

Oncology and Nononcology Nurses' Spiritual Well-Being and Attitudes Toward Spiritual Care: A Literature Review

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Purpose/Objectives: To review literature about oncology and nononcology nurses' attitudes toward spiritual care and the way that their spiritual well-being influences those attitudes.

Data Sources: Published research and literature review articles, books, master's theses, and doctoral dissertations.

Data Synthesis: Spiritual considerations play an important part in the lives of patients with cancer. Therefore, nurses must not only examine their attitudes toward spiritual care but also identify variables that influence those attitudes. One of the major variables that may influence their attitudes is their own spiritual well-being.

Conclusions: A significant association exists between attitudes toward spiritual care and spiritual well-being in nurses who care for nononcology populations. However, little research examines oncology nurses' attitudes toward spiritual care and the way that their spiritual well-being affects those attitudes.

Implications for Nursing: Nurse researchers need to examine the spiritual dimension of oncology nurses and the way that this influences attitudes toward spiritual caregiving.

Key Points . . .

- Confronting a life-threatening illness such as cancer increases an individual's awareness of spiritual issues.
- Oncology nurses' perceptions of spiritual care will influence their ability to meet the spiritual needs of patients with cancer.
- Nurses need to focus on supporting the spiritual well-being of oncology nurses.

Because spiritual considerations play such an important part in the lives of patients with cancer, oncology nurses, concerned with the whole person, have a crucial role to perform in supporting their spiritual well-being. Therefore, researchers must explore not only oncology nurses' attitudes toward spiritual care but also the attributes that may influence their attitudes. Nursing research has demonstrated that nurses' evaluation of the importance of spiritual care may influence their incorporation of spiritual care in their care plans (Scott, Grzybowski, & Webb, 1994). In addition, studies have revealed an association between nurses' spiritual well-being and positive attitudes toward spiritual care (Cimino, 1992; Harris, 1994; Soeken & Carson, 1986). This review of the literature will focus on nurses' attitudes toward spiritual care and their spiritual well-being.

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The spiritual dimension is an integral component of humankind's health and well-being (Rubinfeld & McFarlane, 1984). At the core of the spiritual dimension is the drive to find meaning and purpose in life's experiences (Ross, 1995; Shelly & Fish, 1988). An individual's quest to find meaning and purpose is enhanced when confronted with a life-threatening illness such as cancer. Cancer is "the indelible mark of our mortality—a stark reminder that we are vulnerable creatures subject to pain, suffering, and death" (Vastyan, 1986, p. 110). Confrontation with mortality makes individuals shockingly aware that they are not masters of their fate (Vastyan).

Research has demonstrated the importance of the relationship between a diagnosis of cancer (at all its stages) and the spiritual domain. Studies have confirmed that a diagnosis of cancer may seriously affect an individual's spiritual well-being. Spiritual well-being scores among patients with cancer were lower than those of patients suffering from cardiovascular conditions (Buchanan, 1988). Spiritual well-being also has been correlated negatively with tension and depression (Fehring, Miller, & Shaw, 1997) in patients with cancer. On the other hand, spiritual strength, faith, religious practices, and faith in God or a higher being have been identified as characteristics that contribute to hopefulness in patients with cancer (Post-White et al., 1996).

Nurses' Attitudes Toward Spiritual Care

Attitudes toward spiritual care have been defined theoretically as "the health-promoting attendance to responses to stress that affect the spiritual perspective of an individual or a group" (Taylor, Amenta, & Highfield, 1995, p. 31). To help clarify this definition, the current review examined studies that compared nurses' perspectives of spiritual care with those of other healthcare professionals. The review also considered research that surveyed the accuracy of nurses' assessments of their patients' spiritual needs. The review concludes with a discussion of studies that explore nurses' views of their role as spiritual caregivers (see Table 1).

Several studies have considered the differences between nurses' attitudes regarding spiritual care and those of other healthcare professionals. A chart review of home hospice visits by nurses, social workers, and clergy found that spirituality was one of the most discussed topics by all three professions (Reese & Brown, 1997). However, of the three professions, nurses were least likely to examine the topic. Another study conducted among hospice nurses, social workers, and spiritual care professionals reported that nurses ranked between spiritual care professionals and social workers in the provision of spiritual care to patients and their families (Babler, 1997). Koenig, Bearon, Hover, and Travis (1991) found that nurses were much more likely to make referrals to chaplaincy services than physicians (47% of nurses versus 5% of physicians).

