

Nurses Caring for the Spirit: Patients With Cancer and Family Caregiver Expectations

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Purpose/Objectives: To determine what patients with cancer and primary family caregivers expect from nurses with regard to having their spiritual needs addressed.

Research Approach: Descriptive, cross-sectional, qualitative study using Miles and Huberman's approach to data reduction.

Setting: Outpatient and inpatient settings in a county hospital and a comprehensive cancer center, both located in a large, southwestern, metropolitan area.

Participants: 28 African American and Euro-American adult patients with cancer and primary family caregivers were purposively selected to provide variation of experiences (e.g., religious backgrounds).

Methodologic Approach: In-depth, semistructured, tape-recorded interviews conducted by the investigator. Analysis of transcribed interviews concurrently with data collection followed a process of data concentration, data display, and conclusion drawing.

Main Research Variables: Spiritual needs, spiritual care.

Findings: Informants identified nursing approaches for spiritual needs, including kindness and respect; talking and listening; prayer; connecting with symmetry, authenticity, and physical presence; quality temporal nursing care; and mobilizing religious or spiritual resources. To provide spiritual care, nurses must possess requisites of a personal, relational, or professional nature.

Conclusions: Although some patients or caregivers do not want overt forms of spiritual care, others are eager for them. Many recognize non-religious actions or attitudes that nurses can practice to care for spiritual needs.

Interpretation: Nurses must consider how they can address patient preconceptions and requisites for spiritual caregiving. Nurses may need to educate the public regarding their role as holistic and spiritual health-care providers.

Key Points . . .

- ▶ When patients with cancer and their family members were asked initially whether they wanted nurses to provide spiritual care, a continuum of responses from yes to maybe to no resulted.
- ▶ Findings support the adage that spiritual care is more about being, rather than doing.
- ▶ Mandates exist for nurses to provide spiritual care.

creditation of Healthcare Organizations (2000) now requires a spiritual assessment be completed for every admission and spiritual support be provided for any patient who requests it. The American Association of Colleges of Nursing (AACN) document, *The Essentials of Baccalaureate Education for Professional Nursing Practice*, now includes "spiritual" in the list of dimensions for which students must learn to provide care (AACN, 1998). The new International Council of Nurses (2000) ethics code states that nurses should provide an environment where the spiritual beliefs of patients are respected.

Purpose

Considering the context of nurses striving to care for the spirit, nurses must assess what patients and their caregivers want and expect. Thus, the purpose of the current study was to determine what patients with cancer and their primary family caregivers expected of nurses with regard to having spiritual needs addressed. More specifically, this study sought to describe patient perceptions of spiritual care and nurses' role in it by creating a categorized list of types of spiritual care appropriate for nurses to provide. This study is part of the initial, qualitative phase of a larger project investigating spiritual needs of patients with cancer and family caregivers.

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Nurses and other healthcare professionals are becoming much more aware of the unique spiritual challenges of living with cancer (Flannelly, Flannelly, & Weaver, 2002). They also are more appreciative of the spiritual resources that patients with cancer and their families use to cope with cancer's challenges. Since the 1980s, a movement to include spiritual care in nursing care has grown steadily (Barnum, 1996; Taylor, 2002). This reflects the very religious history of nursing as well as a growing overt interest in spirituality in today's society. This renewed interest in how spirituality intersects with health has generated hundreds of empirical studies that generally provide support for the notion of spiritual care (Koenig, 2001; Levin, 1994).

This empirical support, combined with society's yearnings for spirituality, presumably is what has influenced professional organizations recently to mandate what is, in effect, spiritual care. Most notably, the Joint Commission on Ac-