NURSES' EXPRESSIONS OF THEIR ROLE AS NURSES IN MEETING SPIRITUAL NEEDS OF PATIENTS IN A SELECTED HOSPITAL IN MONTANA

by

Esther R. Lantz

A paper submitted to the Faculty of the School of Nursing in partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

Approved:

Anna Pearl Ahrnbrak, R.N. Ed.D.
Head, Major Department

Eleanore Mode
Chairman, Examining Committee

Doris V. Smith
Dean, Graduate Division

MONTANA STATE COLLEGE
Bozeman, Montana

December, 1963

ABSTRACT

This study was an attempt to discover what nurses visualized as their role in meeting the spiritual needs of patients. The data was collected by personal interviews of registered nurses employed in a selected general hospital in Montana.

The findings indicated that nurses varied in their visualization of their role in meeting spiritual needs of patients, but that several beliefs were predominant among their responses. They believed that nurses do have responsibility in meeting spiritual needs of patients. Some dissatisfaction existed in the way these needs were met. Meeting spiritual needs had beneficial effects on the patient. The spiritual needs most often recognized were those in situations of patients facing death and after death. The actions taken by nurses to meet the needs consisted of calling the clergymen to see the patient and relatives or participating herself in religious practice with the patient. The nurses thought they should know more about patients' various religious practices, especially those concerned with diet and with rituals surrounding death, baptism and communion.

ACKNOWLEDGMENT

An expression of appreciation is due Mrs. Eleanore Mode for her help and guidance in the development of this study.

Sincere gratitude is expressed to the Professional Nurse Traineeship Program from the Department of Health, Education, and Welfare which provided funds for full time study at Montana State College School of Nursing.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	STATEMENT OF THE PROBLEM	1
	Introduction	1
	The Problem	2
	Purposes of the Study	2
	Importance of the Study	3
	Definition of Terms Used	5
	Role	5
	Spiritual Needs	5
	Methodology of this Study	5
	Construction of the Interview Guide	6
	Limitations of this Study	7
	Review of Literature	7
II.	PRESENTATION AND INTERPRETATION OF DATA	9
	Question Number 1	10
	Question Number 2	11
	Question Number 3	13
	Question Number 4	15
	Question Number 5	17
	Question Number 6	19
	Question Number 7	20
	Question Number 8	21
	Question Number 9	21

CHAPTER	PAGE
III. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	26
Summary	26
Conclusions	27
Recommendations for Further Study	28
APPENDIX	30
A. Letter to Director of Nursing Service	31
B. Letter to the Registered Nurses Interviewed	32
C. Interview Guide	33
LITERATURE CONSULTED	36
A. Books	36
B. Periodicals	36
C. Unpublished Materials	37

INDEX OF TABLES

TABLES		PAGE
I.	TYPES OF RESPONSIBILITIES REGISTERED NURSES SAID THEY HAD IN MEETING SPIRITUAL NEEDS OF PATIENTS	12
II.	RESPONSES OF REGISTERED NURSES TO KIND OF INFORMATION THEY SHOULD HAVE ABOUT PATIENTS' RELIGIONS	14
III.	RESPONSES OF REGISTERED NURSES AS TO WHAT HELPED THEM RECOGNIZE SPIRITUAL NEEDS	16
IV.	ACTIONS TAKEN BY REGISTERED NURSES TO MEET SPIRITUAL NEEDS OF PATIENTS AND REASON FOR THE ACTION	18
V.	NUMBER OF SPIRITUAL NEEDS RECOGNIZED BY REGISTERED NURSES IN A ONE MONTH PERIOD	22
VI.	CATEGORIES OF RESPONSES OF SPIRITUAL NEEDS RECOGNIZED BY REGISTERED NURSE IN A PERIOD OF A MONTH	25

NURSES' EXPRESSIONS OF THEIR ROLE AS NURSES IN MEETING SPIRITUAL NEEDS OF PATIENTS IN A SELECTED HOSPITAL IN MONTANA

CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

The code for professional nurses states that, "The nurse provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color or status."[1] In recent years nursing leaders and nursing educators have been stressing the importance of recognizing the patient as an individual rather than a disease or room number. In doing so, it is thought that the nurse is able to interpret and meet the needs of her patient more adequately.

Each patient, because he is a unique individual, will react in a particular manner to his illness based on his social and cultural background, his past experiences, his learned reactions and individual make-up. This study is concerned with the spiritual aspect of the patient's psychological needs. Spiritual needs often play an important part in the development of an individual's attitudes and behavior manifested under stressful situations. "All human beings have certain common basic needs; physical, emotional, intellectual, social and spiritual. In ad-

---

[1]"The Code For Professional Nurses," American Journal of Nursing, September, 1960, p. 1287.

verse circumstances these common needs are felt with a special poignancy."[2] Needs vary and take different form in each individual.

