecting through conversation:

Because hospitals have over medicalized everything; clients don't think it's appropriate to tell you that they are feeling scared. They feel it's appropriate to tell you the pain is this much but they don't want to say; 'I am in emotional pain and it's rating this much.' Those are the kind of things that are often overlooked, the staff doesn't have time to start opening up cans of worms, so they ignore those cues, which is sad.

Sky speaks of these cues as maybe being her only chance to connect with a client to discover if the client has unmet spiritual needs.

Nadia describes using empathy and touch as a means to connect when she spoke a different language:

Think about it if you were in her shoes, just dropped off, abandoned and people were yelling at you telling you that you have to be here plus you were disabled. That would be a little scary. So just to know even though you can't say to them it is going to be okay you can still hug them and let them know that you are there for them.

Through nonverbal communication Nadia is able to meet her client's need for love. Sky talks about the energy transference that can occur when touch is implemented as part of spiritual care:

I was taking his temperature and pulse. I remember I was holding onto his wrist and it felt really cold. I kept on taking his pulse and that is when we started to talk and I just rubbed his arm and sat down and talked a little bit more and he changed, he seemed to warm up a little. His skin seemed to warm up. I could feel his energy coming alive again and more life come into him and all of a sudden his eyes crinkled up and he smiled a little bit more, he seemed more content.

For Sky, touch was confirmation that she had made a connection with her client.

Spiritual Care as Attitude

The skill of providing spiritual care appears to be impacted greatly by *how* it is accomplished. The attitudes these nursing students brought to the skill further defined what spiritual care was to them. Several attitudes of spiritual care emerged in discussion with the nursing students. Through dialogue, spiritual care was seen as possessing the attitudes of: being non-judgmental, having unconditional acceptance, being sincere or genuine, given freely, being compassionate, and following the golden rule ("As you wish that men would do to you, do so to them." Luke 6:31) and the silver rule ("What you do not wish upon yourself, extend not to others." Confucius, 551-479 BC). These attitudes appear to be key in defining how spiritual care was provided by these seven students in meeting their clients' spiritual needs.

Non-judgmental.

Melissa implies that trust is built when a non-judgmental atmosphere is created. While reflecting on a conversation with her pastor's wife, Melissa comments, "her non-judgmental acceptance of what I said made me realize it was safe to talk about those things." The non-judgmental character of the pastor's wife allowed Melissa to feel secure enough to disclose that she had been sexually abused.

In speaking about herself, Sky exemplifies a model case (Walker & Avant, 1995) of being non-judgmental when she states,

It doesn't really matter to me what race I am dealing with. I don't have a difficult time engaging. I know some people have a difficult time with the aboriginal populations around and I never do and I think that is because they can read there is no animosity and they can read that I am not going to judge them. And I think that is spiritually nurturing. I know that life isn't perfect and I know that people do things that they may regret doing after and I am not going to hold that against them. I feel the same about alcoholics, because I don't know why he is an alcoholic, I have no idea, I don't know why he is homeless. I have no idea what happened before in his life. A lot of people will judge just on that and for me I think those people are in even more need of extra love.

A contrary case allows the reader to see what is not part of a particular concept (Walker & Avant, 1995). Anne, working on psychiatry, relayed a story that demonstrated how judgment easily entered nursing practice:

ANNE'S STORY

The first nurse said, 'Man, I can't stand those addicts.'
A second nurse said, 'Oh, there is a student here.'
The first nurse said, 'They have a choice to get off the drugs.'
The second nurse said, 'I smoke and if I wanted to quit, I would quit.'
I said, 'How the heck can you compare smoking cigarettes with heroin addiction? I know smoking is an incredibly difficult addiction to get over but number one it is legal and number two it is not mind alternating and three it doesn't destroy people's lives.' I said, 'Do you know what I mean? It is not always a choice.' I said, 'Whether you're cutting yourself to cope or you're taking drugs- you're still coping and still managing, do you know what I mean?' I said, 'There's not always a choice when your choice is poor and poorer.' They just looked at me as if I had just said the most ridiculous thing.

For these students the limits of being non-judgmental were difficult to define. Being self aware of their own limits enabled the students to view specific instances more objectively. Anne discovered that sometimes, being non-judgmental was not simple or easy. She exemplifies the meaning of learning to truly be non-judgmental by reflecting on an extreme case of child abuse:

CASTING STONES

It made me see grey in the world.
I have always been like well. . . gosh you hear these stories and you think in situations like that especially with infants and I don't just mean children, I mean in elderly abuse, child abuse and any kind of suppressive or powerful relationship over another person.

I think that it made me see a lot more grey in these areas -like there is a lot more involved. It is so easy to be on the outside looking in, casting stones, it really is, because it's not our world. 'Walk a mile in someone else's shoes' and it's not my world and I have no idea. I thought I could never stand for that; I could never stand for spouse abuse; I could never stand by and watch my husband do that to my children.

But you know what- I have never been there, I don't know, I don't know.
I don't know what it's like to not have had an education, not had finances, not had a support network- which is huge- and
I have all those things- so for me not to lie in judgment of other people-
so that was big for me.

A non-judgmental attitude was the first step these students described in providing an atmosphere where their clients felt safe to share their spirit. The second key ingredient was unconditional acceptance.

Unconditional Acceptance.

Melissa believed that sometimes nurses want to rescue others and solve their problems by offering sincere words of encouragement. She thinks that accepting people for who they are or for what they say requires an attitude of acceptance that is often more complicated than it first appears. In speaking from personal experience, Melissa offers:

I know how hard it is when people tell me that I am so strong. I really don't like hearing that because it takes away my right to be weak. Sometimes I need to be weak and not so strong.

Unconditional acceptance evoked a sense of permission for these students. When they were with someone who was accepting of them as a person, the students described feeling safe and this gave them permission to be themselves. When this was denied they felt guarded and uncomfortable. Giving permission by use of an accepting attitude seemed to be missing in one instructor Melissa spoke about: "I haven't figured out what it is about her, what she doesn't have doesn't do or doesn't allow, I don't know."

Sincere and Genuine.

Sky explains:

People say to me, 'you have such a great smile', but if you ask the dentist, no I don't -I have a really small mouth- but I think people can read my emotions through my face. I think that is why I have such a memorable happy face and I think if you are genuine, even if it's for just 30 seconds and you are generally caring and generally happy to be there it can be felt. Some nurses are triggers for escalations and some prevent them.

Being sincere allows Sky to show her clients respect as human beings, which keeps their dignity intact. It also lets the clients know that they are worthy of care, which meets the clients' need for acceptance and love.

Given Freely.

Sky demonstrated that she believes that not only is spiritual care freely given, it is freely received with an attitude of gratitude that is neither expected nor demanded:

People always say to me 'You always seem to get everything you want'. I feel that, people are more willing to give you what you want if there is not an expectation of it.

Since Sky has met her own spiritual need for gratitude she can help her clients meet this need.

Compassion.

In discussing spirituality, Sky expresses:

Just to go beyond the vital signs and beyond those things- because medications are great but I think a lot of it has to do with that humanness. I don't think that all spirituality is that you're LDS, or you're Catholic, or you're this or that. I think a lot of it has to do with recognizing a human need for a more holistic approach. I think that spirit is genuine kindness and compassion.

Sky meets her clients' need for love and dignity by caring for them unconditionally.

The Golden Rule.

“And as you wish that men would do to you, do so to them.” (Luke 6:31)

Nadia and Katy both expressed the need to ‘Do unto others as you would have them do unto you’ as part of an attitude of spiritual care. Nadia stated “When I nurse I always think if it was me in that place what would I want, what would I need?” Katy emphasized that:

I just love talking to people and I think it is important. I would just love people to talk to me when I am kind of in the end station of life. I think it is just so lonely not to have someone talk to you.

When these students realized that they have the same needs as their clients, it became easier for them to provide care, even if they did not acknowledge these needs as being spiritual.

The Silver Rule.

“What you do not wish upon yourself, extend not to others.” (Confucius, 551-479 BC)

For client-centered spiritual care it became clear from the students' stories that the silver rule placed more value on the receiver's wishes or needs. Personal preferences were taken into account. Exploring with clients how they have coped in the past with problems in their lives or asking them what brings them joy and peace gave these nursing

students an opening to discuss what was meaningful to the clients rather than just what was personally meaningful to the students. In speaking about spiritual preferences and applying the silver rule Katy stated, “I think just asking them what they would normally do.”

Client-centered spiritual care became imperative when Nadia was in Kenya because the culture was so different from her own. She was forced to consider the clients’ needs from their perspective. Learning this in Kenya helped Nadia bring this skill to her practice here at home.

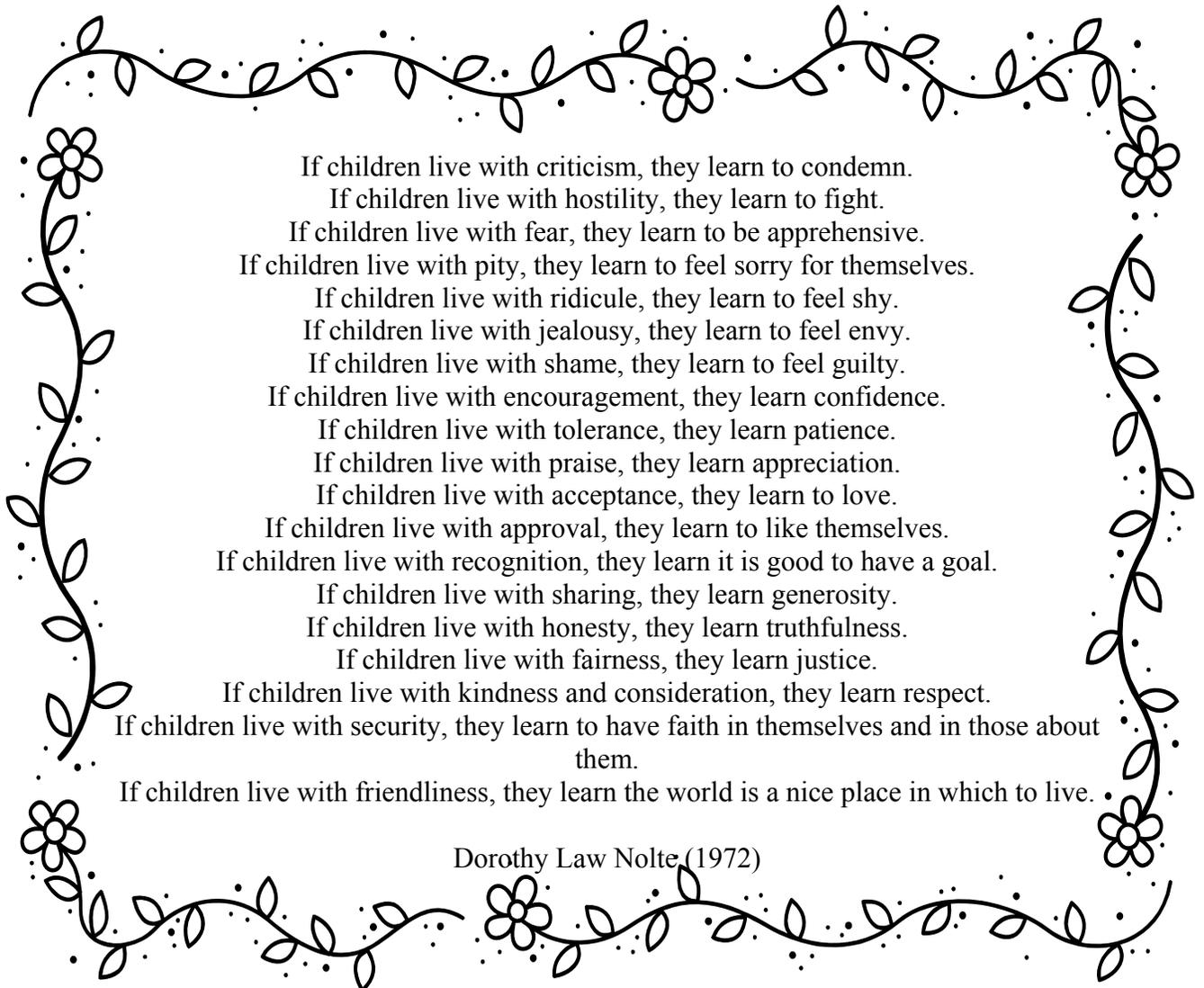
People have things that they use and practice to help them heal and it is very important as a nurse to find that and know what that is because it aids in their healing and recovery. I think if I wouldn’t have gone to Africa I might have learned it a few years down the road, but maybe not.