Not only have researchers compared the differences among healthcare professionals' perspectives regarding spiritual care, but they also have compared the differences between nurses' and patients' attitudes toward spiritual care. Soderstrom and Martinson (1987), in an endeavor to define spiritual coping strategies of patients with cancer and the nurses' awareness of these strategies, studied patient-nurse paired sets. The study noted a varying ability on the part of nurses to identify their patients' spiritual coping activities. This was not surprising because more than half of the nurses (56%) were unable to identify even their patients' religion. In addition, a majority of nurses (64%) did not believe that nurses assessed these coping strategies very well. Highfield (1990, 1992) also examined nurses' spiritual assessment accuracy in determining the spiritual health of patients with cancer by analyzing the relationships between matched nurses and patients. She found no relationship between nurses' and patients' responses, indicating that nurses had inaccurately assessed the spiritual health of their patients with cancer.

Boutell and Bozett (1987) were among the pioneer nurse researchers to investigate nurses' assessment of spiritual needs. In their sample of Oklahoma professional nurses, they found that almost two-thirds of the nurses either occasionally (38%) or seldom (28%) assessed their patients for these needs. Ten years later, in a study that investigated the extent to which nurses considered spirituality when planning patient care and what meaning the nurses placed on spiritual care, the findings were similar (Berry, 1997). Piles (1990), in her investigation of the relationship between the importance nurses place on patients' spiritual needs and the actual practice of spiritual care, identified two characteristics that may influence the recognition of spiritual needs: adequacy of preparation to meet these needs and the value that nurses place on spiritual care.

Three studies presented additional explanations for why spiritual needs are not assessed. Hall and Lanig (1993) observed that the degree of integration of Christian values was a determinant of nurses' comfort in coping with spiritual concerns. Scott et al. (1994) found that nurses' attitudes about the degree of importance placed on spiritual care defined their spiritual nursing care. They also found that those who believed in the importance of spiritual care were 4.7 times more likely to assess patients' religious background and four times more likely to write a care plan that included patients' spiritual needs. Bath (1993) discovered that another major obstacle to providing spiritual nursing care was uncertainty regarding the nurses' own spiritual beliefs. Interestingly, of all the nursing units represented in this study, nurses working in the oncology unit were least likely to talk with patients or assess how to minister to their spiritual needs.

The previously described studies of nurses' attitudes toward spiritual care did not focus primarily on oncology nurses. Only three studies were found to focus exclusively on oncology nurses, two conducted in a U.S. population and one among an Israeli population. A U.S. survey of Oncology Nursing Society members' attitudes toward spiritual care demonstrated that oncology nurses had positive attitudes toward spiritual care (Taylor et al., 1995; Taylor, Highfield, & Amenta, 1999). However, respondents rarely or never included spiritual issues on care plans (90%). An Israeli study among oncology nurses also reported similar positive attitudes toward spiritual care (Musgrave, 2001). Interestingly, although not significant, secular nurses in this study demonstrated more positive attitudes toward spiritual care than religious nurses (Musgrave). The final study performed in a hospice nursing population found that hospice nurses' attitudes were even more positive than oncology nurses' (Taylor & Amenta, 1994; Taylor et al., 1999). As suggested by the researchers, the reason for the higher scores may be explained by hospice nurses' more consistent involvement with caring for people facing death.

Spiritual Well-Being

Moberg (1979), in his explication of the concept of spiritual well-being, focused on the National Interfaith Coalition's definition of spiritual well-being as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness" (Moberg, p. 5). Paloutzian and Ellison (1982) developed the Spiritual Well-Being (SWB) scale, an instrument that reflected the dual dimension of spiritual well-being suggested by Moberg and Brusek (1977) in their pioneering work on spiritual well-being. The tool is composed of two subscales that quantify these two dimensions. The Religious Well-Being (RWB) subscale measures well-being in relationship to God, and the Existential Well-Being subscale measures a sense of life purpose and life satisfaction (Ellison, 1983). The SWB scale is one of the most extensively used measures in research on spiritual well-being, with more than 300 requests for permission to use it (Ellison & Smith, 1991). Since 1976, research using this scale has been conducted in colleges, universities, seminaries, hospitals, clinics, and federal prisons. Although one study noted problems with the RWB subscale because of its Judeo-Christian slant (Kirschling & Pittman, 1989), it has been used in Christian and non-Christian