The Problem

Helen Donovan said, "Of all aspects of nursing care, the spiritual aspect is the least well understood."[3] She also said nurses delegate these problems to the clergymen. In the study done by Jean Lewis, reasons for ineffective spiritual care were listed as the failure of nurses to recognize the spiritual needs and lack of knowledge concerning her role in this aspect of nursing."[4] This research was a survey to discover what registered nurses in a selected general hospital expressed as being their role in meeting the spiritual needs of patients.

Purposes of the Study

The purposes of this study were: (1) to discover what nurses recognize as spiritual needs of their patients, (2) to discover what nurses do to contribute in filling the patients' spiritual needs, (3) to discover why the nurses take the action they do in meeting patients'

---

[2]Felix Biestak, The Casework Relationship, (Chicago: Loyola University press 1957), p. 135.

[3]Helen M. Donovan, "Determining Priorities of Nursing Care," Nursing Outlook, January, 1963, pp. 44-45.

Jean Eileen Lewis, "A Resource Unit on Spiritual Aspects of Nursing for the Basic Nursing Curriculum of a Selected School of Nursing" (unpublished Master of Nursing Paper, The University of Washington, Seattle 1957).

needs, (4) to discover what importance nurses place on meeting the spiritual needs of the patient in giving total patient care and (5) to discover if the nurses are satisfied with their role in meeting the spiritual needs of patients.

Importance of the Study

Nurses are the only members of the medical team who are with the patients twenty-four hours of the day. They are with the patient when he is admitted to the hospital. Admission to the hospital for many patients is an anxiety-provoking experience because they are leaving the familiar and known and coming into the strange and unknown. Patients come to the hospital with certain dietary habits; with attitudes toward medications, smoking and drinking; and with practices in regard to Sabbath days, special days of observances and religious rituals.

The surgical patient usually feels that he is going through a lonely and frightening experience. He copes with the possibility of losing a body function or physical disfiguration. Some patients express fear of post-operative pain or death.

The critically ill patient also is often frightened or has a feeling of hopeless despair with no desire to live. Patients with a long-term illness may be faced with many problems such as large medical bills, care and supervision of their children, interruption of marital relationship, change in occupation and life patterns, apprehension about leaving the hospital and re-adjusting to the family.

Children who are hospitalized often feel deserted and rejected. These children need tó feel that they are loved. They may be in the habit of attending Sunday School every week, having Bible stories read to them and prayer before they retire for the night.

An expectant mother who has just had a miscarriage, an abortion, a stillbirth or a deformed child might have feelings of guilt, grief, or rejection of God. This is time when she may have many questions as to why God allowed this to happen.

The patient with a terminal illness must face his finiteness. A patient who is aware that his illness is terminal may avoid reality or he may accept it. He may express a desire to find peace of mind in confession and confidence in the hope of life after death.

The situations mentioned illustrate some of the spiritual needs a nurse may encounter as she gives care to patients in a general hospital. The way these needs are met may depend on what the nurse feels her role as a professional nurse is in meeting the spiritual needs of patients. "For every recognized position there is an expectation widely shared by members of the community of what should be the behavior of persons who occupy that position."[5] The nurse then is influenced by the expectations of others and what she has been taught that her role is in meeting these needs.

---

[5]David Krech, Richard Crutchfield, and Egerton Ballachey, Individual In Society (New York: McGraw-Hill Book Company, 1962), p. 310.

Definition of Terms Used

Role--the nurse's expectations of herself in meeting spiritual needs of patients.

Spiritual needs--those psychological needs that are visualized by religious man as pertaining to the soul or inner man affecting the immaterial nature of man's being which are met by an individual's religious practice.[6]

Methodology of this Study

The method of this study was a survey done by personal interview of thirty registered nurses employed by a selected general hospital. An interview guide was constructed to give the interviewer an outline or plan for the interviews.

The sample for this study consisted of all but one of the registered nurses employed at a general hospital with a capacity of eighty-two beds. The hospital selected is in a community in which one of the main sources of income is the servicing of agricultural people and in which a college town is located. There are twenty-five different church denominations listed with the Chamber of Commerce. Some of the religions are; Jehova Witness, Seventh Day Adventist, Latter Day Saints, and Catholic. Near this community there is a Hutterite colony which occasionally sends patients to this general hospital. There are no Jewish religions listed. By interviewing nurses from every clinical area (i.e.

