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An Evidence Based Practice Perspective In Effects Of Spirituality On Health Outcomes

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Mississippi University for Women

AN EVIDENCE BASED PRACTICE PERSPECTIVE IN EFFECTS OF

SPIRITUALITY ON HEALTH OUTCOMES

being

An Evidence Based Practice Project Presented to the Graduate Faculty

of Mississippi University for Women in

Partial Fulfillment of the Requirements for

the Degree of Master of Science in Nursing

by

Jessica Heard Walling

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iii

DEDICATION

I would like to dedicate my research project to my Lord and Savior, Jesus Christ. For without him I would not be where I am today. It is through His grace that I have been given the opportunity to further my education so I can better serve Him. I also want to thank my loving and supportive husband, Ryan. Thank you for always being there for me. Your acts of compassion will not be forgotten. I pray I can give you the same moral support as you return to school. I want to thank my parents for their generosity throughout this whole process. I will be challenged to be as generous to others because you have demonstrated your love for me in this way.

EVIDENCE-BASED PRACTICE CONSIDERATIONS IN EFFECTS OF SPIRITUALITY ON HEALTH OUTCOMES

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Abstract

Spirituality was a significant part of nursing from the beginning of the profession. The nursing profession was viewed by Florence Nightingale with a spiritual perspective in mind. She believed that one should receive a call from God to become a nurse (Tuck, Pullen, & Lynn, 1997). Then, with the emergence of modern medicine in the early 1900's, there was a shift away from the need for spirituality. However, since the 1980's, there has been an increasing interest in the practical use and obvious need for the spiritual being to be cared for as well as the physical (Narayanasamy, 2001). Brush and Daly (2000) state, "While nursing may be distinguished from medicine through its commitment to holistic practice, the patient's spiritual dimension has also been consistently neglected by nurses in patient assessment and clinical practice" (p.67).

The current level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes is limited. A systematic review of the literature using a computer search of CINAHL, MEDLINE, and COCHRANE identified a gap in the literature regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes. Literature reviewed totaled 25 manuscripts, which represented another 825 references. There were

only six articles that explored the variables of nurse practitioner and spirituality. .

However, literature on spirituality and nursing has been explored extensively.

Katharine Kolcaba's Theory of Comfort served as the theoretical foundation for this project. Evidence Based Medicine (EBM) approach, which is based on the work of Sackett, Richarson, Rosenberg, and Haynes (2000) will be used for this project. EBM is the integration of clinical expertise, patient values, and the best evidence into the decision making process for patient care.

According to Thomas, Finch, Schoenhofer, and Green (2004), spirituality was identified as a significant theme in the caring relationship between the nurse practitioner and the patient. According to Delaney (2005), patients consider spiritual care a priority, but research shows the spiritual needs of patients are not being met resulting in poor health outcomes. Seventy-seven percent of nurse practitioner respondents reported having received some education in spiritual care, but over half of them stated they did not feel that education was adequate (Stranahan, 2001). Nurse practitioners have the perfect opportunity to include spirituality in today's health care practice (Treloar, 2000).

Recommendations from the integrated literature review include the need for future research investigating the role of the nurse practitioner in supporting the client's spirituality. Implications for nursing theory, nursing research, advanced practice nursing, nurse practitioner education, and health policy are provided as they emerge from the concepts explored.

ACKNOWLEDGEMENTS

I would like to express my heartfelt thanks to Dr. Rebecca Cagle, my Supervising Professor and Major Adviser, who gave me much encouragement and guidance throughout this past year. You have been and will continue to be an excellent role model for me as a new nurse practitioner. I really enjoyed your funny stories during lecture and your great sense of humor. You have always gone above and beyond for all of the students. I hope I can accomplish a fraction of what you have done in your career.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Dimensions of the Problem

Spirituality was largely a part of nursing from the beginning of the profession. The nursing profession was viewed by Florence Nightingale with a spiritual perspective in mind. She believed that one should receive a call from God to become a nurse. By blending clinical principles with a sincere spiritual dedication, she was able to provide better care for the sick (Tuck, Pullen, & Lynn, 1997). Then, with the emergence of modern medicine in the early 1900's, there was a shift away from the need for spirituality. However, since the 1980's, there has been an increasing interest in the practical use and obvious need for the spiritual being to be cared for as well as the physical (Narayanasamy, 2001).

Spirituality is referred to as the cornerstone of holistic nursing. Some see the provision of spiritual care as an ethical obligation of the nurse (Delaney, 2005). There are many factors that have been identified as being a barrier to providing spiritual care. Some of these are the lack of education in spiritual care, fear of projecting one's own spiritual beliefs on patients, and a lack of spiritual self-awareness (Brush & Daly, 2000). Brush and Daly (2000) state, "While nursing may be distinguished from medicine through its commitment to holistic practice, the patient's spiritual dimension has also been consistently neglected by nurses in patient assessment and clinical practice" (p.67). Nurses are required by the American Nurses Association Code for Nurses and the Joint Commission on Accreditation for Healthcare Organization to provide spiritual care to patients (Delaney, 2005). According to Delaney (2005), patients consider spiritual care a priority, but research shows the spiritual needs of patients are not being met. This

results in poor health outcomes. Spirituality applies to every person, no matter their belief, background, class, culture, or creed (Treloar, 2000). It is also specific to each person and should be evaluated and cared for with their ideals in mind (Kociszewski, 2004).

The controversy of the similarities and differences in the terms spirituality and religion have been well documented. Some say the two can be used interchangeably (Kociszewski, 2004). But most agree that there is more depth to spirituality than just a person's religious preferences (Treloar, 2000). Religion is centered on one's belief and how they practice that belief. It has been said that every human being has spiritual needs but not everyone has religious needs (Kociszewski, 2004). Some people choose to experience spirituality through religion (Delaney, 2005).

Problem Statement

Taber's Cyclopedic Medical Dictionary (2001) defines spirituality as the "responsiveness of individuals or groups to religious rather than worldly interests". It also states that "spirituality includes participation in organized religion, contemplation, meditation, prayer, reflection, and activities fostering self-growth and connections with others and with nature". Koenig, George, and Titus (2004) said, "Spirituality is the quest for understanding life's ultimate questions and the meaning and purpose of living, which often leads to the development of rituals and a shared religious community, but not necessarily" (p. 555).

According to Delaney (2005), spirituality is defined as a multidimensional phenomenon that is experienced by all but is developed individually. Treloar (2000) says this of spirituality, "It involves the search for meaning and existential purpose in life in

relation to self, community (others), environment (nature), and a higher being" (p. 280).

Spirituality is described as a building block for holistic care (Delaney, 2005). One very

detailed definition by Narayanasamy (1999) (as cited in Narayanasamy et al., 2004, p.7)

says that

> Spirituality is rooted in an awareness which of the biological make up of the
>
> human species. Spirituality is potentially present in all individuals and it may
>
> manifest as inner peace and strength derived from perceived relationship with a
>
> transcendent God/an ultimate reality, or whatever an individual values as
>
> supreme. The spiritual dimension evokes feelings which demonstrate the
>
> existence of love, faith, hope, trust, awe, and inspirations; therein providing
>
> meaning and a reason for existence. It comes into focus particularly when an
>
> individual faces emotional stress, physical illness or death.

With this in mind, the problem statement derived for the purposes of this project can be

summarized as "What is the role of the nurse practitioner in supporting the client's

spirituality and its effects on health outcomes?"

Statement of Purpose

The purpose of this project is to explore the nursing literature regarding the role of

the nurse practitioner in supporting the client's spirituality and its effects on health

outcomes.