In summary, the students described spiritual care as a combination of skills and attitudes that affected the way all other care was given and perceived by clients. What the students have described is in keeping with what Sawatzky and Pesut (2005) term the ‘existential approach’ to spiritual care. These authors describe this approach as one that emphasizes the importance of the clients’ personal interpretation of spiritual and that the nurse provides care according to the clients’ perspective. The nurse discerns this perspective through conversation and listening. The role of the nurse in this type of spiritual care is to be *present* and guide the client in his or her own search for meaning. There is “an openness to spiritual considerations” (Sawatzky & Pesut, 2005, p. 24). Unique to my research was the finding that the student nurse was also nurtured when giving spiritual care; that altruism was just as nurturing for these nursing students as it may have been for their clients. I see spiritual care in this light as being synergistic, the

end result adding up to more than the sum of its parts because not only were the client's spiritual needs met but also the nursing students.

CHAPTER SEVEN

SPIRITUAL NURTURING AND NURSING EDUCATION



If children live with criticism, they learn to condemn.
If children live with hostility, they learn to fight.
If children live with fear, they learn to be apprehensive.
If children live with pity, they learn to feel sorry for themselves.
If children live with ridicule, they learn to feel shy.
If children live with jealousy, they learn to feel envy.
If children live with shame, they learn to feel guilty.
If children live with encouragement, they learn confidence.
If children live with tolerance, they learn patience.
If children live with praise, they learn appreciation.
If children live with acceptance, they learn to love.
If children live with approval, they learn to like themselves.
If children live with recognition, they learn it is good to have a goal.
If children live with sharing, they learn generosity.
If children live with honesty, they learn truthfulness.
If children live with fairness, they learn justice.
If children live with kindness and consideration, they learn respect.
If children live with security, they learn to have faith in themselves and in those about them.
If children live with friendliness, they learn the world is a nice place in which to live.

Dorothy Law Nolte (1972)

Chapter Seven: Spiritual Nurturing and Nursing Education

The Provision of Spiritually Sensitive Nursing Education as

Nurturing the Nursing Student

Kersten, Bakewell and Meyer (1991) found in their study of nursing students that the most frequent response for why the students chose nursing was so they could have, “the opportunity to express nurturance through caring for people” (cited in Sappington, 2003, p.10). The students I interviewed did not always agree that their nursing education supported spiritual nurturance. The students talked about the need for nursing education to nurture spiritually sensitive attitudes and spiritually sensitive skills and knowledge.

Nurturing Spiritually Sensitive Attitudes

APRIL'S TABOO

It was in first-year nursing,
we were just beginning to discuss holistic care.
I had brought some articles about spirituality.
I don't consider myself a religious person
but I do think that spirituality is important in one's life.
When I brought up the topic people started to squirm in their seats.
Everybody had these looks on their faces
like they were uncomfortable to talk about it.
Somebody changed the subject,
and that was that.

I didn't get to present my research.
It really bothered me.
I felt really bad about it so I went and talked to my instructor.
She said, 'well it seemed like everyone was uncomfortable with the topic and
what are you going to do about it?'
I didn't do anything about it, as I just didn't feel comfortable.
It seems to be kind of a taboo topic I guess.
Ever since then I felt there has been a huge lack in the curriculum in talking about it.

All of the students commented on the lack of discussion around spirituality in the nursing program. Nadia remembers:

In first-year we got into the discussion of spirituality and religion and its place in nursing. I remember some students saying that they wouldn't want to talk about that with their clients, as they wouldn't feel comfortable. I remember thinking, I wonder why that is? But I never asked that in first-year because it's not a first-year-student thing.

It is noteworthy that both April and Nadia mention first-year nursing, as if they felt this was where spirituality needed to be introduced. They also both acknowledge that they did not have the skills or the comfort level at that early stage of their program to pursue spiritual topics.

The students mentioned not knowing how to provide spiritual care. June explains:

We talk about things like complementary therapies, alternative health and we talk about meditation and prayer and art. We talk about them for what they can do for a client and what they mean, but we don't talk about how to bring that to a client. I can list them off and I can give a description of them but I don't know how to bring that to my care.

Not knowing how to provide spiritual care has not stopped June and the other students from nurturing their clients' spirits. Through their stories, the students appear to be providing spiritual care; they just do not identify it as such. This perceived lack might only be in the defining of spiritual care. Sawatzky and Pesut (2005) agree that there is no consensus in the nursing community on what spiritual care is.

April speaks about trying to incorporate a discussion on spirituality with her clinical group. She states:

If you all feel comfortable talking about it then you can have a really great conversation but if there is one person or if your clinical instructor is not really keen on exploring that issue then that one person in the group makes you unable to talk about it.

The students felt that spirituality was a difficult topic for students to discuss because everyone had their own beliefs and values and no one wanted to initiate a situation where conflict over different religious beliefs could ensue. April offers:

I think we can be spirituality sensitive without inflicting our own beliefs and values on others but we haven't been provided with the tools to do that. That is where the lack is, in the nursing curriculum. There is tons of literature on it; we just don't access it because it is not that up. I think we should implement it in nursing school.

The majority of the comments revolve around the sensitivity with religion and the misunderstanding that spirituality means religion. This lack of knowledge leads to discomfort. April brought up an interesting topic that in her mind also explained why spirituality is "taboo".

I came across an amazing article that correlated mental illness and spiritual experiences. . . It could actually argue that spiritual experiences such as being in the spirit, hearing things, hearing god speak to you and how do you draw the line working with a psych client who is hearing voices and you have been to church services where people have been speaking in tongue? People in the group were offended by it. . . when I said, 'When you hear God talk to you how do you know that you are not mentally ill?' I found that really fascinating. I can see how it could be really offensive to people who believe in their faith. Here we are on the psych unit and where is that line?

As a first-year nursing instructor I am aware that the nursing program has implemented a section on spirituality in the first semester of the program. Because this was only implemented in the last few years, the students interviewed for this thesis may not have had the opportunity to discuss spirituality in the first-year of their program. In my own personal experience, I found my first-year students this past year responded well to a spiritual discussion, once they understood what it was. My increased comfort level from studying spirituality provided an atmosphere of acceptance where the students felt comfortable in discussing this dimension of health; because I was comfortable with it, so too were my students.

Nurturing Spiritually Sensitive Skills and Knowledge

Teach self-care and balance.

Encouraging self-care activities may strengthen students' relationship with self and nurture them. Anne suggested that the nursing program should include an assignment worth marks on encouraging students to practice self-care:

Why don't we do that in the nursing program, why don't we make it worth 5% that we actually practice self-care? Then students may actually do it. I know, as a mom, there is no time for self-care, but if it were worth some marks, perhaps I would actually do it. As a mom, you put yourself on hold for awhile and I thought if I got 5% for it I might just do it, I might just say, 'Ok I am going to one movie a month or I am going to dinner with a girlfriend once a month and I will show you the receipt for it' and one instructor said, 'Yeah, but how can we prove that people did that?' and I thought 5%, who cares?, but as students you might actually do it. It's easy to write in your journal about self care and you write papers on it but we all know it doesn't really happen that often.

Anne believed that a great deal of burnout happens in nursing because nurses take things too personally. She believes that when things do not go right with clients the nurses often internalize this and blame themselves. She argues that nursing students need to be taught to keep a sense of identity separate from their clients. She states, "I think their (nurses) egos are involved and to me it (nursing) is what you do it is not who you are." She elaborates:

Some instructors' say, 'That's what nurses' do, that's who nurses' are' and I think it puts a huge onus on students because they are easily molded. It is not who you are, it is what you do I think and it doesn't make you any less a person, it probably makes you better for you aren't going to burnout, you aren't going to personalize it, you aren't going to become jaded.

For Anne, giving herself permission to not blame herself if clients did not get better was important to her spiritual health. She refers to not taking "ownership" of the results as she has seen this ownership damage other people's spirits.

Mentoring.

The students talked about mentoring and its role in spiritual nurturing. Two main categories emerged: mentoring as recruiting nursing students, and mentoring as retaining nursing students. In regards to recruiting nursing students Katy stated, “I honestly didn’t consider nursing until grade 12 and that was when my sister was in nursing and she brought me to her classes for a day and I just thought it was so cool.” The students believe that there is a misconception in our society as to what it is nurses *do*. They agree that by promoting what nurses actually *do*, students would be coming into the program with a better sense. Katy states:

I think that is why I wanted this interview so badly; I just wanted to change the idea of nursing from just skills and tasks. It is so much more because we are taught so much about holistic nursing care. Anyone can do the skills but are you really focusing on the family’s care and getting the family involved and taking their mental, physical and spiritual -everything all together? I think my sense of purpose is to just be the best holistic care nurse I can be at the end of this.

Present day media images portray the nurse as a *doer* of tasks. Katy is adamant that this image needs to change in order to recruit the *type* of nurse that is truly needed to treat the *whole* person. In regards to retaining nursing students Katy stated:

First-year can be the hardest year, for me it was, after first-year I totally thought that I wanted to drop out of nursing, I didn’t know what I wanted to do, and things were horrible. We would just sit in a group and we would talk and I would think; I don’t think this is for me, I don’t feel like I really fit into nursing and I thought holistic care was a farce when I first got in. I never thought of doing spiritual care- aren’t we doing enough? Now that I am into my fourth-year and about to go into the workforce, it is kind of scary but I am ready for it.

Katy alludes to the idea that not understanding what nursing truly was, made it difficult for her to get to the place she is now in. However, she did get there. Perhaps there is a way of making this transition easier for students. The students believed that mentoring could be one of these ways.

Katy and Nadia believe that third and fourth-year students can be instrumental in nurturing first and second-year students. Nadia talked about being invited to an interview with a first-year nursing student. The interview was only supposed to take ten minutes but ended up lasting 30 minutes because the student was asking her many questions about nursing that were not even related to the purpose of the interview. In referring to this first-year student Nadia states:

She said, ‘Wow you really inspired me, I wasn’t sure about the nursing program and just listening to you then I know that I will be okay to get through it.’

We are so separated. This is first-year, this is second-year, this is third-year. If fourth or third-years would take the time for first and second-years I think that would really help. Because we are peers and sometimes it is less intimidating to talk to your fellow student than a teacher. When I talked to the first-year nursing student I learned that they would appreciate some feedback from the fourth-years and in turn you get something out of it too because you have found courage helping a first-year or second-year. You feel encouraged by that so it goes both ways.

Katy agrees with Nadia when she states:

I think now that I have four years, you grow with these people. I love to share with my classmates and last semester it was awesome for that. Our group has grown so close.

For the first and second-years, I want them to watch our class and just show them this is what happens when group process really starts to work. You can get so close and key studies just flow. You just think this learning isn’t working and it’s a stupid program and you just have to get through it. But by the third and fourth-year it does get better, groups just roll with it and I think you just adopt a nursing feel. . . this nursing mind frame where you know what you are looking for and what is important and we just go and research everything and we have this mass discussion and it is just a cool experience. We just share and we are open, I think it would be cool for first-year to see that.

For Nadia and Katy, mentoring can be a way of easing students into this “nursing mind frame.”

Celebrating Successes

The students commented on many positive aspects of their nursing program. Some of these aspects nurtured the students' knowledge, skills and attitudes of spirituality. These included journaling, problem-based learning, a positive environment and how the program opened doors for them.

Journaling.

In these students' nursing program, they had to journal after clinical experiences. These journals were then handed in to their clinical instructor who made comments on them. The students found this activity very spiritually nurturing for themselves and a tool that they could use in the clinical setting for their clients. Nadia maintained it was a useful learning tool for reflecting on experiences:

All of a sudden you will be journaling about something and you will get a thought in your head that you never thought about when you were going through the experience. You think, okay I never thought about that, and when you journal every experience, even if it is a bad experience, it teaches you something. So, when you write it down you think okay, what did I learn from this?