---

[6]A Merriam-Webster, Webster's New Collegiate Dictionary (second edition; Springfield, Mass.: G. & C. Merriam Company, 1953), p. 816.

medical, surgical, maternity, pediatric units) of the hospital, the interviewer believed that among the respondents consideration would be given for religious needs of new mothers, children, and patients with medical or surgical conditions.

Prior to the survey a letter was mailed to the Director of Nursing Service explaining the nature of the study and requesting the names and addresses of the registered nurses employed by the hospital (see Appendix, page 31). Thirty-one names were submitted to the interviewer. The interviewer contacted each member on the list by phone and made an appointment for the interview after a letter had been mailed to each prospective interviewee explaining the study (see Appendix, page 32). Out of the thirty-one registered nurses contacted thirty made appointments for an interview. One stated she did not wish to be interviewed.

Construction of the Interview Guide

Questions in the interview guide were constructed to obtain data related to the purposes of this study (see Appendix, page 33). The nurses were asked what kind of things they thought nurses should know about patients' religions and they were asked to indicate spiritual needs they had observed so the interviewer could determine what these nurses considered to be spiritual needs. The question was asked as to what action they had taken to meet spiritual needs to discover what nurses did to contribute to meet spiritual needs. The nurses were asked why they took the action they did. They were asked what affect meeting the spiritual needs had on the patients and from the responses the interviewer

discovered what importance they placed on meeting the spiritual needs. They were asked if they were satisfied in the way they met the spiritual needs and if not satisfied they were asked what was unsatisfactory about the way the spiritual needs were met.

Ideas for the possible responses to the questions were gathered from literature on the subject including similar studies done by nurses and published articles in nursing literature written by clergymen, nurses, social workers and psychologists. These possible responses were not used as probes in the interview.

Limitations of this Study

A limited amount of resource material is available on the spiritual aspects of nursing and because of the nature of the study some nurses may have been somewhat hesitant in discussing the subject. It was difficult to always ask the questions in the same way. Some questions were not understood by the interviewee so an explanation of the question had to be made. The responses to the questions were recorded at the time of the responses which may not have been exactly in the words of the respondent because of the speed at which the respondent conversed. The time which elapsed between the interviews (the interviews were done over a period of two weeks) could have allowed the subjects to discuss the interview items among themselves which could have changed or modified their responses to the questions.

Review of Literature

Jean Lewis did a research study in which she constructed a resource unit on spiritual aspects of the nursing curriculum at the University of Washington.[7] In her study she found that some of the reasons for ineffective spiritual care were: (1) nurses' failure to recognize the spiritual needs and (2) lack of knowledge concerning the nurse's role in this aspect of nursing. Miss Lewis interviewed clergymen of Protestant, Jewish and Catholic faiths and they expressed ways in which nurses could meet spiritual needs of patients. Some of these suggestions were used in developing the interview guide for this study. Another study which was reviewed was one done by Madelon George on programs in nursing homes that help meet the spiritual needs of patients.[8] From this study some of the spiritual needs that were mentioned also supplied ideas for the interview guide.

The religions which were discussed in the literature reviewed for this study dealt with the Protestant, Catholic and Jewish faiths only.

---

[7]Lewis, op.cit., pp. 1-50.

[8]Madelon Lucille George, "Programs In Nursing Homes That Help Meet The Spiritual Needs of Patients in Nursing Homes In One County In The State of Washington" (unpublished Master of Nursing Paper, The University of Washington, Seattle, 1956), pp. 1-35.

CHAPTER II

PRESENTATION AND INTERPRETATION OF DATA

Thirty registered nurses were interviewed using the interview guide (see Appendix, page 33). The first two questions pertained to the respondent's views for nurses in general asking for (1) the kind of responsibilities nurses should have in meeting spiritual needs of patients and (2) the kinds of things nurses should know about patients' religions. The other questions concerned only the interviewee.

Of the thirty nurses interviewed twenty-five were graduates of a diploma school and five of these later completed their degree in nursing. Three others had their degree in nursing. Two were graduates of a two year associate degree program.

Type of School Graduated From	Number of Nurses
Diploma	25*
Degree	8
Associate Degree	2
Total	30

*Five of the twenty-five nurses went on for their degree.

Years of experience in nursing ranged from four months to twenty-five years. From the data collected there did not seem to be any difference in the way the interviewee responded to the questions in relation to the amount of education or years of experience the nurse had.

Question number 1

The question "What responsibility do you feel that nurses have in meeting the spiritual needs of patients?" was asked as an open-end question. The interviewee could give any number of responses. The possible responses to this question (see Appendix, page 33) were listed to aid the interviewer in recording and tabulating the responses.