Significance of the Study

The current level of nursing knowledge regarding the role of the nurse

practitioner in supporting the client's spirituality and its effects on health outcomes is

limited. A computer search utilizing CINAHL, MEDLINE, and COCHRANE revealed only several articles on this topic. Terms utilized in the search included the following:

Table 1

Summary of Literature Searches

Search Terms	Number of citations	Database
Nurse practitioner and spirituality	6	CINAHL
	5	MEDLINE
	0	COCHRANE
Nurse practitioner and spiritual care	1	CINAHL
	1	MEDLINE
	0	COCHRANE
Nurse practitioner role and spirituality	0	CINAHL
	0	MEDLINE
	0	COCHRANE
Nurse practitioner and holistic care	0	CINAHL
	4	MEDLINE
	0	COCHRANE
advanced practice nurse and spirituality	1	CINAHL
	0	MEDLINE
	0	COCHRANE
advanced practice nurse and spiritual care	1	CINAHL

	0	MEDLINE
	0	COCHRANE
advanced practice nurse and holistic care	2	CINAHL
	0	MEDLINE
	0	COCHRANE
spirituality and health outcomes	31	CINAHL
	38	MEDLINE
	0	COCHRANE

Note. CINAHL = Cumulative Index to Nursing and Allied Health Literature, MEDLINE = Medical Literature Online, COCHRANE = Cochrane Library (Cochrane Database of Systematic Review, Cochrane Database of Abstracts of Reviews of Evidence, and Cochrane Clinical Trials Register).

The correlation of spirituality and positive health outcomes is being noticed and is quickly bringing spiritual care back into the science of nursing (Delaney, 2005). According to Delaney (2005), patients consider spiritual care a priority, but research shows the spiritual needs of patients are not being met resulting in poor health outcomes. Treloar (2000) states, "Nursing, with its emphasis on caring, as compared with medicine's focus on curing activities, is inherently well positioned to assume leadership in integration of spirituality into health care practice" (p. 280). Nursing has expanded into independent and collaborative practice with the creation of the nurse practitioner role over 40 years ago. The nurse practitioner has a unique opportunity to discuss and help the patient meet spiritual needs through the trusting relationship that is developed through the continuum of care (Treloar, 2000).

Theoretical Foundation

Katharine Kolcaba's Theory of Comfort will serve as the theoretical foundation for this project. She states comfort is much broader than the absence of pain. In this theory, Kolcaba discusses three types of comfort that need to be met to make a patient's holistic experience complete. They are relief, ease, and transcendence. Kolcaba defined relief as the experience of a patient who has had a specific comfort need addressed. Ease was defined as a state of calm or gratification. Transcendence is the state in which the individual overcomes the pain or difficult situation. These three types of comfort are met through the patient's physical, psychospiritual, social, and environmental experiences (Kolcaba, 2004).

The Comfort Theory can be integrated into any patient setting with any age group. Nurses identify comfort needs of patients and their family, and then plan interventions to meet those needs. When interventions are effective and delivered in a compassionate manner, the immediate result of superior comfort has been attained. It is at this stage, the interventions can be termed comfort measures. When patients and family members participate in health-seeking behaviors as a result of being reinforced by Comfort Care; nurses, families, and patients are more satisfied with healthcare and demonstrate better health outcomes (Kolcaba, 2004).

Definition of Terms

For the scope of this investigation, the following terms are defined:

Nurse Practitioner Role

Theoretical. The American College of Nurse Practitioners (ACNP) defines the term as a "registered nurse with advanced academic and clinical experience, which

enables him or her to diagnose and manage most common and many chronic illnesses either independently or as part of a health care team. A nurse practitioner provides some care previously offered only by physicians and in most states has the ability to prescribe medications. Working in collaboration with a physician, a nurse practitioner provides high-quality, cost-effective and individualized care for the lifespan of patient's special needs" (What is a Nurse Practitioner, 2006).

Operational. For the purpose of this review, the nurse practitioner role is defined as a registered nurse that has acquired advanced education typically through a master's level program. Nurse practitioners provide care to varied populations from ambulatory to acute care patients. Nurse practitioners are able to diagnose and manage many common and chronic illnesses while practicing independently in collaboration with a physician. Nurse practitioners treat patients in a holistic manner which includes the mind, body, and spirit.

Spirituality

Theoretical. Spirituality is a person's personal connection to God or their higher power. It causes an individual to grow and seek more of what life has to offer. Koenig, George, and Titus (2004) said, "Spirituality is the quest for understanding life's ultimate questions and the meaning and purpose of living, which often leads to the development of rituals and a shared religious community, but not necessarily" (p. 555).

Operational. For the purpose of this project, spirituality is an essential part of each individual's nature and personality. It affects one's response to health and illness. Spirituality involves harmony of the mind, body, and spirit.

Health Outcomes

Theoretical. A specific definition for health outcome could not be found in the literature.

Operational. For the purpose of this project, health outcome will be defined by combining the definitions of health and outcome. Health outcome is the overall condition of a person at the conclusion of a circumstance.

Research Question

For the purpose of this study, the following research questions were generated:

1. What is the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes?

2. According to the literature, are nurse practitioners providing spiritual care?

3. According to the literature, are nurse practitioners adequately prepared to provide spiritual care?

4. According to the literature, does spirituality have a positive effect on health outcomes?

Delimitations

Literature will be delimited for the purpose of this study to the following:

1. Literature that is available in the English language or translated into English abstracts.

2. Literature available through CINAHL, MEDLINE, and COCHRANE Libraries.

3. Literature that is available through the Mississippi University for Women Library and Interlibrary loan program.

4. Literature that pertains to spirituality and heath outcomes.

Limitations

For the purpose of this investigation a particular limitation identified is that the information obtained cannot be generalized beyond the scope of the research reviewed. The generalizability of the findings is further impacted by the lack of nursing research related to the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes.

Summary

Spirituality is becoming more important to consumers in today's healthcare arena. There seems to be a link between spirituality and positive health outcomes. Spirituality is considered a cornerstone of holistic nursing. Nurse practitioners have been recognized for incorporating holism into their practice; however, they appear to be deficient in the provision of spiritual care. This investigation provides information regarding the role of the nurse practitioner in supporting client's spirituality and its effects on health outcomes.

CHAPTER II

Review of the Literature

This chapter presents the literature reviewed regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes. A systematic review of the literature was conducted on the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the United States Library of Medicine (MEDLINE), and the Cochrane Library. This investigation is an integrative literature review which summarizes research on a topic of interest by placing the research problem in context and identifying gaps and weaknesses in prior studies to justify new investigations (Polit & Beck, 2004). In this chapter, an overview of each article reviewed is presented, as it emerged from the critiqued literature available. Literature reviewed totaled 25 manuscripts of which 18 were data-based and 5 theory-based. One article is both, theory-based and data-based. One of the articles is a literature review. These manuscripts represented reviews of another 825 references. In this chapter, an overview of the study variables is presented as it has emerged from the developing knowledgebase.

An Overview of Nurse Practitioner Role

A literature review and personal perspective report was presented by Treloar (2000) and published in the U.S. It is indexed in CINAHL. The central concepts are spirituality, nurse practitioners, and health care practice. The purpose of the article is to explore the spiritual role of the nurse practitioner in healthcare practice. Spiritual care can be included in daily interactions with patients if nurses are sensitive to spiritual issues. The purpose of spirituality in health care is to create an environment that promotes the

spiritual expression of patients and their families. Nurse practitioners have the perfect opportunity to include spirituality in today's health care practice (Treloar, 2000).

