EXTENDING THE SPIRIT: A QUALITATIVE SECONDARY ANALYSIS ON NURSES’ PERSPECTIVES ON SPIRITUALITY

by

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Abstract

Once laden with promise, modernization and secularization have not remedied the societal ills of our time. Individuals have begun to seek answers outside of the confines of traditional religion, often developing a personalized spirituality. At the same time, globalized migration has seen newcomers with strong ties to institutionalized religion settle in Canada. As Canadian society re/turns its attention to spirituality, nursing acts of spiritual care arguably gain importance. Appreciating the multifactorial nature of spiritual caregiving, the purpose of this study was to explore the influences on spirituality and spiritual caregiving in nursing practice. This qualitative secondary analysis explored the narratives of fourteen nurses from a variety of practice settings in Canada. Eight nurses’ perspectives were obtained from acute settings: intensive care, orthopedics, emergency, geriatric emergency, labor and delivery/postpartum, medical surgical and perioperative. These perspectives were compared and contrasted with narratives from six community settings: public health, home care, midwifery, corrections (mental health), geriatrics, and pediatric home care. The participants self-identified their spiritual/religious affiliations: five as Christians, two Catholic, one Muslim, five as spiritual but not religious, and one not spiritual or religious. From an interpretative descriptive framework, five nested themes were identified as influencing spiritual caregiving in healthcare contexts: the nurse as custodian of spiritual caregiving, nursing acts of spiritual caregiving, professional and organizational silence, distinctive environments, and the Canadian milieu. The findings from this study present a constructive view of the interdependence of the personhood of the nurse and the environment, in-tending to the sacred. Spiritual caregiving was seen as both a discrete act which facilitated patients’ spiritual practices and, in other situations, took the form of integrative spiritual caregiving which was part of the interpersonal connection in the nurse patient relationship. The nurses’ impetus for the provision of
spiritual care determined if acts of care were seen as discrete or holistic, and when and how spiritual care was provided. Professional and organizational environments can inspire or impede this care of the sacred. As a result, spiritual care was found to be contingent upon the institutions climate of care. The Canadian milieu is laced throughout the narratives as tolerance, acceptance and pluralism.