Nadia was able to find meaning in her experiences through journaling. Anne, on the other hand helped a client find meaning by using journaling as a therapeutic tool. She relays this story:

ANNE'S STORY

I had a client with a personality disorder.
She wanted people to *see* her pain.
We discussed ways of dealing with emotion such as journaling.
She did some writing for me and I read it.
We talked about other people reading it,
I said, 'They will *see* your pain, read your pain.'
She said, 'Yeah I can write.'

For Anne, journaling can be a way for clients to come to know themselves and share this with others. Through reflection in journaling these students were able to get in touch with their own spiritual needs and bring this skill to their client.

Problem-Based Learning.

The students interviewed were taught using the Problem-Based Learning (PBL) model. In this format, students are in small group tutorials with an instructor, who acts as a tutor, and they are presented with a nursing scenario. The group has to learn to work together to deal with the presented problem. The students said that this format was conducive to spiritual nurturing for themselves and their clients. Nadia observed:

With PBL you are allotted the time to sit and talk with each other and see how everybody's week is going and see how everyone's dealing with assignments. I know a lot of times you are stressed out with assignments and things in your life. You are able to talk it out with other students and you find out that everyone else is struggling with this too. You feel alone sometimes and in a lecture-based class it is harder to do that.

For Nadia, finding this *common ground* with other students is spiritually nurturing. In PBL studies there are often aspects of spiritual care included in the scenarios. Katy states that by including this, students learn to think about this aspect of care when they are in clinical:

. . . And now I totally use that in my care. I look through and see what their religion is on their sheet and I see if their families are involved and I just want to know how their relationships are with their families, who they have for support, I think that is so important.

April cautions that if the students or the tutors are not comfortable with the subject of spirituality it can often go unaddressed in the case studies:

If they have even one case in the year it will come into every other case after that because it becomes one of the sections of care. We just skipped it in our class and probably classes skipped it before us.

April's disappointed facial expression conveyed to me that this omission concerned her. I wonder if it was the absence of spiritual care that concerned her or the lack of comfort with spiritual topics that concerned her, or both?

Positive Environment.

A positive environment for learning was discussed by the students. The students believed that being positive and working with positive people nurtured them. Nadia talks about the nurses from Lethbridge who wrote the *Hopelessly Human Nurse*. These nurses had recently given an inspirational talk to the fourth-year nursing students. Nadia states:

I got so much out of that Human Nurse talk that they did. It was funny to watch the nursing students though because we had to get up and write positive feedback down, we had to gossip about people, but it had to be positive. Some people were extremely uncomfortable with that. I think that was one of my favorite things in the entire nursing program and I will remember that for years. I will remember it.

Nadia's face lit up when she told me about this activity. I believe her spirit was nurtured by participating in this self-care activity.

Opening Doors.

The students commented that their nursing program has been excellent at showing them the many opportunities available in nursing. This was in part due to the variety of clinical opportunities the students had. Sky comments:

I really like the direction that nursing is going as it is looking at everything more holistically. I am really happy that I entered nursing at this time because I don't think I would survive under a medical model. I am very fortunate to have entered nursing in a time where I can be an equal partner and we can look at more than just vital signs. I really like the fact there are so many opportunities and I think nursing education has been really good in showing us how many opportunities that there can be for us and that our dreams are endless. We can go anywhere we want, any part of the world, any part of nursing. I think our nursing education has done an excellent job in giving us that power.

The clinical options available to these students nurtured them as they knew they would have a choice as to where they would work when they graduated. Anne stated, “I didn’t think I had a purpose actually until I hit psychiatry.” Being able to experience different areas and then choose the one they wanted empowered them.

The Provision of Spiritual Care of Caregivers as Nurturing the Nursing Student

“*One can not pour from an empty cup.*” (Author unknown)

The ability to nurture others was strengthened when these nursing students felt nurtured. Sky states “Nursing has allowed me to have that.” Other students felt a lack of nurturing from the people around them. Melissa comments, “I think we are always bent on helping each other, but we are always thinking about the client and we never think about each other or have the time to nurture each other.”

KATY’S STORY

We were in class one day and
one student told us that her client had killed himself.
She started crying.
It was so cool that we could be there for her and talk.
We all have these experiences and
we just go home and cry.
It was so good to talk about it in class.
We learned from each other.

Katy expanded on the importance of talking with each other in class:

There were days that I didn’t know if I should do this, I didn’t know if I was like all these other nursing students because I have never been really academic. I got busy with work and spending five weeks on a paper just didn’t happen and everyone else is saying they were done with their papers early and I didn’t have the time. I thought, I’m not like these other students; I am not trying as hard. But I think now I totally feel like I belong in this program. I think in the last semester we had a lot of time to talk about our experiences in nursing and you just realize how much alike you all are and I think that is so important.

Once again, finding *common ground* was nurturing. A sense of belonging was nurtured

by the realization that other students were not that different. Nadia talks about the importance of taking the time to nurture co-workers in the clinical setting:

Just being sensitive to other people even to their home situation because that affects how you are at work. Right? And just knowing that something is going on, even if it is the cleaning person, and taking those five minutes, because we do it with our clients so we should do it with others.

NADIA'S STORY

A staff member came on shift and I said,
'Oh, how are you today?'
She said 'fine.'
I could tell she was just giving me that pat answer.
I said, 'Are you sure, because you seem really upset.'
Turns out her best friend had just died,
And she came to work!

The importance of nurturing each other in class and in clinical was a reoccurring theme throughout the conversations with students. Finding *common ground* encouraged a sense of belonging, whether it was in class or in clinical.

Celebrating Successes

The students commented on several aspects of the nursing program that nurtured them spiritually. These included: conferences, instructors, evaluations and preceptors.

Conference: Time for reflection – calm time.

Conference is a time set aside at the end of each and every clinical day for the instructor and the student group to meet and discuss the day. It is a debriefing time, where students can relax and calmly talk about the activities of the day; their concerns, their fears and their successes. The students all agreed that this time was essential to their spiritual well-being. Katy:

In second-year we had to have a research project done for conference and I think that is more stressful. I love conferences where they say, 'How's your day?' 'How's it going?' It is nice to just come and unload and say this happened today

and I just want to go home and cry or this was an awful experience. It is nice to have people that you know there and it is not that I want sympathy it is just that I want people to know what has happened to me. I want to unload because you can go home and unload but you know half the time I am home alone. So it is nice to talk about it so you don't take it home with you. Just dump it and leave it at work and know that you got it off your chest and you can go home and that is your time.

Nadia learned the importance of debriefing in Africa. Tears well up in her eyes as she tells me:

NADIA'S STORY

A child came in with internal bleeding and there was no pulse.
The doctor said, 'I am going to look for the parents and
I am coming back in five minutes,
if you don't have a pulse we are going to have to call it.'
I remember just standing there.
Sure enough the doctor came back in five minutes.
There was no pulse.
They couldn't get the child to breathe so they called it.
I had to go to the washroom to cry.
The staff just kept on working and didn't talk about it,
They didn't debrief at the end of the day- nothing!
How do you work in ICU day in and day out and see that and just go on?
You learn something from that.
You think, 'If I am ever a nursing manager that's important to your staff.'

Nadia was emotionally overwhelmed by this incident. Was she crying for the child? Was she crying for the nurses? Was she crying because she herself felt inadequate and helpless to do *something* for this child? I believe she was crying for all three. Nadia does not know why the child died. This not knowing teamed with her grief indicates to me that she, even to this day, has not put this incident to rest. That she was not able to talk about this with the people who also experienced it has left a *void* in her soul that she is unable to *patch*. However, in her own way she has found meaning in this incident. She has learned the importance of debriefing in the depths of her soul. She will take this wisdom to her new role as a RN and this will undoubtedly benefit others in the years to

come. For Nadia, this incident happened so she would *know* what it feels like to not be able to share her feelings with her peers. Through a negative experience comes positive learning. It is through this positive learning that Nadia's spirit is nurtured; she *knows* that the child did not die in vain; *something* good has come of it. Nadia affirms learning about this compassion fatigue:

It breaks you down if you don't talk about it, you could go home and talk to your husband or your wife about it but who best to talk about it but the people who were with you when it happened. So I saw how important that was.

Conference was seen as being very important for all students, but especially for those students who did not have someone at home to talk to that would understand. Debriefing in conferences may help these students find meaning in their experiences and this can nurture their spirits.

Instructors.

The students talked about their instructors a great deal throughout our interviews. The students made a differentiation between nursing instructors and instructors in other programs. June states:

I am the only one of my friends that's in nursing and you hear some of them talk about instructors and not that they're bad but it is just not the same in other programs. The nursing instructors are so connected to the students, they are so involved and supportive and it is almost like they're caring, you know they are another source to go to. They are just not a teacher. I see the nursing instructors as mentors.

The connection, the involvement, the support and the caring made nursing instructors stand out as special for June. Katy talks about how scared she was coming into the nursing program and how one instructor made a lasting impression on her:

KATY WAKING UP

I had the most exciting nursing instructor in first-year.
She was so happy all the time.
She would come into our class and say, 'you might as well be happy,
you can't be anywhere else but here, you might as well love being where you are at.'
That's how I wake up now.
Some days I don't want to get up, I don't want to go to the hospital.
I just want to stay in bed and then her voice creeps into my head and I say to myself;
'I might as well be happy going there and do the best I can,
and take everything for what it's worth.'

The positive attitude of this instructor continues to motivate and nurture Katy to this day.

The students said that they had a lot of self doubt about their ability to be a nurse
and a good instructor was instrumental in calming these fears. Katy talks about the
encouragement she received from an instructor last semester in clinical:

I just kind of felt that I was always a little hard on myself and I would judge
my nursing care and what I was doing and she came up to me and said 'you're
doing an awesome job.' She just really made a point to almost single everyone
out. She said 'you are awesome in surgery and so calm when you do treatments
and you are so passionate with your clients' and I loved to hear that. I am so glad
that she noticed things, not just things that you are slipping up on, because I knew
when I was making mistakes, I definitely knew and I would think about it all day,
but it is nice to hear how you're doing.

The encouragement Katy received made her feel special and this nurtured her spirit. By
reassuring her she was doing okay, this instructor places value on Katy's work which
increases Katy's sense of belonging, gives meaning to her practice, keeps her dignity
intact and allows her to have gratitude. Katy's spiritual needs were met by this instructor.

Melissa tells a story about her Objective Structured Clinical Exam (OSCE) in first-year:

MELISSA'S STORY

It was OSCE and I was a total wreck
because of things going on at home.
An instructor saw me coming out of the lab,
I was white as a ghost and cold.
She came over to me and said, 'Are you feeling okay?'

At first she just thought it was exam nerves and said, 'It's okay, you are going to do fine.'
Then she took my hands and said, 'Oh my, your hands are freezing.'
I was just shaking and she hugged me and I just burst into tears and she said
'What else is going on?'
and I told her and she said,
'Oh, stupid, stupid men.'
It just cracked me up when I thought about it later.
She let me sit in the lab storage room so I could have time to compose myself.
It was so supportive, to have someone to care for me like that.

This instructor used conversation, touch and humour to nurture Melissa's spirit. This met
Melissa's spiritual need for love and acceptance. April and Melissa spoke about how
intuitive some of the instructors were. April believes that "some instructors are student
advocates and they will watch if you are taking care of yourself. I think some instructors
are very intuitive that way." Melissa speaks about her instructor in a similar fashion. "He
is a man who I was very much in touch with- just being around him and talking with him.
He is very sensitive to things like this. He has a very gentle way about him." For Melissa
to be 'in touch with' another human being is to be accepting of them and to be 'sensitive'
is to be aware of whether or not that person's spiritual needs are being met. In speaking
about being sensitive Melissa refers to another instructor, "I can walk by her office and I
know that she is *there* for me and she is one of the people I can talk with if something is
troubling me." Nadia points out that nurturing is a two-way street:

My clinical instructor last semester was really into spirituality and she was
really good at making sure that we were okay and it went the other way as we
were always checking up on her to see how she was handling things.

June talks about learning to nurture her peers without the assistance of her instructors:

There are a lot of fears going into clinical so our instructors were very
instrumental. I would say more in first and second-year because I guess you are
learning that full proof stuff. I found my group last semester in fourth-year
already knew how to do it with each other and not that our instructor didn't help,
but we had grown enough to understand our own needs and understand group

process and how to help each other. The instructor didn't need to instigate it as much because we could do it on our own.