In a theory-based report by Thomas, Finch, Schoenhofer, and Green (2004), published in the U.S. and indexed in CINAHL, key variables are spirituality, caring, and nurse practitioner. The study design was Schoenhofer's Nursing as Caring research praxis approach, and sampled seven dyads with each including one nurse practitioner and one patient (*N*=14). Nursing as Caring by Boydin and Schoenhofer (2001) (as cited in Thomas et al., 2004) served as the theoretical foundation for the manuscript. The interviews were audio-taped for reliability and institutional review board approval was obtained. The participants were from different locations throughout the southern parts of the U.S. The weakness identified in this study was the lack of diversity in gender within the sample. An opportunity for further research in the report was to study the prevalence of advanced practice nurses incorporating spirituality into their practice. The small sample size threatened the generalizability of the study findings. Spirituality was identified as a significant theme in the caring relationship between the nurse practitioner and the patient. Three of the nurse practitioners reported that spirituality was the key factor in a caring relationship (Thomas et al., 2004).

Stranahan (2001) presented a data-based study with the key variables of spiritual perceptions, spiritual care practices, and nurse practitioner. The study was published in the U.S. and indexed in CINAHL. The research tools were Spiritual Perspective Scale and a modified version of the Nurse's Spiritual Care Perspectives Scale. The design was a non-experimental, cross-sectional survey. The sample included nurse practitioners licensed by the state of Indiana (*N*=102). The response rate was less than half of those

surveyed. The areas for further study that were discussed were patients' expectations of nurse practitioners in the area of spirituality, and to explore the reason for nurse practitioners not practicing spiritual care in the primary care setting. Seventy-seven percent of nurse practitioner respondents reported having received some education in spiritual care, but over half of them stated they did not feel that education was adequate. The most frequently used spiritual intervention of the respondents was praying for the patient in private. The next most frequently used intervention was making a referral to clergy. More than half of nurse practitioner respondents reported rarely or never providing spiritual care. Only eighteen percent of the respondents stated that they provided spiritual care on a daily basis (Stranahan, 2001).

An Overview of Spirituality

In a theory-based study by Cavendish, Naradovy, Como, and Mitzeliotis (2006), published in the U.S. and indexed in MEDLINE, central concepts were kinetic life force, spiritual care, spiritual needs, and spiritual practices. This research design was qualitative and employed subjects that had recently been hospitalized ($N=8$). Some of the strengths identified were that data saturation occurred and credibility of data was accomplished by comparing recordings of the interviews with the transcriptions. Weaknesses in the study were the small sample and the majority of the sample being of the same race, gender, and religion. An opportunity for further research identified was to determine what others' perceptions would be of the roles of nurses. The threat was that the study cannot be generalized to other populations due to the limited sample and location from which the sample was derived. This article revealed that the majority of the participants did not

perceive the nurse as the spiritual care provider. The participants stated they did not expect spiritual care from nurses (Cavendish et al., 2006).

Taylor and Mamier (2005) presented a data-based study published in the U.S. and indexed in CINAHL. The key concepts were spirituality, interventions, therapeutics, cancer, family, and nursing. The researchers used the Spiritual Interests Related to Illness Tool to collect data. This descriptive, cross-sectional design employing both quantitative and qualitative approaches included a sample of adult cancer patients and family caregivers (N=224). The researchers obtained approval by the institutional review board which was identified as a strength of the study. A weakness was that the sample lacked diversity in ethnicity, religion, and diagnoses. There were no opportunities for future research discussed. The researchers did not institute methods that insured that the sample was representative of the population. This would threaten the results of the study. Participants identified the following as the interventions desired most from nurses: laughter, quiet atmosphere, offer to pray privately, and providing information about spiritual resources. The least desired interventions the participants identified were offering to talk with patient about difficulty praying when ill, therapeutic drawing, and encouragement to ponder about dreams (Taylor & Mamier, 2005).

In a theory-based manuscript by Albaugh (2003), published in the US and indexed in CINAHL, central concepts were spirituality, life-threatening illnesses, and holistic care. The design used for the study was qualitative, and included a sample of subjects with varying life-threatening illnesses (N=7). The conceptual framework that guided the study was logotherapy by Frankl (1997) (as cited in Albaugh, 2003). The participants were well informed about the purpose of the study. They were required to

meet specific criteria. The weaknesses identified in the study were the small sample and the lack of a schematic model. The researcher suggested that future studies should be done at different stages of diagnosis. They also recommended a study should be done to look at how nurse's spiritual beliefs affect the nurse-patient relationship. The researcher did not clearly define the terms which is a threat to the study. The key finding was that spirituality is an important factor when dealing with a life-threatening illness. The results of the study stated in order for the nurse to provide holistic care, he or she must acknowledge and support the patient's spiritual beliefs (Albaugh, 2003).

In a data-based report by Narayanasamy, Clissett, Parumal, Thompson, Annasamy, and Edge (2004), published in the United Kingdom and indexed in CINAHL, central concepts are critical incidents, spiritual needs, religious needs, spiritual care, and nursing older people. The researchers used the critical incident questionnaire to collect data from nurses working in the Untied Kingdom (N=52). The design of the study was cross-sectional with a qualitative approach. The small sample was a weakness in the study. The opportunity discussed by the researchers was to explore whether nurses' perceptions of spiritual needs and care converge with those of older patients. The small sample limited the number of incidents for analysis. The key finding was that nurses received satisfaction from taking part in spiritual care interventions (Narayanasamy et al., 2004).

In a data-based study by Kociszewski (2004), published in the U.S. and indexed in CINAHL, central concepts are spiritual care, critical care, and spirituality. The study utilized a descriptive design using a qualitative approach. The sample included critical care nurses with experience providing spiritual care to patients and their families (N=10).

The strength identified in the report was that the researcher used Colaizzi's method of inquiry to analyze data. The sample was very small. An opportunity discussed in the study is the examination of personal and environmental barriers to providing spiritual care. The small sample does not allow the study to be generalized to other populations. The nurse respondents agreed that spirituality is unique to the individual. The critical care nurses in this study stated their experience with spiritual care was best learned through their professional experiences that surrounded patient and family tragedy or death. This study found that spiritual care was implemented in daily routines through the following nursing interventions: therapeutic touch, listening, education, and through nursing attitudes of respecting, honoring, being nonjudgmental, and advocating and facilitating patient and family needs. These nurses believed all nursing care was spiritual care when an effort was made by the nurse to provide spiritual care (Kociszewski, 2004).

In a data-based study by Strang, Strang, and Ternestedt (2002), published in the U.S. and indexed in CINAHL, the variables of spiritual needs, religion, and palliative care were explored. The research design was descriptive, and employed nurse participants from a variety of specialties (N=141). The researchers did not collect demographic information from the participants. An opportunity for further study was how patients in different situations would like their spiritual needs met. A threat to the study was identified as the interpretation of meaning of the terms involved may be different between researchers and subjects. Almost half of the participants stated that holistic care was practiced in their unit. Forty-two percent of respondents reported that staff paid attention to spiritual needs of the patients in their units. Another key finding in the study

was that respondents emphasized the importance of increased need for education in spiritual care (Strang et al., 2002).

In a data-based report by Greasley, Chiu, and Gartland (2001), published in the U.S. and indexed in MEDLINE, central concepts are spirituality, nursing, health care, holism, mental health, psychiatry, religion, and multiprofessional education. The design utilized in the study was focus group method and included a sample of mental health patients (N=405). The researcher obtained an informed consent from participants; however, they did not collect any demographic information on the participants. The researchers did not discuss any opportunities for further research. The trustworthiness of results is questioned in this study, since the results were obtained in a group setting. Over half of the participants report that religious and spiritual beliefs are part of their lives. Another finding of the study was that spiritual care relates to the acknowledgement of a person's sense of meaning and purpose to life which may or may not be expressed through formal religious practices (Greasley et al., 2001).