The responses to this question were as follows: all the nurses stated that the professional nurse had some responsibility in meeting the spiritual needs of patients; twenty-two responses were related to the responsibility of the nurse in observing the patient and calling a member of the clergy; eight said that nurses should assist the clergy five said by informing him about the patient, one by providing privacy and two said by providing equipment to administer sacraments; three said the nurse should pray with the patient if it was requested by the patient; two said that nurses should read or quote portions of religious literature if it was requested by the patient. Other comments to the question are listed below.

Positive comments

1. "Stop and talk to the patient."

2. "Nurses are like middle-men between the ministers and patients."

3. "Listen to the patient."

4. "Respect the patient's religion."

5. "Set a good example for the patient."

Negative comments

1. "Don't influence them to believe our own beliefs."

2. "It is the family's responsibility. The nurses have enough to do to take care of the physical needs but if the family is in shock the nurse could call the minister for them."

3. "Don't pry into the patient's private life."

4. "The nurse has no active part."

See Table I page 12 for tabulation of the type of responsibilities in meeting the spiritual needs of patients as expressed by the respondents.

Question number 2

The question, "What kinds of things do you think nurses should know about patients' religions?" was asked as an open-end question in which more than one response could be made. Possible responses for this question were listed for the convenience of recording and tabulating the responses (see Appendix, page 33). Forty-three stated that nurses should know about rituals. Twelve specified rituals surrounding death. Twelve specified rituals surrounding baptism. Eight specified rituals surrounding communion. Four specified rituals surrounding birth. Three

TABLE I

TYPES OF RESPONSIBILITIES REGISTERED NURSES SAID THEY HAD IN MEETING SPIRITUAL NEEDS OF PATIENTS

Type of Responsibility		Number of Responses
No responsibility		0
Observing patient and calling the clergy		22
Assisting the clergy		8
By informing him about the patient	5	
By providing privacy	1	
By providing equipment to administer sacraments	2	
Pray with patient if requested by patient		3
Read or quote religious literature if requested by the patient		2
Total responses		35

specified rituals surrounding the burial of a fetus. One specified rituals surrounding marriage. One specified rituals surrounding serious illness. One specified rituals surrounding the disposal of a limb. One specified rituals connected with emblems such as rosaries. Nineteen nurses stated that nurses should know about the diets of different religions. Ten respondents stated that nurses should know the meaning of the religions to the individual. Six nurses stated that nurses should know about special days of observances. Six nurses stated that nurses should know about religious attitudes of which five specified attitudes of patients towards apparel and adornment and one specified attitudes of patients towards blood transfusions. Five nurses said they would like to know about the religious beliefs of the Hutterites. Three nurses said they would like to know more about the Mormon religion. One nurse wanted to know about the Hindu religion. Three nurses stated that nurses should know about Sabbath days. One nurse wanted to know about the nature of a patient's devotions. One wanted to know the pastor's place in the patient's religion. See Table II, page 14.

Question number 3

The question,"What are some things which help you to recognize the spiritual needs of patients?" was asked as an open-end question with a list of possible responses for the purpose of recording and tabulating the responses (see Appendix, page 34). The interviewees could make as many responses as they desired. Fourteen said they recognized spiritual needs when the patient voiced his needs directly. Eleven said they

TABLE II

RESPONSES OF REGISTERED NURSES TO KIND OF INFORMATION THEY SHOULD HAVE ABOUT PATIENTS' RELIGIONS

Things Nurses Should Know About Patients' Religions	Number of Responses
Rituals surrounding	
Death	12
Baptism	12
Communion	8
Birth	4
Burial of Fetus	3
Marriage	1
Serious Illness	1
Disposal of a Limb	1
Emblems such as Rosaries	1
Diets	19
Meaning of Religion to the Individual	10
Special Days of Observance	6
Religious Attitudes Toward	
Apparel and Adornment	5
Blood Transfusions	1
Know More About the Following Religions	
Hutterites	5
Mormon	3
Hindu	1
Know about Sabbath Days	3
Nature of Patient's Devotion	1
Pastor's Place in the Patient's Religion	1
Total Responses	98

recognized spiritual needs because of the emotional state of the patient such as: depression, crying, fear, fretful, worried, apprehensive and agitated. Seven said they recognized spiritual needs because of religious articles or literature in the patient's room. Seven said they recognized the spiritual needs when patients expressed a fear of dying. Two said they recognized spiritual needs because of being well informed about the needs and practices of the patient's religion. Two nurses stated they discovered the need by listening to the patient and asking questions of the patients. Two said they recognized spiritual needs because of their own religion. One said she recognized a spiritual need when a patient expressed a feeling of guilt. One said she recognized a spiritual need when a patient expressed a feeling of not being loved. One stated she received information from the patient's admission history. One said she was made aware of the need when relatives mentioned the need to her. One said she received information by talking with the ministers and other nurses about religious beliefs. One nurse said she sometimes recognizes spiritual needs by the selection of religious radio programs by the patients.