Nadia, on the other hand demonstrates that a nurturing instructor is important right up to graduation:

Nadia: In year four, first semester, everyone was really stressed out about the assignment and it had been building up and building up and there were circumstances that were leading to the stress. The teacher came in and we sat down and we said we were really frustrated with the assignment and the teacher was really sensitive to that and so she let us talk and we felt safe. It wasn't like she was going to be angry with us or people getting worried it would affect their mark, no, everyone was very honest with their frustrations and it felt really good because it felt like the teacher knew where we were coming from and we kind of understood where she was coming from.

Gayle: So, what I am sensing is that there was no fear of repercussion and you were not being judged? You were just free to speak openly about things and that was important at that time?

Nadia: Exactly, and I think that is a really important thing for teachers. Even if the student is way off; let them talk anyway because everyone is so scared about saying something and getting into trouble for it. I don't know where that fear comes from. I have always spoken my mind.

Gayle: So what was it that this particular instructor did or said that let you know it was safe to pursue this conversation honestly?

Nadia: I think it was during mid-term evaluations she said that she liked how we said what was on our minds. On our evaluation sheets she said, 'I appreciate your honesty' and so you knew and you could just sense from her that she really wasn't just saying that, she actually meant it.

Gayle: She was sincere and valued you as a person and what you had to say?

Nadia: Exactly, offering feedback to the students about what the limits are and if it's okay. I know that some students in the past spoke their opinions and believed they were docked marks for doing it; like saying they were speaking against the program or something. Some of them were nervous after that and they didn't want to say anything. I think it is really important as a tutor to have good verbals and non-verbals and just let the students know it is okay.

As Nadia demonstrates, an instructor that communicated well, was flexible and listened nurtured her spirit because she felt respected. This respect kept her dignity intact.

Through Nadia's story it is clear that it was through the evaluation process that this instructor conveyed approachability.

Evaluation process.

The students commented on how important it was to get ongoing feedback and thought the nursing program was good at providing this. Nadia reports:

Most of them gave positive feedback. I mean you have midterms and final evaluations but it wasn't a surprise by the time you got to it because they were giving you feedback all the time anyway, so I think that communication, verbal and nonverbal, is critical in that aspect.

The students felt respected by being included in the evaluation process; they were being talked *with*, rather than *at*. This met their spiritual need of maintaining their dignity.

Preceptors.

During the time of the interviews the students were doing their final practicum one to one with a practising nurse. These special nurses are called preceptors. The students all talked about their preceptors positively. The preceptors nurtured the students spiritually by being accepting of them and caring, like they cared for their clients. June:

. . . just because they are not a peer, it is almost like they are a superior and so I was worried it was going to be hard to share thoughts and feelings. But my preceptor is so open and so relaxed and she just *resonates*. I just felt comfortable and so I didn't feel worried anymore. As soon as I met her it was like I knew her already.

Sometimes you worry you will be judged for your weaknesses and she just said 'we will learn as we go.' She was so relaxed and wanted to teach me and she would get so excited when I would do new things. I started an IV and she was more excited than I.

It is interesting that June states "it was like I knew her already." This indicated to me that June instantly felt a sense of belonging with her preceptor. The word 'resonates' is telling. Resonates acceptance? Resonates love? Resonance as in a giving off of energy and vibration that invites the student in? Just as a radio must be set *in resonance* in order

to receive the music that is being played, so too does June see her preceptor as *tuning* her in or *tuning* into her. For June, this met her need for acceptance and love.

In summary, the nursing students suggested introducing spirituality early in the program and with each scenario used in class, teaching the students self-care practices, and establishing mentoring programs for students. Journaling, problem-based learning, providing a positive environment and showing students the many opportunities in nursing nurtured the students' awareness of spirituality. Conferences, instructors, the clinical evaluation process and preceptors were spiritually nurturing to these students.

CHAPTER EIGHT
SPIRITUAL NURTURING AND NURSING PRACTICE

. . . You work that you may keep pace with the earth and the soul of the earth.

When you work you are a flute through whose heart
the whispering of the hours turns to music.

. . . When you work you fulfil a part of earth's furthest dream,
assigned to you when that dream was born,

. . . And I say that life is indeed darkness save when there is urge,

And all urge is blind save when there is knowledge,

And all knowledge is vain save when there is work,

And all work is empty save when there is love;

And when you work with love you bind yourself to yourself,

and to one another, and to God.

And what is it to work with love?

. . . It is to charge all things you fashion with a breath of your own spirit,

And to know that all the blessed dead are standing about you and watching.

. . . And he alone is great who turns the voice of the wind into a song

made sweeter by his own loving.

Work is love made visible.

And if you cannot work with love but only with distaste,

it is better that you should leave your work and sit at the gate of the temple

and take alms of those who work with joy.

For if you bake bread with indifference,

you bake a bitter bread that feeds but half man's hunger.

Gibran, 1923/1986

Chapter Eight: Spiritual Nurturing and Nursing Practice

The Provision of Spiritually Sensitive Nursing Practice as Nurturing the Nursing Student

“When we lose our ability to touch one another we become disengaged from our bodies, making of us disembodied, dehumanized beings, indifferent to the nihilistic drying out of inspiredness.” (Aoki, 1991, p.30)

Spiritual Care as Isolated from the Nursing Community

APRIL'S STORY

She had been crying all day.
No one could get her washed, she just wouldn't do anything.
She had been crying for eight hours, every time you went in to the room she was crying.
Someone said, 'Oh she might be depressed; we should talk to the doctor about anti-depressants.'
Everybody was in bed and her roommate was sleeping.
It was close to the end of evening shift.
I just went in and she wouldn't talk to me.

'Do you want to get washed up?' She shook her head 'No.' 'Do you want to do this?'
'No.' 'Are you hungry?' 'No.' 'Are you in pain?', 'No.'

I just held her hand for 5-10 minutes and she stopped crying.
She stopped crying and went to sleep. That was just something.
That was one of those guiding things. I don't know why I did it.
I just sat down, I held her hand and she squeezed it.
I remember watching the clock because,
I knew there were other things to be done.
I knew that I could get those things done in time and
I knew that this was important.
She just stopped crying and looked at me.
Content and calm.

I felt so amazed by this experience.
I remember feeling so good but I actually got into trouble for doing that.
'Where have you been? I need you to do this.'
I remember going home feeling angry and kind of anxious about the whole situation.
I felt I had done something so good; it was only five minutes.
It was not appreciated. No one else was doing it. I was the only one doing it.
Why don't more people do that? They don't have time; they have other things to do.

Time constraints.

The students believed that a lot of nurses provide physical care only because of time constraints and lack of sufficient staff. April suggested that the nurses do not have time to listen to a client or do the little things that nurture their client's spirit. June appeared very sad as she tells me:

JUNE'S STORY (ON SURGERY)

I had a lady a couple of weeks ago,
she was suicidal.
No one told me until she was being discharged.
No one even knew,
until the psychiatrist came up to talk to her.
It was completely avoided.
I don't think we were looking at her.
Physical yes, maybe mental slightly,
but spiritual is often put last.
I don't know why it is like that on the floors, maybe because they are so busy.

Sky speaks about receiving energy when she is able to take the time to truly connect with a client. She finds meaning in really being there for a client and this gives her more energy to get through the rest of her day.

I try to do the extra, like, 'Let me get you a warm blanket that is going to make you feel so much better.' It doesn't matter that I would have less time at the nursing station. That is okay with me. I know that there is a little more time for students with things like that and I think that should be looked at in the nursing profession. Are we getting enough time? Because they are taking away things like back rubs and a back rub is so great because you can do an assessment while you are making someone feel better and I think that is something that is really sad to see go.

Nadia remains hopeful for the continued inclusion of spiritual care in nursing when she says:

You see nurses who truly have that compassion, you will see them hug a client or give a back rub to a client or something to soothe or calm a client down and when I look at nurses like that I feel okay. There are some that still use those kinds of practices.

For these students taking the time to include spiritual care in a busy schedule is perhaps more about the valuing of spiritual care as it relates to health and healing than it is about finding time.

Valuing intuition.

The students' positive experiences with intuition promoted a valuing of intuition that was often not recognized by other nurses. Sky demonstrates that intuition is often not valued because it is not scientific or proven.

SKY'S STORY

I was walking down the hallway with a client and
I felt something was off – so I said
'can we get a SpO2 over here?'
The staff said, 'We don't need that- he is fine,'
but something was telling me that he was not fine
so I checked his levels anyway.
His oxygen level was very low at 64%.

When Sky was able to put a number to her intuition, it all of a sudden became valued by the staff. When I reflected on Sky's story I recognized the courage it took for her, as a student to follow her *gut* when the staff was not being supportive. I recalled times when I too had to follow my gut and ignore the negativity around me.

RACKET

I was on evenings, with the students.
One of my students had a patient whose blood pressure was sky high.
The meds were not working and we hadn't heard back from the Dr. yet.
I knew this student could sing.
So I said; 'Why don't you sing to her?'
So he did.
And he sang beautifully.
And all the patients enjoyed it.
They all asked, 'Who is singing? It is beautiful.'
Some of the staff complained to me.
'Tell him to stop that racket.'
I ignored them.

A while later, we checked her blood pressure,
It had come way down.
She slept well that night.

Later that week,
We had an elderly confused lady that needed to be catheterized.
She was fighting us, she was so scared.
Two of my students were singers and I asked them to sing,
songs that this lady might remember.
They began to sing.
The lady calmed down and let us put in the catheter.
This time the staff were amazed.

By valuing my intuition and valuing alternative therapies, I was able to encourage my students to do the same and I was able to bring that experience to the staff. I wondered how I came to value alternative therapies and the importance of caring for the *whole person*. A memory came to me, a wonderful memory. . .

HAVA NAGILA

I was a student nurse on my psychiatry rotation.
It was a quiet day and my client care was done, so
I decided to play the piano for the residents.
I was playing *Hava Nagila*.
I was really getting into it
so I didn't know what was going on behind my back.

When I finished playing this song, I turned around.
I saw an elderly gentlemen dancing.
The entire staff were standing there watching him
with their mouths hanging open.
Someone shouted, 'Keep playing.'
So I did.
He began to sing in a different language while he danced,
with a look of pure joy on his face.
Later, the staff told me:
'He hasn't walked or spoken a word in years.'

This event had a lasting impression on me as a student. It was a magical moment that I will cherish forever. Sometimes, as nurses, we do not know what a client needs spiritually and sometimes they can't tell us, so it is important to try different things in the

hope of finding something that may work. There has been many times, that I have seen the healing power of caring for a client holistically. I am reminded of Max. . .

BUNNY LOVE

Max was an extremely large man
That had suffered a brain injury.
He was very unpredictable and the staff were afraid of him.
One day, the ladies came around with some animals.
Max wanted the tiny black baby rabbit.
We were afraid of what he would do.
One of the ladies, who did not know Max, gave him the bunny.
Max took that baby bunny so gently and began to softly pet it.
He kept that bunny and cared for it like it was his own flesh and blood.
He was so calm after that, with his bunny beside him.
He was so proud of his bunny.
No one feared Max after that day.

Because Max could not explain his spiritual needs to the nurses, it took a chance encounter like this one to find something that had meaning for Max. The students spoke of the need for nurses to assess how a client finds meaning. Sometimes, like in Max's case, family or friends must fill in this information for the nurse. The students believed that the nursing database becomes crucial in establishing this information when clients are admitted.

Nursing Data Base.

Nadia, Katy and April all commented on how poorly the admission databases are sometimes completed by nurses in acute care in regards to spirituality. April:

Some people address it and some people don't. There is no continuity of care in that area. There are some people who just jump over it. There are some people that don't even ask the religious or ethnic aspect that might affect care. I have actually seen them skip over that question in the database because they are uncomfortable with it or they don't think it is important. I don't know why, I am just guessing that might be why.

Nadia believes part of the problem may lie in the wording on the form itself:

Admission forms don't take into account any spiritual care for the clients so as a nurse you are trying to find what would help this person. In acute care taking the time to ask them, 'How do you cope? What have you done to cope with illness or hard times in your life? Can you think of an example?' That helps even with someone in with a heart condition. If you can get them to control their anxiety that is half the battle so I just think it is important to keep that in there but it is not really admission process and I don't see it on a lot of the charting either which is interesting because they want to know medical conditions which is important, but so is the spiritual.