In a data-based study by Tuck, Pullen, and Lynn (1997), published in the U.S. and indexed in CINAHL, central concepts are spiritual intervention and mental health nurses. The researchers used the Spiritual Perspective Scale (SPS) to collect data from mental health nurses (N=50). The study design was descriptive and employed a modified critical incident approach. Confidentiality was maintained during the data collection process, and consent was obtained from the participants. The respondents lacked diversity in ethnicity, gender, and religious preference. Opportunities for further research were not discussed. The study cannot be generalized to other populations which poses a threat to the study. The participants reported the following as examples of spiritual interventions: being

nonjudgmental, communication, therapeutic touch, listening, caring, giving support, being understanding, and being respectful. Only 31 of the 50 participants indicated that they had provided a spiritual intervention within the last two weeks. The most frequently used intervention was making a referral to clergy. Mental health nurses perceive themselves as having a high level of spirituality (Tuck et al., 1997).

Taylor (2003) presented a data-based study, and the central concepts are spiritual needs and spiritual care. It was published in the U.S. and indexed in CINAHL. The research design used by the researcher was descriptive, cross-sectional. Euro-American and African-American adults with cancer and their caregivers were surveyed in this study (N=28). The researcher obtained informed consent from the participants. The religious preferences of the participants in the study were diverse. A weakness identified in the study was that most participants were from one ethnicity. An opportunity for further study that was discussed was to identify the most appropriate times to provide spiritual interventions of a religious nature. The findings may have been limited by the researcher's use of terms with the participants. The following were reported by the participants as interventions most desired: politeness, respect, compassion, communication, prayer, genuine attitude, and presence. The findings of this study support nurses incorporating religious practices openly into care of patients and their caregivers (Taylor, 2003).

Conner and Eller (2004) presented a report that was both, theory-based and data-based. It was published in the U.S. and indexed in MEDLINE. The key variables are spirituality, spiritual needs, nursing intervention, SPS, and African-Americans. The researchers used the Spiritual Perspective Scale (SPS) to collect data from members of

three different African-American churches (N=44). The researchers used a descriptive, correlation design. Conceptual framework by Reed (1992) (as cited in Conner & Eller, 2004) was utilized as the theoretical foundation for the study. The sample size was small and lacked diversity in gender and religious preference. The opportunity for further study discussed was the need for replication of the study on an international level to increase nurses' understanding of cultural diversity in the area of spirituality. There were several factors that posed a threat to the study findings. The number of participants may have been affected by the lack of trust by the church members. The sample did not include home-bound church members. Also, the majority of the sample being Baptist may have skewed the data. Half of the participants reported that their spiritual needs were associated with a connection to God. The following were the most frequent responses to a question regarding interventions provided by the nurse to help participants meet their spiritual needs: participate in spiritual activities, demonstrate caring attitude, and provide comfort measures. The spiritual needs identified most by participants were prayer and presence of others (Conner & Eller, 2004).

In a data-based study by Taylor, Amenta, and Highfield (1995), published in the U.S. and indexed in CINAHL, central concepts are spiritual care practices and indicators of spiritual need. The research tool was the Oncology Nurse Spiritual Care Perspectives Survey. The design used by the researchers was descriptive, cross-sectional survey. The sample included members of the Oncology Nursing Society (N=181). Institutional review board approval was obtained for the study, and there were an equal number of participants from the Oncology Nursing Society in five different regions. The response rate was low which may have been due to the researchers not sending follow-up letters.

Also, the sample lacked diversity in ethnicity and religion. The opportunity for future research which was discussed was measures that increase likelihood that nurses will provide spiritual care. The threat identified in the study was the bias of the researchers toward spiritual care. The participants reported that they seldom used traditional religious care practices such as praying with patients. The respondents reported feeling moderately comfortable providing spiritual care (Taylor et al., 1995).

Taylor, Highfield, and Amenta (1999) presented a data-based report that was published in the U.S. and indexed in CINAHL. The key variables are oncology and hospice nurses and spiritual care. The researchers used the Spiritual Care Perspectives Survey to collect data from oncology and hospice nurses belonging to the Oncology Nursing Society and Hospice Nurses Association respectively (N=819). Content validity was established for the tool used in this study. The sample included more hospice nurses than oncology nurses. The sample lacked diversity in race, gender, and religion. An opportunity for further study which was discussed was the spiritual care perspectives of other types of nurses. The predominance of hospice nurses may have skewed the data. Also, it is not known whether nurses that join professional organizations represent those types of nurse as a whole. Oncology nurse respondents reported being more religious than hospice nurse respondents. However, hospice nurse participants reported being more spiritual than their oncology counterparts. The hospice nurse respondents reported receiving more support from their employers in providing spiritual care than oncology nurse respondents. Hospice nurse participants reported using more public spiritual interventions such as praying with their patients. Both groups of nurse respondents

reported the intervention that they used most often was referral to clergy and private

prayer for their patients (Taylor et al., 1999).

In a data-based study by Millison and Dudley (1992), published in the U.S. and

indexed in CINAHL, central concepts are spiritual support, hospice professionals, and

spirituality. The report employed a questionnaire design that surveyed hospice

professionals (*N*=117). The researchers had a seventy-three percent response rate to the

questionnaire. The weakness of the study was the lack of diversity in gender and religious

preference of the sample. The researchers suggested further study of whether or not

traditional methods in spirituality are being practiced at present. The results cannot be

generalized to all nurses or all hospice agencies. More than half of the respondents report

they are more likely to discuss spiritual matters with patients than they were five years

earlier. Eighty-five percent of the programs surveyed state they have incorporated

spiritual activity in their plan of care for patients. The participants reported including the

following interventions in their care: listening to patient pray, involving their pastor, and

discussing their own spiritual thoughts. Findings state that clergy are more likely to

believe that spirituality affects patient's illness. Forty-three percent of respondents state

their program is not assessing spirituality in their patient population (Millison & Dudley,

1992).

Conco (1995) presented a theory-based study that was published in the U.S. and

indexed in MEDLINE. The central concepts are Christian patients and spiritual care. The

research design used in this report was phenomenological approach, and sampled

Christian volunteers (*N*=10). The interviews with the participants were audio-taped for

reliability. A second interview was conducted, so the participant could critique and verify

the researcher's impressions. The sample lacked diversity in ethnicity and religious preference. An opportunity for future research which was discussed was including nurses and patients in a study to provide information on how nurses assess and choose spiritual care. The results cannot be generalized to other populations. Participants reported that when nurses shared their own spiritual beliefs, they perceived this as spiritual care. According to the findings of this study, spiritual care interventions were not time-consuming nor did they require extensive knowledge of other religions' beliefs. The following were viewed as spiritual care by the participants: time spent with the patient, therapeutic communication, doing, being available, sharing self, and showing acceptance and understanding (Conco, 1995).

McSherry (1998) presented a data-based study, published in the U.S. and indexed in MEDLINE, central concepts are spiritual care and religion. The research design was descriptive. The researcher used the Spirituality and Spiritual Caring Rating Scale to collect data from ward-based nurses in the United Kingdom (N=559). The strength of the study was the large sample size. The sample lacked diversity in religious preference. The opportunity for further study that was discussed was the actions that need to be taken to increase nurses' confidence in providing spiritual care. The lack of diversity in the religious preferences of the sample could skew the data. The participants reported that the most frequently used method of identifying a patient's spiritual needs was through listening to and observing the patient. The nurse respondents do not view religious preference as a prerequisite to a person's spirituality. The nurse respondents reported they were not totally confident when providing spiritual care. Nurses stated that time

constraints and staff shortage were barriers to meeting patient's spiritual needs (McSherry, 1998).

In a data-based study by Sellers and Haag (1998), published in the U.S. and indexed in MEDLINE, key variables are spiritual interventions, oncology, parish, and hospice nurses. The design employed by the researchers was descriptive. The sample included oncology, parish, and hospice nurses (N=208). Content validity of the questionnaire used by the researchers was met. The sample lacked diversity in gender and religious preference. There were many opportunities for further research discussed in the study. One of the areas was to survey recent graduates of basic and advance nursing education to determine if spirituality and spiritual interventions are being taught in nursing programs. The results of the study cannot be generalized to other populations. The nurse respondents reported that the most spiritual intervention used most often was referral to clergy. The following were reported as sources of spirituality knowledge: continuing education, clinical practice, undergraduate and advanced education, nursing colleagues, and nursing literature. Findings of the study identified that nursing education is lacking in the area of spirituality (Sellers & Haag, 1998).