Question number 4

The question "What actions have you taken in meeting the spiritual needs of patients and why?" was asked as an open-end question and the responses were classified and placed in the categories listed on the interview guide (see Appendix, page 34). The nurses could respond more than once. Thirty-seven said they had called a member of the clergy;

TABLE III

RESPONSES OF REGISTERED NURSES AS TO WHAT HELPED THEM RECOGNIZE SPIRITUAL NEEDS

Things Which Helped Nurses Recognize Spiritual Needs	Number of Responses
Patient Voiced His Needs	14
Emotional State of Patient	11
Religious Articles or Literature in Patient's Room	7
Patient Expressing Fear of Dying	7
Informed About the Needs and Practices of Patient's Religion	2
Listening to Patient and Asking Questions of the Patient	2
Because of Own Religion	2
Patient Expressing Feeling of Guilt	1
Patient Expressing a Feeling of Not Being Loved	1
Patient's Admission History	1
Informed by Patient's Relatives	1
Talking with Ministers and Other Nurses About Religious Beliefs	1
Patient's Selection of Religious Radio Programs	1
Total Responses	51

seventeen said they did so because the patient requested it to be done; thirteen said they did it because it was requested by the patient's family and thirteen said they did it because they personally could not meet the need. Three said they have called some other spiritual counselor because the patients did not wish to see a member of the clergy. Twenty-three said they personally have helped patients: four said because it was requested by the patient; two said they did so because it was requested by the patient's family; six said they did so because they didn't have time to call a member of the clergy; seven said they did so because the member of the clergy was not available at the time; six did it because they were capable of meeting the need. One said that she had ignored a spiritual need because of the lack of knowledge of the patient's religious beliefs and practices.

In Table IV on page 18, the numbers in the blocks show the number of nurses who stated they had taken some action during their nursing career to meet the spiritual needs of patients and the reason they took that action.

Question number 5

Responses to the question "Are you satisfied with the way you meet the spiritual needs of patients?" were as follows: eleven answered "yes", thirteen answered "no", five answered "not always", and one did not answer the question.

TABLE IV

ACTIONS TAKEN BY REGISTERED NURSES TO MEET SPIRITUAL NEEDS OF PATIENTS AND REASON FOR THE ACTION

Reason for Action	Action Taken			
	Called the Clergy	Called Other Counselor	Personally Helped Patient	Ignored It
Requested by Patient	17		4	
Requested by Patient's Family	13		2	
Nurse Couldn't Meet the Need	10			
Didn't Have Time to Call Member of the Clergy			6	
Patient Did Not Wish to See A Member of the Clergy		3	3	
Member of the Clergy Not Available			7	
Nurse Not Capable of Meeting the Need			6	
Lack of Knowledge of Patient's Religious Beliefs & Practices				1

Question number 6

Those nurses who answered "no" to whether they were satisfied with the way they met the spiritual needs of patients were asked, "What was unsatisfactory about the way you met the spiritual needs?" The responses fell into five categories: (1) lack of knowledge or information about the patient's religious beliefs, (2) lack of inquiry on the part of the nurse, (3) nurses' attitudes about discussing spiritual matters, (4) lack of time, (5) dissatisfaction with the clergy. Some of the comments were as follows:

Lack of knowledge or information

1. "Difficult because nurses don't get training in this respect."
2. "Cannot find enough information about the patient or family on night duty."
3. "Not familiar with patients' religions."
4. "Didn't know what to do with the body of Hutterite patient after death."
5. "Wished I knew more about the Jewish, Latter Day Saints and Catholic religions."

Lack of inquiry

1. "I don't inquire into it enough to see if people want help."
2. "It often isn't foremost in my mind."

Nurses attitudes towards discussing spiritual matters

1. "Felt reluctant about mentioning religion in some instances for fear it would make the patient apprehensive."
2. "Many times you're not sure in your own faith."

3. "I feel satisfied when patients are protestant but I feel dissatisfied when patients are of a different religion."

4. "I feel helpless and don't know what to say."

5. "One time I became flustered when quoting the twenty-third chapter of Psalms and I felt the patient was aware of my anxiety."

6. "I'm embarrassed to discuss religion."

7. "I'm afraid I might offend the patient."

8. "I feel inadequate--some people you can talk to and others you cannot."

Lack of time

1. "Not enough time to meet these needs."