Katy agrees that nurses need to value spiritual health by asking clients what they would normally do in regards to spirituality. She also encourages nurses to keep asking clients about their spiritual coping and spiritual needs because:

I know on admission everything is a little overwhelming. I think after they have been there for a while maybe I would also ask, 'Do you want to see the chaplain or do you want us to contact your minister or do you have someone to do that for you?' I make sure it is brought up again because I think. . . when you have been in there for awhile you get to the point where you are overwhelmed, so I think your spiritual care is so important then. I think their pastor or bishop or whoever, their place of worship- it is important to bring those people in, or even just family coming in.

The students agree that not only does a nurse need to know how to do a spiritual assessment, but also that these questions need to be incorporated on nursing data bases in a comfortable and non-threatening way so that nurses would actually ask them.

Spiritual Care as "Caught Rather Than Taught"

In conversation with the students it became evident that it was through modeling that instructors and nurses show students how to respond to clients in spiritual ways depending on what is "fitting to the rhythm of the other person and what is needed in the moment" (Bergum, 2003, p. 125). Knowledge was passed on to the students in this way. The students were engaged by the presence of instructors and nurses (in relationship) and this presence helped the students connect knowledge to real life. Students learned to

interpret knowledge, transfer knowledge and apply knowledge in real life by improvisation in the clinical area (Bergum, 2003).

June comments on how much she learned from observing nurses in the practice setting:

You watch them and they really know what the person needs and you are like ‘Wow, I want to be able to communicate to people like that.’ Sometimes you see people that are completely opposite and you look to yourself and you go, ‘I never want to communicate like that.’ I guess throughout clinical you see those incidences and you realize what you want to do and what you don’t want to do and I think both help you equally because one inspires you to be better and one inspires you to get to that level.

April agreed that she learned a lot from watching nurses and observing the reactions of the clients. She agrees that you can “take what you like and leave what you don’t.” She also believes that you can learn a lot in conversation with nurses. She told me, “it’s really neat and a huge learning experience to ask a nurse who has been practicing for 20-30 years why they went into nursing and what nursing means to them.”

Nadia talks about how difficult it is for a nursing student to integrate spiritual care while learning to do a treatment or procedure. Because the students are so focused on trying to do the skill correctly, they are not able to connect with the client at the same time. Nadia tells us this is when the staff becomes so important:

I remember in year two going into acute care and that is such a big learning curve, but I remember seeing nurses who would take time. As the student you have to take blood pressure but I can’t talk to you or I can’t change a dressing while I am talking to you- but you see nurses who will talk to the clients and you can just tell the client calms down right away, you can almost see it. Because they (the students) are nervous obviously; in acute care there is always some kind of procedure. Just the way the nurses are really caring and so you see evidence of it. I mean some nurses you don’t see evidence of it, which I found really sad.

Nadia’s words tell us that she learned a great deal by listening to nurses even though she was busy concentrating on the skill at hand. Not only did the students learn by watching

nurses interact with clients, they also learn by watching how nurses interact with students and how they themselves are treated. Katy indicates that the way a nurse treats her client is a good indication of the way that nurse will treat a student:

There definitely were nurses who were just phenomenal and not only with clients but with the nursing students too. I think nursing students learn so much from them. You can have nurses who are phenomenal with clients and others who I found really harsh. These teach you that you don't want to be like that so you kind of repel that. As soon as they are really caring with you, always nurturing with you and they want to give you experiences and they want to almost encourage you in your nursing career- I think I want to be like them. I kind of watch them and see their nursing care and you see them assume this love and compassion, everything for their clients and they still love what they do. I think it is so cool to see nurses who love to nurse.

For these nursing students, the nurses who were able to respect their client's dignity and show love and compassion were the same nurses who were able to nurture their spirits.

Anne speaks about an incident while she was watching a RN load a patient controlled analgesic pump (PCA).

'UGH'

I will never forget
one day somebody was changing a PCA
and they had to have a second RN sign it off
I was just watching and the RN said,
'Oh can you go and ask so and so to come sign this for me?'
so I went over and asked her and she was like 'ugh.'

That is part of her job.
It's a two RN signature, no one's doing anyone any favors here.
I cannot imagine working with her.
I had to do my job and I got misery for it.
I've seen some of those floors reduce students to tears over ridiculous, ridiculous things.
I just don't think that is healthy.

Anne talks about the culture of different units and how she has seen negativity spread very easily. She speaks of the need to seek out those who are like-minded:

JADED

There are a lot of very jaded people there
and I think they do their job well,
the logistics of the job,
but I don't think they are necessarily great nurses at what they do anymore.
Technically -I am talking medications –these they know,
the disease they know inside out.
Logistically they do the job well, but. . .
They say, 'I hate drug addicts, I hate drug addicts.'
I find that upsetting but not shocking,
I knew that would be the case.
You just seek out someone who is not jaded and start off fresh.
I found a nurse who has been a nurse for 30 years
and she is not the least bit jaded.
I always go to her, as she is very good and very approachable.

Because Anne learned the importance of being positive from this nurse she was able to
bring that to her client:

Maybe I can be one person that believes in them, maybe that is something. I
have a young fellow who is an addict. He expressed frustration to me several
times about people in this place who don't like drug addicts. Some of them don't
like methadone therapy because they think you are trading one drug for another. I
think by not candy coating it and being realistic with him- I told him there are
people including me who believe in methadone therapy and for him to seek out
people who do believe in it. I told him there is going to be a lot of negative
players without a doubt but there is going to be lots of positive ones too.

I'm highly involved here, I don't care, I believe in him and if he fails then
what have I got to lose- right? Maybe five repeats in here and maybe one day he
realizes that somebody believed in him and that's one better than he had before.

The students suggested that learning is a two-way street; not only did they learn
from existing nurses but they felt that they could also impact the learning of staff. April
states:

There are things we are learning about that we are bringing to people who
have been practicing for a long time and we are bringing fresh new ideas and I
think it's like teaching elementary kids how to eat right and they bring it home.

As an instructor, this thought nurtured my spirit, because it gave me hope for a brighter
future where these future nurses would value each other and work together as a team for

the benefit of the client. Catching the spirit of valuing education inspired April to bring this spirit to the clinical environment in the hopes of affecting change. Through continued research of the effects of spiritual nurturing on health, perhaps future nursing students will bring a valuing of spiritual care to the practice environment.

Quality Practice Environments as Nurturing the Nursing Student

The students verbalized the importance of having a sense of belonging as a nursing student. This sense was strengthened when staff valued them. The students could sense when they were being valued and this built their confidence. The faith the staff put in the students was instrumental in nurturing the students spiritually. Sky comments on why she did not feel like she belonged on many units in acute care. She states, “I think it is very hard as a nursing student to feel that you do belong. I think the staff makes a very clear wall that they don’t want you there in almost every single setting.”

SKY’S STORY

You are not allowed in the staff room,
you are not allowed this; you are not allowed that,
half the time you are not allowed to report, yet;
you are expected to pull your workload
and be part of the team when it is advantageous for the staff,
but the staff doesn’t want you the rest of the time.
So it is very difficult,
you feel like you are a citizen of a country
but you are not allowed to have the same rights as the other citizens.
You are supposed to pay your taxes
but you don’t think I need the rewards?
You are in there changing bedpans and taking vital signs
and analyzing and interpreting the information you are getting from the client,
yet your assessment is not always taken seriously.

If relationship nurtures spirituality to these students, then Sky’s comments are of grave concern to her spiritual health. Sky gives an example of not feeling valued:

The staff brought slurpees to the floor and never asked any of the students. So all the staff are sitting there sharing and bonding and the students are kind of left out to the side. It is hard as a student.

Sky believes that even one staff member can make a student lose their confidence:

With my present placement I have a very good preceptor but there is a staff member on the floor who. . . is very upset about different things so she continues to tell me ‘You’re not a staff member here –you can’t make decisions.’ So you are *just a student*, it is something you hear a lot and it can be a real barrier between you and client care because you lose that confidence and confidence is a big part of creating meaningful bonds because if you are not confident in yourself it’s very hard to have others be confident in you.

April talks about why she chose the unit she did to do her preceptorship:

I work on a unit that is very receptive to students, they are a very supportive team, and they really are bound together. That is why I applied. I felt a part of it as a student and as an employee. If I ever need to talk or if there is anything that I need, I feel that 80-90% of them are very approachable. The staff are receptive to students and they want to provide you with experiences and they want to supplement your learning and they are willing to take the time with you.

She also identifies that feeling part of a team was essential to her sense of belonging:

Everybody is an individual but I think that in this particular staff everyone is a team player and that’s a belonging that I feel the other staff members feel and therefore there is a better working environment.

She makes reference to the positive culture on the unit she is working on when she states:

There is a very diverse group of people and you know there are people who don’t enjoy students but because the unit as a collective unit support students, as they have students there 24-7, even those people who don’t enjoy having students still do it and do it well because that is the value of the staff members there.

When April was asked where she thought this came from, she replied:

I don’t know if that comes from the charge nurse or who implemented it or how it came to be but that is what it kind of seems like.

Sky, on the other hand, specifically identifies the Nursing Unit Manager (NUM) as being the force behind creating the positive working environment where she felt valued:

One of the reasons I chose pediatrics is because I really respected the Unit Manager because she had such a positive presence. She always seemed to be there if you needed her. Students' watch- they want to know where they want to work and she would come to the staff and say. . . 'I just wanted to take a second and maybe fill this out' or 'Can I help you with that?' or 'Do you need some information on this?' and it wasn't 'Why are you doing this?' I noticed that some of the other floors had poor working relationships with the unit managers. . . I wanted to work in pediatrics because there was that real sense of 'I'm going to take care of you, I'm going to stand behind you and I'm going to make sure this a healthy work environment and if there is anyone who is not participating in a healthy work environment they will be the ones who say goodbye.'

I am struck by Sky's use of the word 'presence' here. The NUM's presence was vital in making Sky feel valued. Nadia also believes that a manager can directly influence the spiritual health of the staff:

I got a phone call the other day and one of the clients said she felt extremely cared for by me and you feel good about those things. It makes you realize how important it is to get feedback, positive feedback and it's sad a lot of nurses don't get positive feedback. No wonder a lot of them are so broken. I just hope, if I become a nursing manager, even if they're not doing anything wrong you still have to give them feedback. It is just human nature; you just need to know you are making a difference and doing something good.

Sky believes that recruitment and retention naturally occurs on units that create this sense of belonging:

I think that is one reason that some floors have had an easier time trying to find employees because people are going to be drawn into that strength of character, that positive environment, you can feel it, you can feel when you are appreciated.

For Sky, there was a soothing energy present on pediatrics that drew her in. June agrees that students can sense the intentions of the people they work with. She could tell if she was appreciated or trusted. She elaborates:

I think you get the sense from different people that they are either willing to teach you or some are just happy enough to provide harsh feedback and some are willing to provide you learning opportunities and others just want to give you their work and you know; you just get a sense from people.

Sky adds that it is not only students that can sense negativity:

Boy does it ever make a difference when you have a positive instructor compared to a negative one or when you have a positive nursing team compared to a negative one; it is an unbelievable difference in the work of morale, client care, client outcomes- you can really see- the clients are aware of it too - they will say, 'I don't know what's happening on the floor today but everybody is in a bad mood' - they can see that.

For Sky, this negative energy can affect her clients and their potential to heal. All students believed that staff cannot nurture students if they are not being nurtured.

SKY'S STORY

If someone is being negative to me - there's that grrrrrrrr.
They probably have some self-care deficits,
maybe they are stressed out.
I try not to let that come into my little bubble.
I try to maintain my positive attitude.
If somebody is being aggressive to me- that can deflate you very easy.
Negative energy is stronger than positive energy,
because positive energy doesn't like to fight back.
It is very easy for one person to have a negative affect on many people.
Positive people can positively affect people too;
they just have to be aware that the negative people take more time.
Maybe they need to be talked to, maybe they are miserable
because they don't have anybody, maybe their life feels empty and meaningless to them,
maybe not all people are as fortunate as I am.

Caring for the caregivers.

The students considered that in order to nurture, one must be nurtured. Several of them commented on the need for activities that care for the caregivers. Nadia believes:

I just think probably a lot of the nurses were never taught that (self-care) either so you can't fault them for that but I just think there needs to be a little more emphasis on that and maybe stuff in hospitals for nurses and staff to heal themselves, like that 'Hopelessly Human Nurse'. Having activity time for your staff where it's not nursing work focus is something.