In a data-based study by Bauer and Barron (1995), published in the U.S. and indexed in CINAHL, central concepts are elderly, nursing interventions, and spiritual care. The following tools were used to collect data: Nursing Intervention for Spiritual Care Inventory, Spiritual Perspective Scale, Self-Transcendence Scale, and Index of Core Spiritual Experience-Revised. The researcher employed a descriptive, correlational design to sample community-based older adults (N=50). The researchers obtained informed consent. The sample lacked diversity in gender, ethnicity, and religious

preference. The opportunity for further research that was discussed in this report was to determine if older adults place more value on spiritual interventions or interventions centered on caring and communication. The results of this report cannot be generalized to other populations. The older adults that were surveyed desired for nurses to be attentive, respectful, compassionate, and positive. Interventions that were related to respect and assistance with religious activities were ranked highest among elders. The least preferred intervention was helping the patient identify meaning of life. Praying with the patient and discussion of spiritual matters were among least desired interventions by the participants (Bauer & Barron, 1995).

An Overview of Health Outcomes

Stephenson and Wilson (2004) presented a data-based study that was published in the U.S. and indexed in Medline. The central concept was spirituality. The researchers employed a descriptive design and sampled inpatients in an acute care setting ($N=8$). Informed consent was obtained from the sample. The researchers conducted open-ended interviews that were audio-taped and transcribed. The interviews were conducted by more than one researcher which was found to be a weakness in the study. The opportunity for further study that was discussed was to interview nurses and patients involved in spiritual care being provided. The descriptive nature of the study, and the limited number of interviews was identified as threats to the study. Findings of the study show the patients that are hospitalized for short durations have increased spiritual needs. Participants reported that spiritual care took place in brief time spans during routine care. The respondents reported that spiritual care had calming effects (Stephenson & Wilson, 2004).

In a data-based study by Koenig, George, and Titus (2004), published in the U.S. and indexed in CINAHL. The central concepts were religion, spirituality, social support, depression, and coping. The following research tools were used: Duke Activity Status Index, American Society of Anesthesiologists (ASA), Severity of Illness Scale, Cumulative Illness Rating Scale, Charlson Comorbidity Index, Hoge's 10-item intrinsic religiosity scale, Self-Rated Spirituality (SRS), Daily Spiritual Experience (DSE) scale, Duke Social Support Index, and Brief Depression Scale. This cross-sectional survey included a sample of hospitalized patients (N=838). The strengths of the study are a large sample and the use of many research tools. Many weaknesses have been identified. Some of them include the cross-sectional nature of the study and that the study took place in the southeastern US where religion is prevalent. The opportunity for future study is whether spirituality is the result or cause of better health. The lack of diversity in the sample and setting pose a threat to the study. One finding states that organizational religious activity was related to better physical health and less severe medical illness in people younger than 75. Patients that categorized themselves as neither spiritual nor religious tended to have worse self-rated and observer-rated health and greater medical comorbidity. Religious activities, attitudes, and spiritual experiences are prevalent in older hospitalized patients and are associated with greater social support, better psychological health, and to some extent, better physical health (Koenig et al., 2004).

In a data-based study by Delaney (2005), published in the US and indexed in CINAHL, central concepts are spirituality, instrument development, holism, and spiritual assessment. The tool used in the study was the Spirituality Scale (SS).The methodological design included a sample of adults with chronic illness (N=240). The

theoretical framework used for this study was the classical test theory by Crocker and Algina (as cited in Delaney, 2005). The diverse nature of diagnoses, ages, and different levels of illness reflected in the sample was identified as strengths of the study. The weaknesses were the majority of the sample were Caucasian, female, and Catholic. Opportunities for further studies are as follows: further explorations of spiritual assessments such as the SS in nursing education, practice, administration, and research. The use of a convenience sample limits generalizability of the study; therefore, being a threat to the study. A key finding of the study was that a lack of spiritual care has negative effects on health outcomes. Spiritual care has the potential to improve physical and psychological health outcomes (Delaney, 2005).

Narayanasamy (2001) presented a theory-based report that was published in the U.S. and indexed in CINAHL. The key concepts were critical incidents, religion, needs, spiritual care, personal approach, and nursing intuition. The researcher used the critical incident questionnaire to collect data from nurses (N=115). The collection process allowed the participants to stay anonymous. There was a lack in diversity of the sample. The researcher did not institute follow-up interviews to compare written and oral reports of incidents related to spiritual care. The researcher suggested developing an ideal model of spiritual care using the data obtained from this study. The researcher's bias and values may have influenced interpretations of the results which would pose a threat to the study. The findings of the study state that spiritual care interventions lead to positive outcomes in patient and their families. Nurses receive a sense of fulfillment when providing spiritual care. Also, the findings state that nurses are not sure of their role in spiritual care because of the confusion over the meaning of the term spirituality (Narayanasamy, 2001).

In a data-based report by Grant (2004), published in the U.S. and indexed in

MEDLINE, central concepts are holistic nursing, nursing, and spirituality. The researcher

used a cross-sectional survey as the design. The researcher collected results from nurses

working in a teaching hospital in the southwest U.S. (N=299). Content validity was

reached for the study and survey was pre-tested before being used. The weakness

identified in this report was that the sample came from one hospital. An opportunity for

further study would be the method in which nurses decide on the selection and timing of

spiritual interventions. The survey results cannot be generalized to other populations. The

majority of participants believed that spirituality could decrease pain. They also believed

that God's forgiveness and assurance of eternal life could produce physical healing

through powers of the mind. Almost every participant believed that spirituality could give

their patients peace, strength to cope, relaxation, self-awareness, help them to forgive,

connect, and cooperate with others (Grant, 2004).

Summary

Spirituality is believed to be a key factor in the caring relationship between the

nurse practitioner and the patient. The purpose of spirituality in health care is to create an

environment that promotes the spiritual expression of patients and their families. Nurse

practitioners have an ideal opportunity to include spirituality in today's healthcare

practice. Spiritual care interventions are not time-consuming and can be carried out in

daily interactions with patients. However, nurse practitioners report that they rarely

provide spiritual care. The cause of this is commonly attributed to lack of confidence in

the area of spirituality. Nurse practitioners report that they do not feel like they have had

adequate education in spirituality. It is imperative that research be done to identify the

barriers that deter nurse practitioners from being involved in patients' spirituality, since it

has been shown to have a positive effect on health outcomes.

CHAPTER III

Design and Methodology

The purpose of this investigation is to perform an integrative review of the literature designed to expand the knowledge related to the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes. An integrative literature review is a systematic summary of data-based and theory-based literature representing the state of current knowledge available on the topics of interest. The approach that was used was that of an evidence-based systematic review. According to Sackett, Straus, Richardson, Rosenberg, and Haynes (2000) evidence-based practice attempts to integrate the best research evidence with clinical expertise and patient value. The literature selection procedure and literature analysis procedure is detailed in this chapter.

Approach

An integrated literature review, which is a review of research that amasses comprehensive information of a topic, weighs pieces of evidence, and integrates information to draw conclusions about the state of knowledge, will be used for this study. This investigation is an evidence-based practice systematic review. While an integrative literature review summarizes research on a topic of interest, by placing the research problem in context and identifying gaps and weaknesses in prior studies to justify the new investigation (Polit & Beck, 2004), evidence-based practice seeks to integrate best research evidence with clinical expertise and patient values (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). A summary of the current literature regarding the role of

the nurse practitioner in supporting the client's spirituality and its effects on health

outcomes is provided.