Dissatisfaction with the clergy

1. "Ministers often appear to come to the hospital to pass the time of day instead of giving support to the patient or his family."

2. "Some ministers are more interested in getting the patient to come to church than meeting the patient's need."

Question number 7

Responses to the question "Did you feel that meeting the spiritual needs of the patient had any substantial affect on the patient?" were either "yes" or "no." Thirty nurses answered "yes" and one of the thirty also answered "no." One commented "yes, if the patients are serious about their religion." Another said that it had a substantial affect mostly on the elderly patients.

Question number 8

The question "In what way did it affect the patient?" was asked as an open response question with room for comments (see Appendix, page 35). Twenty-eight said the patient seemed more relaxed, two said the patient appeared more emotionally upset. Other comments ranged from positive effects to negative effects with one comment of "no difference." They were as follows:

Positive effect

1. "Patients accept their illness much better."
2. "Patients become more stable emotionally and as a result improve physically."
3. "Lessens their apprehension, especially at night for those who haven't been to church for years."
4. "Many patients improve when there is no medical explanation for their improvement."
5. "Children usually seem very pleased to have a visit from a minister."

Negative effects

1. "Some nurses push religion on patients and cause them to become more upset."
2. "One time a minister reprimanded a mother who had an illigitimate child which upset her."

Question number 9

Each interviewee was asked "Within the past month how many spiritual needs have you recognized as you gave patient care?" For ease of tabulation the nurses were to cite a number from 0 through 9. Ten in-

TABLE V

NUMBER OF SPIRITUAL NEEDS RECOGNIZED
BY REGISTERED NURSES IN
A ONE MONTH PERIOD

Number of Needs	Number of Nurses
9	2
8	0
7	0
6	2
5	0
4	4
3	1
2	6
1	5
0	10

dicated they had not recognized any spiritual needs within the past month, five had recognized one, six recognized two, one recognized three, four had recognized four, two recognized six, two recognized nine. Table V shows the number of nurses who recognized spiritual needs within the past month from 0 through 9 times.

Those who stated they recognized spiritual needs were asked to indicate them. Eight nurses recognized spiritual needs that were due to death. Five nurses mentioned that the clergy visited patients frequently. Four nurses observed patients reading religious literature. Four nurses recognized needs of a spiritual nature in patients facing death. Two nurses had experiences with a patient concerning apparel. Two nurses said they had part in the baptism of an infant. Two mentioned spiritual needs they encountered due to the birth of infants. Two nurses mentioned calling a member of the clergy because of the attitudes of two patients. One nurse ordered a special diet for a Seventh Day Adventist patient. One nurse was asked to quote the twenty-third Psalm. Some of the specific situations in which nurses saw spiritual needs of patients were as follows:

1. Calling the ministers to be with the family of the deceased.
2. Assist with last rites.
3. The nurse encouraged a patient who was facing death to talk and asked if she would like to see a minister.
4. A nurse observed a daughter trying to assure her mother who was dying.

5. A lady who faced death was very calm because of her faith in God.

6. One nurse asked a man who was reading a Bible if he would like to have his minister visit him.

7. A male patient who wasn't religiously inclined was helped when a nurse suggested for him to read the Bible. He later requested to see a minister.

8. A boy asked to see a missal and he was asked if he would like to see a priest and he answered that he would.

9. Many nurses mentioned that the Catholic and Episcopalian clergymen visit patients very often.

10. A Hutterite lady wanted her hood kept on her head at all times, which was allowed.

11. Christian Reform mothers were blessed after the birth of their babies.

12. Presbyterian and Methodist ministers waited with men whose wives were in childbirth labor.

Table VI, one page 25, shows the responses cited by the twenty nurses who said they had recognized spiritual needs in a period of a month. Most of the responses were categorized.

TABLE VI

CATEGORIES OF RESPONSES OF SPIRITUAL NEEDS
RECOGNIZED BY REGISTERED NURSES
IN A PERIOD OF A MONTH

Spiritual Needs	Number of Responses
Spiritual Needs Due to Death	8
Patients Visited By Ministers	5
Patients Reading Religious Literature	4
Spiritual Needs in Patients Facing Death	4
Patient with Religious Attitudes Towards Apparel	2
Needs Encountered Due to Birth of Infants	2
Attitudes Manifested by Patients	2
Special Diet for Seventh Day Adventist Patient	1

CHAPTER III

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Nursing education and nursing leaders are stressing the importance of nursing the person rather than a disease or room-number. In recognizing the patient as such, there will be needs other than the physical which will need to be met. One kind of need is the spiritual need which is a type of the psychological needs.