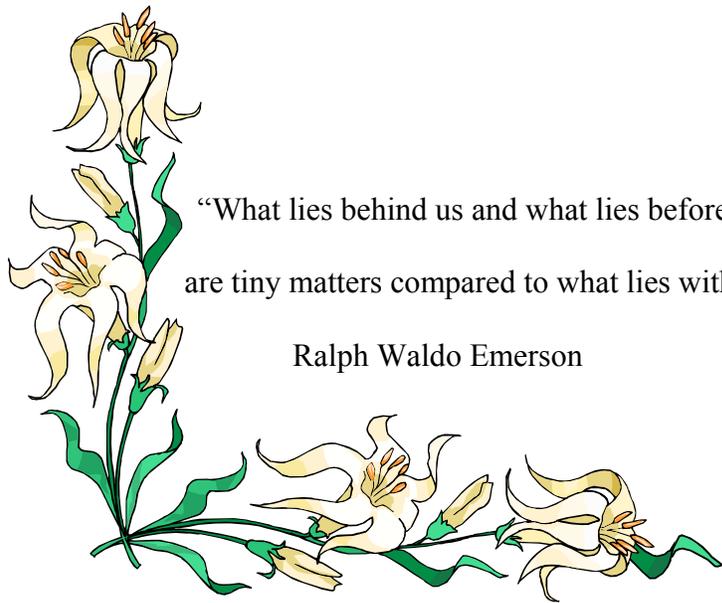
Sky makes reference to the 'Fish Philosophy' when describing her workplace. The 'Fish Philosophy' was started by the employees of Seattle's Pike Place Fish market in an effort

to boost morale and improve sales. This famous market is world renowned for its enthusiasm and fun. This philosophy is crucial in creating an “innovative and accountable work environment where a playful, attentive, and engaging attitude leads to more energy, enthusiasm, productivity, and creativity” (Lundin, Paul & Christensen, 2000, p. Dedication). The employees go out of their way to ensure everyone that visits feels a sense of belonging. Sky states:

I have a phenomenal manager and she believes in the fish philosophy which is: choose your attitude, play, make their day, and be present –and she runs her clinic like that. I love going to work, it’s always so much fun, we are always playing and yet very professional. . . but it is easier to do when everybody is positive and everybody is involved. If you have a negative environment it works in fragments, but in a positive environment it works collaboratively and it is a lot less frustrating and you feel a lot less alone and you feel like the day just zooms by, and it is a huge difference.

In summary, the students identified several negative and positive aspects of the clinical environment that affected their spiritual health. The negatives included time constraints (or the undervaluing of spiritual care), the undervaluing of intuition, nursing databases and *negative* people. The positives included being able to learn from both caring nurses and not so caring nurses, having a sense of belonging, feeling appreciated, feeling valued and *positive* people. The students recommended activities for the staff that would nurture them and thus allow the staff to nurture their clients and the nursing students. The students speculated however that the ability to affect change was often in the hands of the managers or the administrators.

CHAPTER NINE
SPIRITUAL NURTURING AND
THE ADMINISTRATION OF NURSING PROGRAMS



“What lies behind us and what lies before us
are tiny matters compared to what lies within us.”

Ralph Waldo Emerson

Chapter Nine: Spiritual Nurturing and the Administration of Nursing Programs

*The Provision of Spiritually Sensitive Administration as Nurturing the Nursing Student****In Nursing Education***

The students believed that the learning environment can support the development of spiritual nurturance between students and between students and faculty. Two areas that were discussed by students were class sizes and the culture of the teaching institution.

The students' comments suggest that the culture of the educational community is affected by political dynamics and administrative challenges which can affect the spiritual health of instructors and students and thus indirectly impact client care.

Class Size. The students interviewed were the second class to be taught using the PBL model. In their first-year of nursing they were in small group tutorials of approximately 13 students with one tutor. In their second-year, funding cutbacks necessitated that these students were placed in large classes, where there would be five or six small groups of students in one classroom with one tutor who would travel from group to group. In third and fourth-years the students were once again in groups of 12-14 with one instructor. According to the students these changes impacted their learning and their ability to nurture each other's spirit or be nurtured by the tutor. In speaking about the groups she has had over the years, Katy states that she can remember every PBL group she was ever in except her year two group:

We were all trying to talk in one classroom but we were in small groups, you are not in that nice quiet close environment with just your group- there were all the other groups that you could over hear and it was distracting all the time so I don't think that I got a lot out of that class. I don't think our group got as close as I have in other groups. . . for me I like the quiet- and for evaluations you can go out to dinner or do evaluations at a coffee shop. I just kind of liked that because it is our group and it's almost like it's not like an instructor and students. Third and fourth-year you kind of feel it is your group and you call the shots within reason.

Sky also noticed the difference between the years. She states, “people tried harder and there was a different level of professionalism” in first, third and fourth-year classes. She comments on the decreased quality of work in year-two:

The students would maybe print off one sheet of paper and most of their topics were on what happened on TV, or who they were dating and they would only use their one sheet from the internet if the tutor came. So that was ten minutes of serious talk. I think that’s what deflated my energy level in second-year. So, it was a different level of expectation.

Sky comments that she did not find the second-year classes challenging. She compares the learning environment in year-two to years one, three and four:

(In year-two) you felt like attention deficit disorder kids looking around. As soon as the tutor left your group- you were going to talk about the weather or what was on Survivor yesterday so it was a different environment. Whereas, (in year-one, three and four) we had class sizes of 14 maximum, with one tutor all of the time. So I think it was a higher expectation. I think people enjoy rising to the challenges.

Sky goes on to explain how the environment in year two affected her spirit. She recalls telling an instructor in second-year:

SKY

I feel drained,
I feel down,
I feel weak.
It is very hard to make it through.
I don’t find it academically hard;
I find it *energy* hard.
I don’t have the will to go to school.
I don’t feel like I can take advantage of the available opportunities.
I am so drained and tired.
There is a seminar and
I just can’t do it.

Sky believed that the culture of the educational institution she was in at the time was a key contributor to her spiritual health.

Institutional Culture.

The culture of the educational environment, just like the culture of individual nursing units, affected the spiritual health of these nursing students. Sky talks about constant changes in her program and how these changes had a negative affect on her spirituality:

I noticed there was a different atmosphere – especially second-year, as there were a lot of changes happening due to budgeting. . . when they went to problem based learning we were the second group and the chaos caused a little bit of fear and uncertainty . . . and I know that there were problems going on with funding and administration.

Sky explains how administration can affect the instructors' spiritual health and how the instructors' can then affect the students' spiritual health. She compares year-two with years three and four:

So it's like (in year-two) when you have a parent who really loves her children but has a really crappy boss and they are upset when they come home from work and they take it out on the kids. They've had a horrible day at work and they come home and they don't want to hear their kid's problems, they have had enough. . . a lot of the nursing program leaders (in year-two) were frustrated; they didn't need to hear about our frustrations- so it really created a wall, 'We can't take this anymore, we can't listen to your suggestions.' I found (in year-three and four) that it was the exact opposite. It seemed like there was a good working relationship with everybody so the instructors were happy with the program and we were usually happy. It was like, 'What can we do to make it happier?' It was a much healthier environment for students.

Sky talks about her spiritual health affecting her physical health:

(In year-one and two) I was always sick, my immune system was down; I always felt more stressed and I had a lot more colds. I have never been a sick person before, never got colds, and never got sick- so it was very different for me. When I was out of that environment, I think I have had a cold once (in year-three and four).

Sky speaks about the importance of communication and respect for her spiritual health in the day-to-day activities of her program. She compares years-three and four with years-

one and two:

(In year-three and four) there was more emails letting you know what is going on and asking for your opinion, ‘We noticed that we have ten tutorial hours that we have extra- how would you guys like to fill that?’, while (in year-one and two) ‘this is the way it is, if you don’t agree with it that’s too damn bad.’ (In year-one and two they) almost punished you for voicing your opinions if you didn’t agree with their way, where (in year-three and four they) fostered how you felt. In (year-one and two) I noticed if you were low on spirit and did need a little bit of a crutch or if you didn’t have enough support that they almost used that against you, where as I found (in year-three and four) it was a completely different environment; it was there before you even needed a crutch, ‘What can we do to make sure you won’t have any problems?’ It was much more preventative and there was a different sense of caring.

The preventative approach that Sky talks about is seen in her comment:

We had some wonderful professors that were really there for us if we needed them. Our third-year coordinator was excellent. Excellent, excellent. She would ask us our opinions on things before they happened, not, just to give us feedback after the fact.

According to Sky, it was the instructors who made all the difference:

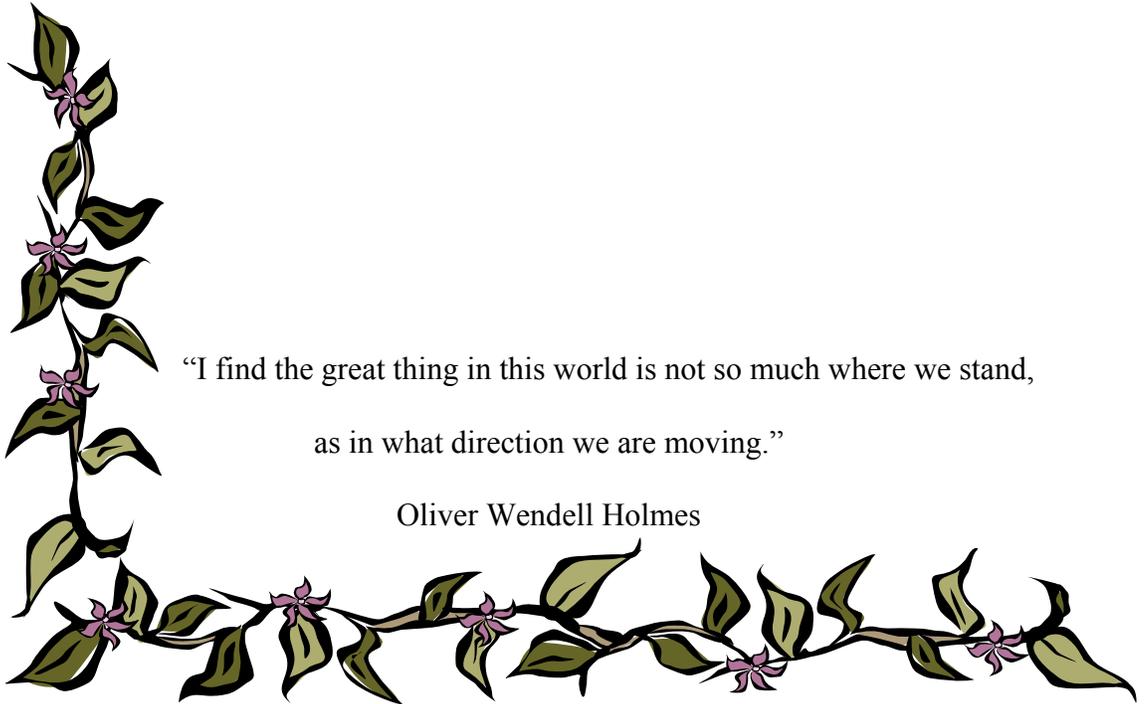
You see instructors who remain very positive throughout all of it and who will be there for support even though they are not feeling supported by their upper administration, and you could really see it –in the clinical instructors and especially the class teachers. You can see that maybe they were suffering but they were still trying to teach and protect you and keep you safe. There were very good aspects (in year-one and two), I really loved some of my nursing instructors but I found that it was a different environment from (year-three and four) – less healthy and more dysfunctional.

Melissa agrees that the most important ingredient for spiritual health of students is caring instructors. She felt really hopeful about the future of nursing education when she went to an instructor’s office one day and the instructor was getting ready to interview candidates for a teaching position. The instructor said, “We want to find people that will take good care of our students.”

In summary, it is noteworthy that spiritual health, like any dimension of health, was positively impacted by a stable and optimistic environment for these students. The people in charge of making decisions, whether it was administrators, instructors, or nursing unit managers, greatly impacted the spiritual health of these seven students. The students recognized that in order to nurture others, a person must first feel nurtured.