Literature Selection Procedure

A systematic search of CINAHL, MEDLINE, and Cochrane Library was conducted

for the relevant literature concerning the role of the nurse practitioner in supporting the

client's spirituality and its effects on health outcomes. The reference list accompanying

each article was then manually reviewed for further articles pertaining to the subject.

Articles were selected based on inclusion of al least one of the relevant concepts, whether

as the focus of the article or as part of a broader topic. Other informative articles were

also included to further explore the knowledgebase.

The systematic review of the literature began with CINAHL to find relevant nursing

literature on the role of the nurse practitioner in supporting the client's spirituality and its

effects on health outcomes. Next, MEDLINE and then the Cochrane Library were

evaluated for further relevant literature. Journal articles were obtained through the

Mississippi University for Women library, via Internet databases and interlibrary loan.

The review incorporated data beyond nursing literature to expand the knowledgebase for

a thorough review, thus providing a multi-disciplinary approach.

References utilized were relevant and applicable to this investigation. The references

were obtained from reputable and respected scholarly journals in the healthcare fields.

The evidence-based practice procedure (Sackett et al. 2000) for the systematic review

comprises the following steps:

1. convert the need for information (about prevention, diagnosis, prognosis, therapy,

    causation, etc.) into research questions.

2. track down the best evidence with which to answer the questions using a variety of database strategies.

3. critically appraise the evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our clinical practice addressing both sensitivity and specificity).

4. integrate the critical appraisal with clinical expertise and the patient's unique biology, values, and circumstances (p. 3-4).

Literature Analysis Procedure

For the purposes of this study, a knowledgebase of literature critiques will be used to organize the literature by source and date, variables of interest, literature type and research tools, research design and sample size, theoretical foundation, references, and key findings. Data (provided in Appendix A) is analyzed in terms of relevancy of findings and then summarized utilizing a chart format to assist in application of findings to the clinical problem. The findings document the current state of knowledge available that is discussed in Chapter Four according to the research questions regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes.

Summary

The process of literature selection and literature analysis provided structure to and elicited meaning from the research data obtained in the review of literature. This investigation will allow for more areas to be identified that are related to and important to the role of the nurse practitioner in spirituality, and that have implications for education, research, and practice.

CHAPTER IV

Knowledgebase Findings and Practice-Based Application

The aim of this chapter is to present the findings of the knowledgebase that was derived from this evidence-based systemic literature review. Tables showing pertinent findings from the knowledgebase developed are provided with practice-based applications emerging from current clinical practice guidelines. Findings from the literature reviewed are addressed in this section in terms of each research question generated for the scope of this study.

Knowledgebase Findings

In order to obtain the knowledgebase findings, this author conducted a systematic literature search of CINAHL, MEDLINE, and the Cochrane Library. The literature reviewed totaled 25 manuscripts, which represented another 825 references. Four research questions were posed in Chapter One and the pertinent findings will be discussed according to each of the research questions.

Research Question One

Research question one asks: What is the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes? Based on the three articles reviewed and found relevant to the above question, the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes is very scant. This indicates the need for further education and research on the level of nursing knowledge regarding the role of the nurse practitioner in spirituality.

31

Research Question One: Characteristics of Citations Reviewed

Citation	Type	Database
Stranahan, 2001	Data-based	CINAHL
Thomas, Finch, Schoenhofer, & Green, 2004	Theory-based	CINAHL
Treloar, 2000	Literature review & Personal perspective	CINAHL

Note. Total number of citations reviewed = 3

Research Question Two

Research question two asks: According to the literature, are nurse practitioners providing spiritual care? Based on the twenty reviewed and found relevant to the above question, nurse practitioners have ample opportunities to include spirituality in today's health care practice. The literature pertaining to nurse practitioners providing spiritual care is very scant. However, articles that discussed nurses' provision of spiritual care were reviewed. There doesn't seem to be any difference in the provision of spiritual care between nurse practitioners and nurses; therefore, the data pertaining to nurses was utilized for this project. The research revealed that some nurse practitioners consider spirituality to be the key factor in the caring relationship between themselves and their patients. However, one source revealed many nurse practitioners report that they rarely provide spiritual care. The spiritual care intervention cited most by nurses was a referral to clergy and private prayer for the patient.

Research Question Two: Characteristics of Citations Reviewed

Citation	Type	Database
Albaugh, 2003	Theory-based	CINAHL
Bauer & Barron, 1995	Data-based	CINAHL
Cavendish, Naradovy, Como, & Mitzeliotis	Theory-based	MEDLINE

Conco, 1995	Theory-based	MEDLINE
Conner & Eller, 2004	Theory-based & Data-based	MEDLINE
Greasley, Chiu, & Gartland, 2001	Data-based	MEDLINE
Kociszewski, 2004	Data-based	CINAHL
McSherry, 1998	Data-based	MEDLINE
Millison & Dudley, 1992	Data-based	CINAHL
Narayanasamy, Clissett, Parumal, Thompson, Annasamy, & Edge, 2004	Data-based	CINAHL
Sellers & Haag, 1998	Data-based	MEDLINE
Stranahan, 2001	Data-based	CINAHL
Strang, Strang, & Ternestedt, 2002	Data-based	CINAHL
Taylor, 2003	Data-based	CINAHL
Taylor, Amenta, & Highfield, 1995	Data-based	CINAHL
Taylor, Highfield, & Amenta, 1999	Data-based	CINAHL
Taylor & Mamier, 2005	Data-based	CINAHL
Thomas, Finch, Schoenhofer, & Green, 2004	Theory-based	CINAHL
Treloar, 2000	Literature review & Personal perspective	CINAHL
Tuck, Pullen, & Lynn, 1997	Data-based	CINAHL

Note. Total number of citations reviewed = 20

Research Question Three

Research question three asks: According to the literature, are nurse practitioners

prepared to provide spiritual care? Based on the four articles reviewed, nurse

practitioners are not totally confident in providing spiritual care. The literature reviewed

in this project indicates the main cause of this lack of confidence is the void of nursing

education in spiritual care. Therefore, basic and advanced nursing education must address

this issue to better prepare nurse practitioners to provide holistic care.

Research Question Three: Characteristics of Citations Reviewed

Citation	Type	Database
Narayanasamy, 2001	Theory-based	CINAHL
Sellers & Haag, 1998	Data-based	MEDLINE
Stranahan, 2001	Data-based	CINAHL
Strang, Strang, & Ternestedt, 2002	Data-based	CINAHL

Note. Total number of citations reviewed = 4

Research Question Four

Research question four asks: According to the literature, does spirituality have a

positive effect on health outcomes? Based on the five articles reviewed and found

relevant to the above question, it was concluded that spiritual care has the potential to

improve physical and psychological health outcomes. It was reported that spiritual care

had calming effects on patients. In one study, the majority of nurses surveyed believed

that spirituality could decrease pain. Spirituality gives patients the ability to better cope

with illness.

Research Question Four: Characteristics of Citations Reviewed

Citation	Type	Database
Delaney, 2005	Data-based	CINAHL

Grant, 2004	Data-based	MEDLINE
Koenig, George, & Titus, 2004	Data-based	CINAHL
Narayanasamy, 2001	Theory-based	CINAHL
Stephenson & Wilson, 2004	Data-based	MEDLINE

Note. Total number of citations reviewed = 5

Practice-Based Application

In order to obtain the practiced-based findings, this author conducted a search for best practice guidelines. Since clinical practice guidelines regarding the role of the nurse practitioner in supporting the client's spirituality are very scant or limited, attention was given to best practice approaches for the nurse practitioner in promoting provision of spiritual care. Web sites such as the Joint Commission on Accreditation of Healthcare Organizations and Agency for Healthcare Research and Quality were examined for their holdings regarding the role of the nurse practitioner in supporting the client's spirituality within the primary care setting. Findings from this review are addressed in this section in terms of each research question generated for the scope of this study.