Table 1. Summary of Studies on Nurses' Attitudes Toward Spiritual Care

Researcher	Description of Sample	Research Focus	Comments
Babler (1997)	RNs (n = 126), social workers (n = 35), and spiritual caregivers (n = 35)	Level and differences in level of spiritual care given by RNs, social workers, and spiritual caregivers to hospice patients and families	Tool was an adaptation of previous questionnaire. The reliability of questionnaire was difficult to determine.
Bath (1993)	Nurses (n = 178) and nursing students (n = 149) from a Seventh-Day Adventist hospital and nursing school	The relationship of subjects' demographics, education, and religious and spiritual practices to the following dimensions of spiritual care: awareness, attitudes, practice, and support	Dissertation study was limited to attitudes of nurses and nursing students who would be willing to study or work in a Seventh-Day Adventist institution.
Berry (1997)	Nurses (N = 53) in a small rural area in California	Nurses' perceptions of patients' spirituality and factors that influence it	Because of small sample size, only descriptive statistics were reported for this master's thesis.
Boutell & Bozett (1987)	Nurses practicing in Oklahoma (N = 238)	Nursing assessment of spiritual needs, including extent of assessment, data collection methods, and nursing characteristics that influence assessment	Sample drawn from one state in the United States. Sample considered highly religious and was mainly Protestant.
Hall & Lanig (1993)	Nurses (N = 303) attending a conference for nurses who wish to provide spiritual care within the Judeo-Christian tradition	Comfort and integration of personal beliefs by Christian nurses into nursing practice	Sample was 100% Christian and 90% Caucasian. Little description of the testing, reliability, or validity of researcher-developed questionnaire.
Highfield (1990, 1992)	Nurses (n = 27) and patients (n = 23)	Congruence between and factors that may influence nurse-assessed and patient self-report of spiritual health	Small sample size was predominately Christian and Caucasian.
Koenig et al. (1991)	Nurses (n = 39), physicians (n = 130), families (n = 60), and patients (n = 77)	Impact of differences in religious orientation on referral to chaplain services	Only four items measured religious orientation: two with dichotomous responses, one visual analogue scale (1–100), and one on religious denomination.
Musgrave (2001)	Members of the Israeli Oncology Nursing Association (N = 155)	Relationship of age, ethnicity, education, intrinsic and extrinsic religiosity, and spiritual well-being on Israeli oncology nurses' attitudes toward spiritual care	Dissertation study sample consisted largely of secular Israeli Jewish oncology nurses.
Piles (1990)	Nurses from four U.S. regions: midwest (n = 47), North Atlantic (n = 51), south (n = 42), and west (n = 46)	Extent of spiritual care provided by nurses and their ability, perceived ability, and perceived role in meeting these needs	Limited reporting of study results, including validity and reliability of instrument as well as multiple regression analyses
Reese & Brown (1997)	Chart review of 105 visits by hospice professionals	Attention of nurses, social workers, and clergy on psychosocial and spiritual issues of patients and significant others	Analysis of qualitative data was conducted by preset categories instead of emergence of categories from data.
Sodestrom & Martinson (1987)	Patients with cancer (n = 25) and nurses (n = 25)	1. Nurses' awareness of spiritual coping strategies of patients with cancer 2. Degree of agreement between patients and nurses on spiritual coping strategies of patients	Small sample size was predominately Christian and Caucasian.
Taylor et al. (1995, 1999)	Oncology nurses (N = 181)	Description of oncology nurses' attitudes and beliefs regarding spiritual care and their spiritual care practices	Nurses were predominantly Christian and Caucasian. Good beginning for researcher-developed tool but needs further testing
Taylor & Amenta (1994); Taylor et al. (1999)	Hospice nurses (N = 638)	Hospice nurses' attitudes and beliefs regarding spiritual care and the influence of demographic factors	Same as above

settings (Ellison & Smith). In addition, requests to use the tool have been received from several countries (Ellison & Smith).

Nurses' Spiritual Well-Being and Attitudes Toward Spiritual Care

Nursing research is increasing its focus on nurses' spiritual well-being and the influence that this has on nurses' attitudes toward spiritual care. Unfortunately, many of these studies are

in the form of master's theses and doctoral dissertations and are not published (see Table 2).

Soeken and Carson (1986) surveyed the spiritual well-being of nursing students and its relationship to the provision of spiritual care. Using the Paloutzian and Ellison SWB scale in conjunction with the Health Professional's Spiritual Role Scale (HPSR) developed by the researchers, they found a significant positive relationship between the spiritual well-being of students and their attitudes toward spiritual care. A second

Table 2. Summary of Studies on Nurses' Spiritual Well-Being and Attitudes Toward Spiritual Care