CHAPTER TEN

SPIRITUAL NURTURING AND NURSING RESEARCH



“I find the great thing in this world is not so much where we stand,
as in what direction we are moving.”

Oliver Wendell Holmes

Chapter Ten: Spiritual Nurturing and Nursing Research

Throughout this research process I continually asked myself if there were implications for further nursing research. Implications for research emerged in regards to nursing education and nursing practice. I share some of these insights here in the knowledge that this list is not exhaustive or all inclusive. I am aware that you, the reader, will have thought of many more areas of needed research while reading this thesis. I hope that you will endeavour to encourage further research in this area in what ever way is available to you. It is only in the *wondering* that ideas come about.

Nursing Education

First and foremost I believe that to complete the phenomenological viewpoint of spiritual nurturing in nursing education that the instructors' viewpoint should be gained. I would propose a research study entitled *Instructors' Lived Experience of Spiritual Nurturing in Nursing Education*. I believe this research could provide nursing education with a different perspective.

While writing the chapter on Spirituality as Relationship with Others, I became aware that the students who had family working in the health care field felt more spiritually nurtured than the students who did not have family working in the health care field. The students suggested that this was because other health care workers understood what they were going through better and were therefore more able to nurture their spirits. The students who did not have family working in the health care field were adamant that more time was needed to debrief with peers and instructors in conferences and in class. I believe this concept would be worth researching in greater depth.

Melissa gave me an idea for another area that would be interesting to research:

One area that I did a lot of reading in over the years was sexual abuse; do you know that one in four women have been sexually abused before the age of 18? So we have 160 first-year nursing students, how many of them? I have never seen a study on that and it would be interesting to see if the proportions are even higher in nursing of people being abused. Maybe they come to the fields of nursing or psychology because they are seeking help.

Melissa's comments made me *wonder* if some of the people who enter nursing are people who are in need of spiritual healing. I also wonder if perhaps we can heal our spirits from traumatic events by healing others? The students I interviewed believed that their spirits were nurtured by nurturing others. It is reasonable to expect, then, that this nurturing may help heal a person from the emotional and spiritual pain that results from traumatic events.

Finally, I wonder about the instructor- student relationship in regards to spiritual nurturing and if this has any bearing on student marks, student coping, recruitment and retention of nursing students, instructor job satisfaction, recruitment and retention of nursing instructors, and student or instructor health and well-being.

Nursing Practice

I *wonder* several things when I reflect on the practice environment and its affect on nursing students. I wonder if units that are known by students as having spiritually nurturing staff are more successful with recruitment and retention of nurses? I wonder how the people on these *nurturing units* would score on job satisfaction scales? I wonder if the morbidity and mortality rates on these units are lower compared to units that are seen by students as being unhealthy spiritually? I wonder if there is a lower readmission rate to these spiritually healthy units?

When I was writing the chapter on Spirituality as Relationship with Self I became aware of the importance of a *calm* environment to these students' spiritual health. This

made me wonder about the implications of a calm environment for nursing students, nurses and clients and its affect on healing. In my experience the acute care environment lacks *calm* in every sense of the word. I wonder if the physical set up of a unit can improve the *calm* of the unit? I am reminded of taking the students to the Post Acute Rehabilitation Center (PARP) at St. Michaels Health Center. This unit has separate houses for the residents that are removed from the busy nursing station. Contrast this set up with the typical acute care nursing unit, which places the nursing station in the middle of the unit with the clients' rooms surrounding it. I wonder if the strategy used by St. Michaels improves the client's spiritual health by offering a *calm* place? I also wonder if *calm* could be achieved on acute care units by other methods, such as piping in soft relaxing music? I wonder about the use of adjunctive health therapies on acute care units, such as daily massages to relax clients and help them reach a state of *calm*. I believe these therapies could offer not only the client with *calm* but also the nurses. Finally, I wonder if any of these ideas could save the health care system money and at the same time improve the health of clients, staff and students? I am aware that even though there is research to suggest that these and other adjunctive therapies are effective as healing modalities (Hafen et al., 1996) little has been done to integrate these findings on nursing units in this country.

CHAPTER ELEVEN

REFLECTIONS

And a man said, Speak to us of Self-Knowledge.
And he answered, saying:
Your hearts know in silence the secrets of the days and the nights.
But your ears thirst for the sound of your heart's knowledge.
You would know in words that which you have always known in thought.
You would touch with your fingers the naked body of your dreams.

And it is well you should.
The hidden well-spring of your soul must needs rise and run
murmuring to the sea;
And the treasure of your infinite depths would be revealed to your eyes.
But let there be no scales to weigh your unknown treasure;
And seek not the depths of your knowledge with staff or sounding line.
For self is a sea boundless and measureless.

Say not, "I have found the truth," but rather, "I have found a truth."
Say not, "I have found the path of the soul."
Say rather, "I have met the soul walking upon my path."
For the soul walks upon all paths.
The soul walks not upon a line, neither does it grow like a reed.
The soul unfolds itself, like a lotus of countless petals.

Gibran (1923/1986, p.54)



Chapter Eleven: Reflections on the Process

The purpose of this study was to gain an understanding of the meaning of nursing student experience with spiritual nurturing in an undergraduate baccalaureate nursing education program in Canada. I gave rich description to evoke new and deeper understanding of the phenomenon of spiritual nurturing as experienced by seven female nursing students. This phenomenological study on what it means to have one's spirit nurtured hopefully has given the reader an opportunity to reflect on how these nursing students may learn spiritual care.

In regards to my learning, I now understand what van Manen (2001) meant when he said that one must do phenomenology in order to *grasp* its significance:

KNOWLEDGE INFUSION

It is in the 'Aha' moments that phenomenology speaks.
It is in those few seconds, that the clouds clear and the meaning Becomes.
In those precious few moments, that illusive thing we call knowledge is Grasped
and held close to the heart, for fear it will slip away. . .
Then, a spark ignites deep within and instantly the knowledge infuses the soul.
A melding of insight that at once Becomes one with the spirit.
An enlightening that carries the spirit away. . . to new heights.

I also have learned a great deal about my own spirit by immersing myself in this subject. Throughout the process I have come to understand and value *that which is spiritual* much more than I once did. My journal entries reflect this learning:

Saturday, March 24, 2007

*"You create your own universe as you go along."
Winston Churchill 1874-1965*

All week, I have been wondering what kind of journal I am supposed to be writing for my thesis. I am aware of the value in capturing thoughts and reflecting on experience as it happens. I was wondering about the kind of data that presents itself in the process of doing a thesis.

In response to my question – material presented itself. It took a few presentations before I became aware that something strange was happening. Something remarkable. It seems that the more I think about spirituality, the more information on this subject is presented to me. Perhaps I am being guided in this quest? Perhaps this is representative of the ‘Law of Attraction’? When I realized this was happening – I began to reflect on the past. I am in total *awe* of what is happening.

I was thinking about the family assessment papers that my first-year nursing students did for my course. The students took the time to include spiritual health in their family assessment. They did not have to. They could choose any five elements from the list. They chose to do this, partly because they know I am doing my thesis on spirituality and that it would please me! However, the fact that they did it *so well* causes me to believe, that my enthusiasm for the subject sparked their enthusiasm. My positive thoughts nurtured theirs.

My heart expands with this new knowledge; it nurtures me to do more. It reminds me to pay close attention to my world; to listen closely to the intuitive nudges that are trying to direct me. To do what the nudges say, when they say it.

So, I am thinking about Hope. The students I interviewed talked about hope. The students who wrote family assessment papers talked about hope. I am thinking I have made an incredible discovery: That hope is spiritually nurturing, in and of itself. I am in my office; I remember that I wanted to take a book about gerontology to clinical the next day. I turn around and locate it on my bookshelf. I have never read this book. A book rep suggested it when I inquired about a book on gerontology. He gave me a desk copy. I have had it for two years. I have never had time to look through it. I grab the book and I randomly open it – I look on the page – it says – Spirituality! I just about drop the book! I read down the page and it lists characteristics of spirituality: One of the headings is Hope.

Monday, March 26, 2007

“What this power is, I cannot say. All I know is that it exists.”
Alexander Graham Bell 1847-1922

Today in class we were talking about sexuality. I came back to my office and was compiling things I wanted to take home for the evening. I wanted to take home some pamphlets on sexuality that my students had gotten from the health office. It reminded me that I needed to tell my new lab assistant about ordering more pamphlets. I went to my filing cabinet to find the order list for ordering pamphlets so that I can give it to the lab assistant. I did not find it (hoped it was under P for pamphlets- not sure where I filed it?). However, poems are under P and in my search I came upon a poem about responsible sexuality that I had received when I worked at the Sexual Health Center several years ago. I immediately typed it up and sent it to my students as it was directly in keeping with our class discussion. I was again in *awe* as to how ‘like attracts like’. I was not thinking about that poem. Nor have I thought about it for years. Yet, here it was. On the day that I needed it. I am grateful.

My journal entries go on and on with examples of these remarkable events.

Coincidences? These repeated examples, over and over tend to make me believe that there is something here that cannot be explained. I have learned through the process of writing this thesis, that it is not always necessary to explain everything. I am thankful for the opportunity that this project has given me; the gift of learning about my own spirituality. The students have taught me that spiritual nurturing can occur through thoughts and actions and that when this energy is exchanged with another, recharged from within or received transcendently, healing can occur. My own spirit has been healed *within* the writing of this thesis. What brought me to this subject was a tragic student's suicide. I realize that even if I had known then what I know now, I may not have been able to prevent this suicide. Perhaps my guilt lingers because I will never *know* for sure. I can now live with this guilt however, because like Nadia in Africa, I have come to find meaning in this experience. This student did not *die in vain* in my mind anymore, because *something* good has come of it; this thesis. If one instructor, nursing student or client benefits from this thesis, then this thesis, in my mind, will be considered a success.

Wings



Be like the bird
That, pausing in her flight
Awhile on boughs too slight,
Feels them give way
Beneath her and yet sings,
Knowing that she hath wings.

Victor Hugo

Gratitude

Author Unknown

My thanks comes easily, when my future rises and my will is King, and all the world is my estate. My thanks comes easily such times, but wait. . .

Today – let me reflect not only upon those things of which I own, but which I find express themselves less fluently.

Today – let me remember to give thanks not only for the sunlight, but for those darker hours that teach me FORTITUDE.

Let me profess today a grateful heart, not merely for successes I may know, but truly for those failures that teach me HUMILITY.

Let me express my gratitude for all those petty inner conflicts, which once resolved bring new SERENITY, and for those smaller distressing fears that have their way of building such HOPE.

Let me breathe appreciation for all those poignant sights, that teach me THOUGHTFULNESS, and wrongs that teach me FAIRNESS, and for each violated trust that leave LOYALTY, as their lesson.

And let me NOT forget TODAY, to whisper THANKS for these:

The CONTEMPT that teaches PITY
The TEAR that teaches JOY
The PAIN that teaches MERCY And
The LONLINESS that teaches LOVE.

So now let me reflect upon these things I own, and let my thanks come easily today . . .

References

- Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2000). Hospital restructuring: Does it adversely affect care and outcomes? *Journal of Nursing Administration, 30*(10), 457-465.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., et al. (2001). Nurses' reports on hospital care in five countries. *Health Affairs, 20*(3), 43-53.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. (2002). Hospital nurse staffing and client mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association, 288*(16), 1987-93.
- Aoki, T. (1991). Inspiring curriculum and pedagogy: Talks to teachers. Faculty of Education, Edmonton, Alberta.
- Arnold, E., & Boggs, K. U. (2003). *Interpersonal relationships: Professional communication skills for nurses* (4th ed.). St. Louis, MO: Saunders.
- Beck, C. T. (2001). Caring within nursing education: A metasynthesis. *Journal of Nursing Education, 40*(3), 101-110.
- Benner, P. (1992). From beginner to expert: Gaining a differentiated clinical world in critical care nursing. *Advanced Nursing Science, 14*(3).
- Benner, P., Tanner, C. A., & Chesla, C.A. (1997). Becoming an Expert Nurse. *American Journal of Nursing, 97*(6).
- Bergum, V. (2003). Relational pedagogy: Embodiment, improvisation, and interdependence. *Nursing Philosophy, 4*, 121-128.