Research Question One

Research question one asks: What is the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes? Based on a search of the World Wide Web (WWW) no best practice guidelines were found pertaining to the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes.

Research Question Two

Research question two asks: According to the literature, are nurse practitioners providing spiritual care? Based on a search of the World Wide Web (WWW) no best practice guidelines were found pertaining to nurse practitioners providing spiritual care.

Research Question Three

Research question three asks: According to the literature, are nurse practitioners prepared to provide spiritual care? Based on a search of the World Wide Web (WWW) no best practice guidelines were found pertaining to the preparation of nurse practitioners to provide spiritual care. The research suggests that most nurse practitioners are prepared at the master's level with a focus on primary care; however, none reveal specific preparation for provision of spiritual care.

Research Question Four

Research question four asks: According to the literature, does spirituality have a positive effect on health outcomes? Based on a search of the World Wide Web (WWW) no best practice guidelines were found pertaining to the effects of spirituality on health outcomes.

Summary

This chapter presents the findings of the knowledge that was derived from this evidence-based systematic literature review. Pertinent findings were discussed according to each of the research questions posed in Chapter I. A search of the World Wide Web

was performed to find the best practice guidelines pertaining to the four questions posed

in Chapter I. No best practice guidelines were identified as a result of this search.

CHAPTER V

Evidence-Based Conclusions, Implications, and Recommendations

This literature review was undertaken with the focus on exploring the available literature regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes. A review of the literature revealed the need to further the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality. There have been a limited number of studies on the role of the nurse practitioner in spirituality; however, the literature supports a need for nurse practitioners to provide spiritual care. Treloar (2000) states spiritual care can be included in daily interactions with patients if nurse practitioners are sensitive to spiritual issues. This chapter provides a summary of the literature review, including interpretation of the findings and the conclusions drawn from the findings, as well as limitations of the study and recommendations for further research.

Summary of the Investigation

The purpose of this investigation was to explore the literature regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes. Kolcaba's Theory of Comfort (2004) provided the theoretical framework for this investigation. A review of the literature revealed the need to further the level of knowledge regarding the role of the nurse practitioner in spirituality. Limited numbers of studies have been done on the role of the nurse practitioner in supporting the client's spirituality. It was noted that nurse practitioners are in an ideal position to include

38

noted in the literature that spirituality lead to positive health outcomes in patients and their families.

Interpretation of Findings with Conclusions

According to the literature analysis, the findings from this investigation demonstrate a gap in the literature regarding the role of the nurse practitioner in supporting the client's spirituality. This project has attempted to merge the available literature on the role of the nurse practitioner in supporting the client's spirituality. Overall conclusions can be drawn from the researched articles that nurse practitioners should provide spiritual care. Further study is indicated to evaluate what measures need to be taken to aide nurse practitioners in providing spiritual care to their clients. In this section, the interpretation of the findings will be presented in response to each research question.

Research Question One

Research question one asks: According to the literature, what is the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes? The results of the research indicated the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality is limited. The literature agrees that nurse practitioners have an ideal opportunity to include spirituality into their daily practice. The research indicated nurse practitioners need more education in spiritual care to be able to address the holistic needs of their patients. There is ample opportunity for further research in assessing the level of knowledge nurse practitioners have regarding the role in supporting the client's spirituality. Future research should be aimed at providing increased nurse practitioner knowledge of spiritual care interventions to improve health outcomes in patients. While

no specific or best practice guidelines were available for this question, review of the literature provides recommendations that nurse practitioners need to assess their own spiritual beliefs before intervening in the client's spirituality.

Research Question Two

Research question two asks: According to the literature, are nurse practitioners providing spiritual care? The results of the research indicate that the nurse practitioner has a critical role in providing spiritual care. Spiritual care has an extensive history in the nursing profession; however, the implementation of spiritual care is lacking. With the steady reintroduction of healing by way of treatments involving mind and spirit, health care consumers have also begun to take notice and have made spiritual matters a top priority when seeking care for themselves or their loved ones (Treloar, 2000).

Although best practice guidelines related to the role of nurse practitioners in supporting the client's spirituality were not identified, there is apparent documentation of the obligation of nurses in the provision of spiritual care. Nurses are required by the American Nurses Association Code for Nurses and the Joint Commission on Accreditation for Healthcare Organization to provide spiritual care to patients (Delaney, 2005). Recommendations were given for nurse practitioners to include spirituality into their practice routines.

Research Question Three

Research question three asks: According to the literature, are nurse practitioners prepared to provide spiritual care? Best practice guidelines were not found in the review of literature. Additionally, the available literature was scant. Stranahan (2001) stated that seventy-seven percent of nurse practitioner surveyed reported having received some

education in spiritual care, but over half of them stated they did not feel that education was adequate. Nurses repeatedly reported that lack of education in spiritual care was an issue that needed to be addressed.

Research Question Four

Research question four asks: According to the literature, does spirituality have a positive effect on health outcomes? Patients that categorized themselves as neither spiritual nor religious tended to have worse self-rated and observer-rated health and greater medical comorbidity (Koenig et al., 2004). Spirituality has been reported to have calming effects on patients (Stephenson & Wilson, 2004). Narayanasamy (2001) states that spiritual care interventions lead to positive outcomes in patients and their families.

Limitations

There were limitations identified in this study. There was a lack of published literature available for use as a resource. Therefore, information obtained cannot be generalized beyond the scope of the research reviewed. Much of the research was limited to specific populations or geographical locations; therefore, the findings may not prove reliable when tested in other populations or geographical locations. There is also potential for bias due to the use of questionnaires and surveys. Finally, the potential for bias also exists due to limited number of research studies available.

Implications and Recommendations

The investigation of the literature regarding the role of the nurse practitioner in supporting the client's spirituality resulted in implications and recommendations focused on nursing theory, nursing research, advanced nursing practice, nurse practitioner education, and health policy. Each of these will be discussed in this section.

Nursing Theory

The theoretical foundation that provided the framework to explore the literature regarding the role of the nurse practitioner in supporting the client's spirituality was Katharine Kolcaba's Theory of Comfort (2004). There are several theories that include spirituality as a component, but none address the nurse practitioner role in supporting the client's spirituality. More theory development and research is needed to validate evidence-based practice. Evidence based practice is a guide for the nurse practitioner in providing cost effective quality care.

Nursing Research

The level of nursing knowledge is limited regarding the role of the nurse practitioner in supporting the client's spirituality. Further research is needed to identify the prevalence of nurse practitioners providing spiritual care. Also, future study focusing on patients' expectations of nurse practitioners in the area of spirituality would be beneficial. Future research should also be done to evaluate the effects of spiritual care on health outcomes when provided by nurse practitioners. The barriers that nurse practitioners face when incorporating spirituality into their practice is an area for future research. This could result in the implementation of best practice guidelines and provide consistent support for the care provided by nurse practitioners. Research findings not only improve patient care but also affect the health care system (Polit & Beck, 2004).

Advanced Nursing Practice

As stated previously, nurse practitioners have the ideal opportunity to include spirituality into today's healthcare practice. Spirituality was identified as a significant theme in the caring relationship between the nurse practitioner and the patient. Nurse

practitioners should address spiritual needs of their patients, since spirituality has been shown to have positive effects on health outcomes. Provision of spiritual care is within the scope of practice for nurse practitioners, as this is part of holistic care.