Researchers	Description of Sample	Research Focus	Comments
Champaigne (1987)	Nurses working in a Catholic hospital (n = 15) and a nondenominational hospital (n = 13)	1. Relationship between nurses' spiritual well-being (SWB) and perceptions of hospitalized patients' spiritual needs 2. Differences in SWB and spiritual needs perception of nurses working in a Catholic hospital and a nondenominational hospital	Although correlational and t test statistics were performed in this master's thesis, the small sample size made generalizability difficult.
Cimino (1992)	Massachusetts RNs (N = 272)	1. Relationship between SWB and attitudes to spiritual care 2. Relationship between SWB and degree of comfort in giving spiritual care	Ambitious doctoral study that not only chose to analyze relationships between variables but also designed a new research tool. More sophisticated statistical analysis could have given increased insight into the data.
Harris (1994)	Practicing RNs in an acute care hospital (N = 62)	Relationship between nurses' SWB and their attitudes toward providing spiritual care	Sample consisted of nurses in only one hospital. The sample size was not large enough to conduct other than correlational statistical analysis.
Musgrave (2001)	Members of the Israeli Oncology Nursing Association (N = 155)	Relationship of age, ethnicity, education, intrinsic and extrinsic religiosity, and spiritual well-being on Israeli oncology nurses' attitudes toward spiritual care	Dissertation study sample consisted largely of secular Israeli Jewish oncology nurses.
Soeken & Carson (1986)	Nursing students in senior year (n = 29) and graduate nursing students (n = 24)	Relationship between nurses' and nursing students' SWB and attitudes toward providing spiritual care	Study included only nursing students. The psychometrics of the tools used was not reported.
Wagner (1998)	Alumni from a midwestern nursing school (N = 525)	Relationship of nurses' spirituality to SWB, age, physical health, religious affiliation, nursing education and practice, importance of continuing education in area, and care planning for spiritual needs	Dissertation literature review developed an interesting section on the history of spirituality in nursing dating back to 1900 B.C. Although the sample was large, the study sample was drawn from one nursing school where 94% of the nurses were Christian.

study using the same tools examined RNs' spiritual well-being and their attitudes toward spiritual care (Harris, 1994). Although the researcher did not find a significant relationship between the two variables, a positive correlation did exist.

A year after Soeken and Carson (1986) published their research findings, an unpublished master's thesis also examined the same question (Champaigne, 1987). Champaigne used the Paloutzian and Ellison SWB scale to measure nurses' spiritual well-being. However, instead of using the HPSR, she developed the Perception of Patients' Needs Scale (PPNS). The PPNS attempted to measure nurses' perceptions of patients' spiritual needs. Staff nurses practicing in a number of settings were included in the study. Similar to the Soeken and Carson study, a significant positive relationship was found between the SWB scores and the PPNS scores.

Cimino (1992) enlarged the conceptualization of Champaigne's study (1987) to include not only nurses' spiritual well-being and attitudes toward spiritual care but also nurses' degree of comfort in providing spiritual care. To conduct this study, she used Paloutzian and Ellison's SWB scale and Soeken and Carson's HPSR. In addition, she designed the Spiritual Intervention Comfort scale. This tool consisted of two subscales, a Spiritual Religious Care Scale and a Spiritual Existential Care Scale. A significant correlation did exist between nurses' spiritual well-being and attitudes towards providing spiritual care. A strong relationship also existed between nurses' perception of patients' spiritual needs and their comfort with providing spiritual care.

In another study of nurses' perceptions of spiritual care and spiritual well-being, Wagner (1998), with a large sample of nursing alumni, attempted to determine the relationship between nurses' spiritual well-being and their emphasis on including spiritual care in their assessment and care plans. Using the JAREL SWB Scale, she found that nurses who had higher SWB scores were more likely to consider routine assessment important and include spiritual care in their nursing care plan, attend continuing education courses where the primary objective was to discuss spirituality and spiritual well-being, and include spiritual care in future nursing education.

Little research has examined oncology nurses' spiritual well-being or the way that this variable may influence attitudes toward spiritual care. One study conducted in Israel found that Israeli oncology nurses' spiritual well-being scores were lower than those found among American nurses (Musgrave, 2001). Similar to other studies, a significant relationship was found between nurses' spiritual well-being and their attitudes toward spiritual care.

Summary

A literature review has revealed a significant association between attitudes toward spiritual care among nononcology nurses and their spiritual well-being. The gaps in the literature include studies on oncology nurses' spiritual well-being and the way in which this may affect attitudes toward spiritual care. This supports the need for future research that would examine oncology nurses' spiritual well-being and the way in which this variable may influence their attitudes toward spiritual care.

Implications for Nursing

As mentioned previously, nurses' spiritual well-being may be a good predictor of their attitudes toward spiritual care. Nurses who have high levels of spiritual well-being may be more aware of their own spirituality and, therefore, more open to discern their patients' spiritual concerns. In addition, because spiritual well-being is an indicator of underlying spiritual health, nurses who can identify their own spiritual distress may be alerted to the need to seek spiritual support. Therefore, interventions that help support nurses' beliefs and spiritual

well-being are important. One way suggested is the institution of discussions to help nurses recognize spiritual needs in themselves (Champaigne, 1987). Another may be helping nurses when caring for patients with a life-threatening disease to find meaning in death (Rasmussen, Norberg, & Sandman, 1995).

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