- Bradshaw, A. (1994). *Lighting the lamp: The spiritual dimension of nursing care*. Harrow: Scutari Press.
- Bradshaw, A. (1997). Teaching spiritual care to nurses: An alternative approach. *International Journal of Palliative Nursing*, 3, 51-57.
- Brown, K. E. M. (2000). *Nurses' experiences with spirituality and end-of-life issues*. (Doctoral dissertation, University of Alabama, 2000). Proquest Digital Dissertations, AAT 9976838.
- Brown, S. W., & King, F. B. (2000). Constructivist pedagogy and how we learn: Educational psychology meets international studies. *International Studies Perspectives*, 1, 245-254.
- Burke, C. E. (1992). *Pentimento praxis: Weaving aesthetic experience to evolve the caring beings in nursing. A dialectic*. (Doctoral dissertation, University of Colorado Health Sciences Center, 1993). Proquest Digital Dissertations, AAT9238374.
- Burkhardt, M., & Nagai-Jacobson, M. (2002). *Spirituality: Living our connectedness*. Albany, NY: Delmar.
- Byrd, R. C. (1988). Positive therapeutic effects of intercessory prayer in a coronary care unit population. *Southern Medical Journal*, 81(7), 826-829.
- Callister, L. C., Bond, A. E., Matsumura, G., & Mangum, S. (2004). Threading spirituality throughout nursing education. *Holistic Nursing Practice*, 18(3), 160-166.
- Canadian Nurses Association. (2001). Position statement: Quality professional practice environments for registered nurses. Retrieved from www.cna-nurses.ca

- Canadian Nurses Association. (2002). *Code of ethics for Registered Nurses*. Retrieved May 18, 2007, from http://www.cnanurses.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf
- Canadian Nurses Association. (2005). *Resolution 8. WHO definition of health to include spiritual well-being*. Retrieved November 21, 2005 from http://cna-iic.ca/CNA/about/meetings/resolutions_2005/resolutions_08_e.aspx#22
- Carpenito, L. J. (2002). *Handbook of nursing diagnosis*. Philadelphia, PA: Lippincott.
- Clark, M. B., & Olson, J. K. (2000). *Nursing within a faith community*. Thousand Oaks, CA: Sage Publications.
- College and Association of Registered Nurses of Alberta. (2003). *Nursing Practice Standards*. Retrieved May 17, 2007 from <http://www.nurses.ab.ca/pdf/Nursing%20Practice%20Standards.pdf>
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (second ed.). Thousand Oaks, CA: Sage.
- Davies, B. (2002). *Journey of the soul*. Stirlingshire, Great Britain: Hodder and Stoughton.
- Doetzel, N. (2004). *Personal and professional spiritual development: Ten educational leaders share experiences and insights* (Doctoral dissertation, University of Calgary, 2004). ProQuest Digital Dissertations, AAT NQ97739.
- Duffy, K., Ferguson, C., & Watson, H. (2002). Data collecting in grounded theory – some practical issues. *Nurse Researcher*, 11(4), 67-78.
- Eliopoulos, C. (2005). *Gerontological nursing* (6th ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.

- Fitchett, G. (1993). *Assessing spiritual needs: A guide for caregivers*. Minneapolis, MN: Augsburg Fortress.
- Gibran, K. (1923/ 1986). *The Prophet*. New York, NY: Alfred A. Knopf.
- Giorgi, A. (2000). Concerning the application of phenomenology to caring research. *Scandinavian Journal of Caring Sciences*, 14(1), 11-15.
- Greenstreet, W. A. (1999). Teaching spirituality in nursing: a literature review. *Nurse Education Today*, 19, 649-658.
- Hafen, B. Q., Karren, K. J., Frandsen, K. J., & Smith N. L. (1996). *Mind / Body Health: The effects of attitudes, emotions, and relationships*. Needham Heights, MA: Simon & Schuster.
- Hoover, J. (2002). The personal and professional impact of undertaking an educational module on human caring. *Journal of Advanced Nursing*, 37(1), 79-86.
- International Council of Nurses. (2000). *The ICN code of ethics for nurses*. Retrieved November 21, 2005 from <http://www.icn.ch/ethics.htm>
- International Council of Nurses (2000). Socio-economic welfare of nurses: A statement from the international council of nurses. *Nursing Standard*, 14(43), 33.
- Jackson, C. (2004). Healing ourselves, healing others. Third in a series. *Holistic Nursing Practice*, 18(4), 199-210.
- Kleiman, S. (2004). Phenomenology: To wonder and search for meanings. *Nurse Researcher*, 11(4), 7-19.
- Kozier, B., Erb, G., Berman, A. J., Burke, K., Bouchal, S. R., & Hirst, S. P. (2000). *Fundamentals of nursing: The nature of nursing practice in Canada*. Upper Saddle River, NJ: Prentice-Hall.

- Larson, S. G. (2002). *Contemplative spirituality: Towards phenomenological understanding*. (Doctoral dissertation, University of Kansas, 2002). Proquest Digital Dissertations, AAT 3055110.
- Lemmer, C. (2002). Teaching the spiritual dimension of nursing care: A survey of U.S. baccalaureate nursing programs. *Journal of Nursing Education*, 41(11), 482-491.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lundin, S. C., Paul, H., & Christensen, J. (2000). *Fish!* New York, NY: Hyperion.
- Macrae, J. (2001). *Nursing as a spiritual practice: A contemporary application of Florence Nightingale's views*. New York, NY: Springer.
- McEwen, M. (2004). Analysis of spirituality content in nursing textbooks. *Journal of Nursing Education*, 43(1), 20-30.
- Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, (74), 5-12.
- Mitchell, W. O. (1990). *Roses are difficult here*. Toronto, ON: McClelland & Stewart.
- Mueller, P. S., Plevak, D. J., & Rummans, T. A. (2001). Religious involvement, spirituality, and medicine: Implications for clinical practice. *Mayo Clinic Proceedings*, 76(12), 1225-1236.
- Nhật Hạnh, Thích. (2006). *The energy of prayer: How to deepen your spiritual practice*. Berkeley, CA: Parallax Press.
- Narayanasamy, A. (1999). ASSET: A model for actioning spirituality and spiritual care education and training in nursing. *Nurse Education Today*, 19, 274-285.

- National Council on the Aging. (2005). Definition of spiritual well-being. Retrieved November 21, 2005 from <http://www.ncoa.org/content.cfm?sectionID=121&detail=394>
- Nelms, T. P. (1991). Has the curriculum revolution revolutionized the definition of curriculum? *Journal of Nursing Education, 30*(1), 5-9.
- Olson, J. K., Paul, P., Douglass, L., Clark, M. B., Simington, J. & Goddard, N. (2003). Addressing the spiritual dimension in Canadian undergraduate nursing education. *Canadian Journal of Nursing Research, 35*(3), 94-107.
- Online Etymology Dictionary. (n.d.). Retrieved November 16, 2005, from <http://www.etymonline.com/index.php?search=care&searchmode=none>
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pesut, B. (2002). The development of nursing students' spirituality and spiritual care-giving. *Nurse Education Today, 22*, 128-135.
- Pesut, B. (2003). Developing spirituality in the curriculum: Worldviews, intrapersonal connectedness, interpersonal connectedness. *Nursing Education Perspectives, 24*(6), 290-294.
- Potter, P. A. & Perry, A. G. (2001). *Canadian fundamentals of nursing*. Toronto, ON: Harcourt Canada.
- Richards, L. (2002). Qualitative computing – a methods revolution? *International Journal of Social Research Methodology, 5*(3), 263-276.

- Richardson, S. (2002). *Tending the spirit: An exploration of spiritual care practices of extra-mural nurses caring for palliative clients at home*. (Doctoral dissertation, University of New Brunswick, 2002). Proquest Digital Dissertations, AAT MQ76409.
- Rodgers, B. L. (2005). *Developing nursing knowledge: Philosophical traditions and influences*. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Ross, L. A. (1996). Teaching spiritual care to nurses. *Nurse Education Today*, 16, 38-43.
- Sappington, J. Y. (2003). Nurturance: The spirit of holistic nursing. *Journal of Holistic Nursing*, 21(1), 8-19.
- Sawatzky, R., & Pesut, B. (2005). Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing*, 23(1), 19-33.
- Taylor, E. (2002). *Spiritual care: Nursing theory, research, and practice*. Upper Saddle River, NJ: Pearson Education.
- van Manen, M. (1990). Beyond assumptions: Shifting the limits of action research. *Theory into practice*, XXIX (3) 152-157.
- van Manen, M. (2001). *Researching lived experience: Human science for an action sensitive pedagogy* (Original work published 1990). Toronto, ON: The Althouse Press.
- van Manen, M. (2002). *Writing in the dark*. London, ON: The Althouse Press.
- Walker, L. O., & Avant, K. C. (1995). *Strategies for theory construction in nursing*. Norwalk, CT: Appleton & Lange.

- Walton, J., Craig, C., Derwinski-Robinson, B., & Weinert, C. (2004). I am not alone: Spirituality of chronically ill rural dwellers. *Rehabilitation Nursing, 29*(5), 164-169.
- Westera, D. (1999). *Spirituality* [Video recording, first of 3]. St. John's, NF: Centre for Academic and Media Services, School of Continuing Education, Memorial University of Newfoundland.
- Whall, A. L. & Hicks, F. D. (2002). The unrecognized paradigm shift in nursing: Implications, problems, and possibilities. *Nursing Outlook, 50*, 72-76.
- Wood, S. E., Wood, E. R. G., Wood, E. & Desmarais, S. (2005). *The world of psychology* (4th ed.). Toronto, ON: Pearson Education.



Appendix A

Invitation to Participate / Consent Form

What is the Lived Experience of Spiritual Nurturing in Nursing Education?

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Purpose: The purpose of this study is to give rich description and evoke new and deeper understanding of the phenomenon of spiritual nurturing as experienced by nursing students in their program and clinical practicum.

Study Procedures: This study will involve participation in a 1 – 2 hour interview at a time and place of your convenience. The interviews will be audiotaped and transcribed to allow for more thorough reading of the information. A copy of the transcripts will then be sent to you to give you an opportunity to check for accuracy, clarify points or to stimulate further discussion. You will then be involved in 1 – 2 subsequent phone calls or email interviews to discuss the analysis of the interview. Pseudonyms will be used in all written material. There is a small risk that readers may still be able to identify you from the experiences that you describe.

You will have the right to refuse to answer or expand on any question at any time. Your participation is voluntary and cannot in any way affect your grades. The information you share may help direct future nursing research and education. You will not receive any compensation for your participation. No financial costs will be incurred to you as a condition of participation. Your participation will however, give you an opportunity to bring your stories to light. There is a small risk that you may feel

uncomfortable when sharing personal experiences. If you become especially uncomfortable, the researcher will stop the interview. You will be referred to the University of Lethbridge counselling agency, if you wish an appointment. A list of counsellors will be available at each interview. No other risks or discomforts are expected to result from the interviews.

Confidentiality: The audiotape will be coded with a number so that no personal identifying information will appear on the transcripts. Both the audiotape and a list of code numbers and names will be kept in a locked cabinet, available only to the researcher. Identifying material will be destroyed five years after the research is completed. Pseudonyms will be used in all written material. There is a small risk that readers may still be able to identify you from the experiences that you describe. You are free to ask for clarification or withdraw from the study at any time. The findings will be used in my Master’s thesis, which will be sent to you, and at professional conferences. If you have questions related to this research please contact the researcher or her supervisor. If you have questions concerning your rights as a participant in this research, please contact either Dr. Sonya Grypma at (403) 332-5214, or the Office of Research Services, University of Lethbridge at (403) 329-2747. **Your signature below indicates that you understand the above information and agree to participate.** It does not waive your legal rights nor release the investigator, supervisor, or the University of Lethbridge from their responsibilities. A copy of this form has been given to you to keep for your records.

Participant's Signature	Printed Name	Phone number	Date
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Your signature below indicates that you agree to be audiotaped.

Appendix B
Questions for Interviews

Is there an experience you have had as a nursing student that stands out for you as a spiritual experience?

Could you describe it for me?

What brings you joy and peace in your nursing practice as a student?

Do you have a sense of purpose in your student nursing practice?

Could you describe it for me?

What helps you to care for or heal your spirit as a nursing student?

What have you done or might you do to care for or heal your client's spirit?

Do you have a sense of belonging in your clinical practice as a nursing student?

Could you describe this for me?