Nurse Practitioner Education

Nurse practitioners have reported not being confident in providing spiritual care which is attributed to the lack of education in this aspect of holistic care. The focus is being brought back to spirituality in nursing, but nursing educators must incorporate spiritual care assessments and interventions to aide nurse practitioners in this endeavor. It is important that spiritual care assessments and interventions are being taught to nurse practitioner students so they can get accustomed to being sensitive to clients' spiritual needs.

Health Policy

Health policies need to be implemented that would support spiritual care as an essential aspect of patient care. Nurse practitioners can promote policies related to the provision of spiritual care to improve health outcomes. Education of consumers and legislators is crucial to assure these changes are made in healthcare. Further research is needed to aide the development of healthcare policies related to nurse practitioners and spirituality.

Summary

This chapter presented the evidence-based conclusion, implications, and recommendations that were derived from this evidence-based systematic review. Implications and recommendations for nursing theory, nursing research, advanced nursing practice, nurse practitioner education, and health policy were provided as they

emerged from the concepts explored, as were limitations of the review and interpretation of the findings.

The purpose of this Evidence Based Practice (EBP) project was to develop a nurse practitioner knowledge base regarding the role of the nurse practitioner in disease prevention. The research questions asked: (a) according to the literature, what is the level of nursing knowledge regarding the role of the nurse practitioner in supporting the client's spirituality and its effects on health outcomes? (b) according to the literature, nurse practitioners providing spiritual care? (c) according to literature, are nurse practitioners prepared to provide spiritual care? (d) according to the literature, does spirituality have a positive effect on health outcomes?

A Boolean computer search of nursing and medical literature for theory-based, data-based and controlled trials for citations utilizing CINAHL, MEDLINE, and the Cochrane Library was conducted for this systematic review. The need for further attention regarding the role of the nurse practitioner in men's health promotion in advanced practice literature is critical. Evidence-based practice modalities that will utilize current perspectives regarding the role of the nurse practitioner in men's health promotion are essential for application in primary care.

Katharine Kolcaba's Theory of Comfort (2004) served as the theoretical foundation for this clinical project and guided the systematic review through the data collection of the healthcare literature. Literature reviewed totaled 25 manuscripts, which represented reviews of another 825 references. Although the provision of spiritual care practices is usually referred to clergy, the use of nurse practitioners in providing spiritual care is also needed. The nurse practitioner has a unique opportunity to discuss and help the patient

meet spiritual needs through the trusting relationship that is developed through the continuum of care. Patients desire spiritual interventions from nurses as part of holistic care. Research supports the correlation between spirituality and positive health outcomes. The need for further attention to spiritual care in advanced practice nursing is crucial.

REFERENCES

Albaugh, J.A. (2003). Spirituality and life-threatening illness: A phenomenonologic study. *Oncology Nursing Forum, 30,* 593-598.

Bauer, T. & Barron, C.R. (1995). Nursing interventions for spiritual care. *Journal of Holistic Nursing, 13*(3), 268-279.

Brush, B.L. & Daly, P.R. (2000). Assessing spirituality in primary care practice: Is there time? *Clinical Excellence for Nurse Practitioners, 4*(2), pp. 67-71.

Cavendish, R., Naradovy, L., Como, J., & Mitzeliotis, C. (2006). Patient's perceptions of spirituality and the nurse as a spiritual care provider. *Holistic Nursing Practice, 20*(1), 41-47.

Conco, D. (1995). Christian patients' views of spiritual care. *Western Journal of Nursing Research, 17*(3), 266-276.

Conner, N.E. & Eller, L.S. (2004). Spiritual perspectives, needs and nursing interventions of Christian African-Americans. *Journal of Advanced Nursing, 46*(6), 624-632.

Delaney, C. (2005). The spirituality scale: Development and psychometric testing of a holistic instrument to assess the human spiritual dimension. *Journal of Holistic Nursing, 23*(2), 145-167.

Grant, D. (2004). Spiritual interventions: How, when, and why nurses use them. *Holistic Nursing Practice,* 36-41.

Greasley, P., Chiu, L.F., & Gartland, M. (2001). The concept of spiritual care in mental Health nursing. *Journal of Advanced Nursing, 33*(5), 629-637.

Kociszewski, C. (2004). Spiritual care: A phenomenonologic study of critical care nurses. *Heart and Lung, 33,* 401-411.

Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in

medically ill hospitalized older patients. *Journal of American Geriatrics Society,*

52, 554-562.

Kolcaba, K. (2004). Comfort. In S.J. Peterson & T.S. Bredow (Eds.), Middle range

Theories: Application to nursing research (pp. 255-271). Philadelphia, PA:

Lippincott Williams & Wilkins.

McSherry, W. (1998). Nurses' perceptions of spirituality and spiritual care. *Nursing*

Standard, 13(4), 36-40.

Millison, M. & Dudley, J.R. (1992). Providing spiritual support: A Job for all hospice

professionals. *The Hospice Journal, 8*(4), 49-66.

Narayanasamy, A. (2001). A critical incident study of nurses' responses to the spiritual

needs of their patients. *Journal of Advanced Nursing, 33,* 446-455.

Narayanasamy, A., Clissett, P., Parumal, L., Thompson, D., Annasamy, S., & Edge, R.

(2004). Responses to the spiritual needs of older people. *Journal of Advanced*

Nursing, 48(1), 6-16.

Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principles and methods.* (7th ed.).

Philadelphia: PA. Lippincott, Williams, & Wilkins.

Sackett, D. L., Straus, S.E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000).

Evidence- based Medicine: How to Practice and Teach EBM (2nd ed.). New York:

Churchill Livingstone.

Sellers, S.C. & Haag, B.A. (1998). Spiritual nursing interventions. *Journal of Holistic*

Nursing, 16(3), 338-354.

Stephenson, C. & Wilson, K. (2004). Does spiritual care really help. *Journal of Christian*

Nursing, 21(2), 26-29.

Stranahan, S. (2001). Spiritual perception, attitudes about spiritual care, and spiritual care

Practices among nurse practitioners. *Western Journal of Nursing Research, 23*(1),

90-104.

Strang, S., Strang, P., & Ternestedt, B.M. (2002). Spiritual needs as defined by Swedish

nursing staff. *Journal of Clinical Nursing, 11,* 48-57.

Taylor, E.J. (2003). Nurses caring for the spirit: Patients with cancer and family caregiver

expectations. *Oncology Nursing Forum, 30*(4), 585-590.

Taylor, E.J., Amenta, M., & Highfield, M. (1995). Spiritual care practices of oncology

nurses. *Oncology Nursing Forum, 22*(1), 31-39.

Taylor, E.J., Highfield, M.F., & Amenta, M. (1999). Predictors of oncology and hospice

nurses' spiritual care perspectives and practices. *Applied Nursing Research, 12*(1),

30-37.

Taylor, E. J. & Mamier, I. (2005). Spiritual care nursing: What cancer patients and family

caregivers want. *Journal of Advanced Nursing, 49*(3), 260-267.

Thomas, J.D., Finch, L.P., Schoenhofer, S.O., & Green A. (2004). The caring relationship

created by nurse practitioners and the ones nursed: Implications for practice.

Topics in Advanced Practice Nursing eJournal, 4(4). Retrieved February 16,

2006, from http://www.medscape.com/viewarticle/496420

Treloar, L. L. (2000). Integration of spirituality into health care practice by nurse

practitioners. *Journal of the American Academy of Nurse Practitioners, 12,* 280-

285.

Tuck, I., Pullen, L, & Lynn, C. (1997). Spiritual interventions provided by mental health

Nurses. *Western Journal of Nursing Research, 19*(3), 351-363.

Venes, D., et al. (Ed.). (2005). *Taber's Cyclopedic Medical Dictionary.* (20th ed.).

Philadelphia, PA: F. A. Davis Company.

What is a nurse practitioner. (n.d.). Retrieved March 14, 2006, from

http://www.nurse.org/acnp/facts/whatis.shtml