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-

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.

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.