The way in which the spiritual needs are met depends on many factors such as what the patient expects of the nurse in meeting his spiritual needs, what religious leaders expect of the nurse in meeting the spiritual needs of patients, what the nursing profession expects of the nurse in meeting these needs and what the nurse herself feels is her role performance in meeting these needs. This survey was concerned with what the nurse feels her role is in meeting spiritual needs of the patient.

The purposes of this study were to discover: (1) what nurses recognize as spiritual needs, (2) what nurses do to contribute in filling the patients' spiritual needs, (3) why the nurse takes the action she does in meeting patient's spiritual needs, (4) what importance nurses place on meeting the spiritual needs of patients.

The survey method was used and data was collected by personal interviews, using an interview guide which had questions related to the purposes of the study. The sample for this study included all registered nurses except one employed in a selected general hospital in Montana with

a total bed capacity of eighty-two beds. This sample was chosen because it was thought it would represent samples of different kinds of spiritual needs that would arise in all clinical areas of a general hospital. Thirty-one names were submitted to the interviewer. Thirty nurses were interviewed. Responses to the open-end questions were classified and placed in categories to facilitate recording, tabulating, and analyzing the responses.

Conclusions

The conclusions of this study pertains only in respect to the hospital and community in which the survey was conducted, because the responses were influenced and limited by the spiritual needs the nurses were confronted with, which may have been unique to the hospital and community which was used in this study. The conclusions are:

1. Nurses varied in their visualization of their role in meeting spiritual needs.
2. Nurses were not always satisfied with the way spiritual needs were met because:
   - A. Of the nurses' attitudes toward discussing spiritual matters.
   - B. Lack of information and knowledge of patients' religions.
3. Conclusions in relation to each of the four purposes of the study were as follows:
   - A. Things nurses recognized as spiritual needs were:

(1) Rituals surrounding

a. Death

b. Baptism

c. Communion

(2) Patient's diet related to his religious belief.

(3) Need for visit of a clergyman.

(4) Need for reading religious literature or prayer.

B. The kinds of actions nurses took in meeting the spiritual needs of patients and reason for the action taken were:

(1) Calling the member of the clergy because of the requests of the patients or the patients' families, and because nurses could not meet the need personally.

(2) Personally met the spiritual needs because; a member of the clergy was not available, lack of time to call a clergyman, nurses could meet the need.

C. The importance nurses placed on meeting the spiritual needs of patients was indicated in that they believed nurses have a responsibility in meeting spiritual needs of patients and they expressed that meeting these needs had a beneficial effect on the patients.

Recommendations for further study

An individual's behavior is greatly influenced by what is expected of him by others. In the case of a nurse the ways she meets the spiritual needs of patients may be affected by what the patient, family, and clergymen expect of the nurse in meeting a spiritual need. A study might be

done to discover what is expected of the nurse in meeting spiritual needs of patients by the patients or what is expected of her by ministers who have a related position in meeting the spiritual needs of patients. Do the nurses' recognition of spiritual needs of patients change over time (i.e. from senior student to ten years later)?

APPENDIX

APPENDIX A

LETTER TO DIRECTOR OF NURSING SERVICE

Dear Mrs.

I am a graduate student at Montana State College School of Nursing. As partial fulfillment of the requirements for a Master of Nursing degree, I am planning a survey of nurses' perception of their role in meeting the spiritual needs of patients.

In order to make this study, I need to interview the registered nurses which are employed by your hospital. I would appreciate it if you would mail me their names and addresses so I can write for appointments in which to interview them.

Thank you.

Sincerely yours,

Esther Lantz

The faculty of the Montana State College School of Nursing will appreciate the cooperation you can give Mrs. Lantz with her questionnaire.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

APPENDIX B

LETTER TO THE REGISTERED NURSES INTERVIEWED

MONTANA STATE COLLEGE
Bozeman

School of Nursing

May 22, 1963

Dear

I am a graduate student at Montana State College School of Nursing. As partial fulfillment of the requirements for a Master of Nursing degree, I am planning a survey of nurses' perception of their role in meeting the spiritual needs of patients.

In order to make this study, I need to interview the registered nurses that are employed at the Deaconess Hospital. This interview will take about twenty minutes of your time. I will call you in a few days to make an appointment with you.

Your participation in this survey will be greatly appreciated.

Sincerely yours,

Esther Lantz

EL/blh

The Faculty of Montana State College School of Nursing will appreciate any assistance you can give Esther Lantz with the above request.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

APPENDIX C

INTERVIEW GUIDE

Name _____ No. of years in nursing _____

Graduate of

_____ Diploma School _____ Year

_____ Baccalaureate _____ Year

_____ Degree _____ Year

1. What responsibility do you feel that nurses have in meeting the spiritual needs of patients?

_____ No responsibility
_____ Observing patient and calling the clergy
_____ Assisting the clergy by
  _____ Informing him about the patient
  _____ Providing privacy
  _____ Providing equipment to administer sacraments
_____ Praying with the patient
_____ Reading or quoting portions from religious literature

2. What kinds of things do you think nurses should know about patients' religions?

_____ Dietary
_____ Special days of observances
_____ Sabbath days
_____ Rituals surrounding
  _____ Births
  _____ Serious illness
  _____ Death
  _____ Coming adulthood
  _____ Marriage
  _____ Confession
  _____ Communion
  _____ Circumcision
  _____ Baptism
_____ Attitudes toward
  _____ Medications and treatments
  _____ Recreation
  _____ Smoking and drinking
  _____ Apparel and adornment
  _____ Personal hygiene and bathing
  _____ Desire for or against religious groups
  _____ Photographs

_____Meaning of religion to the individual
_____Other

3. What are some things which help you to recognize the spiritual needs of patients?

_____Patient voiced his needs
_____I was well informed about the needs and practices of the patient's religion.
_____Religious articles or literature in the patient's room
_____My own religion
_____Patient expressed
  _____Fear of dying
  _____Feeling of guilt
  _____Feeling of not being loved
  _____Desire to die
_____Other

4. What actions have you taken in meeting the spiritual needs of patients and why?

Action Taken	Why
_____Called a member of the clergy	_____Requested by patient _____Requested by patient's family _____Could not personally meet the spiritual need. _____
_____Called on some other spiritual counselor	
_____Personally helped the patient	_____Didn't have time to call a member of the clergy _____Patient did not wish to see a member of the clergy _____Member of the clergy not available. _____
_____Ignored it	_____Lack of knowledge of patient's religious beliefs and practices _____Against hospital policy

_____Fearful of proselyting
_____Conflicted with your own personal religious beliefs
_____Felt you had no responsibility in meeting this need.

_____

5. Are you satisifed with the way you meet the spiritual needs of patients?

_____ Yes
_____ No
Comment _____

6. What was unsatisfactory about the way you met the spiritual needs?

7. Did you feel that meeting the spiritual needs of the patient had any substantial affect on the patient?

_____ Yes
_____ No
Comment _____

8. In what way did it affect the patient?

_____Patient seemed more relaxed.
_____Patient appeared more emotionally upset.

_____

9. Within the past month how many spiritual needs have you recognized as you gave patient care?

9 8 7 6 5 4 3 2 1 0

Indicate them

LITERATURE CONSULTED

A. BOOKS

Biddle, Earl W., Integration of Religion and Psychiatry, New York: The Macmillan Company, 1955.

Biestak, Felix P., The Casework Relationship, Chicago, Illinois: Loyola University Press, 1957.

Harmer, Bertha and Virginia Henderson, Textbook of the Principles and Practices of Nursing, Fifth edition, New York: The Macmillan Company, 1955.

Krech, Crutchfield, Ballachey, Individual In Society, New York, San Francisco, Toronto, London: McGraw-Hill Book Company, Inc., 1962.

Linn, Louis, M.D. and Leo W. Schwarz, Psychiatry and Religious Experience, New York: Random House, 1958.

Webster's New Collegiate Dictionary, Second edition, Springfield, Massachusetts: G. & C. Merriam Company, 1953.

Owen, Joseph Earlton, Modern Concepts of Hospital Administration, Philadelphia and London: W.B. Saunders, 1962.

Wise, Carroll, Religion In Illness and Health, New York and London: Harper and Brothers, 1942.

B. PERIODICALS

Ashbrook, James B., "Not By Bread Alone," American Journal of Nursing, February, 1955, pp. 164-168.

Donovan, Helen M., "Determining Priorities of Nursing Care," Nursing Outlook, January, 1963, pp. 44-45.

Gibney, Reverend L.H., "R.N.'s and the Men In Black," R.N., January, 1963, p. 45.

"The Code For Professional Nurses," American Journal of Nursing, September, 1960, p. 1287.

C. UNPUBLISHED MATERIALS

George, Madelon L., "Programs In Nursing Homes That Help Meet The Spiritaul Needs of Patients In Nursing Homes In One County In The State of Washington," Unpublished Master of Nursing Paper, The University of Washington, Seattle, 1956.

Lewis, Jean E., "A Resource Unit on Spiritual Aspects of Nursing for the Basic Nursing Curriculum of a Selected School of Nursing," Unpublished Master of Nursing Paper, The University of Washington, Seattle, 1957.