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Nurses' spiritual learning at university

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Abstract

Spiritual care is seen as a part of the nurses' responsibility. Contemporary literature discusses Spirituality as individual's experience with the sacred, which can be experienced anywhere. This exploratory work has a purpose to explain a need of Spiritual education in nursing studies program. Alternative poetic therapy course was suggested for nursing students at Klaipeda University having a goal to develop students' connectedness with the self, with others, to act on their professional attitudes by stimulating highest human values. Descriptive statistics were used to show nursing students' spiritual development trends learning poetry therapy course. Qualitative research let to know the benefit of poetic therapy course in nursing studies program, and to explain the process of Spiritual learning - teaching.

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1. Introduction

A variety of definitions of Spirituality exist in philosophical, theological, psychological literature. The spiritual ethos of nursing has been eroded by secularization, but spiritual care is inseparable from physical, social and psychological care, because together they form the whole (Bradshaw 1994, p 256, 282). Goldberg (1998) explored the meaning of Spirituality in relation to nursing care using concept synthesis, and confirmed the concept of connection which emerged from a wide ranging literature search. Miner – Williams (2006) quoted Meraviglia's (1999) conclusion, that connectedness provides the discrepancy in the theoretical literature of Spirituality: theological literature is emphasising connectedness with God, psychology literature is emphasising connectedness with oneself, sociological literature - with others, nursing literature coming from each of these perspectives. By Stoll (1989), quoted in Miner – Williams (2006), Spirituality means "relationship of connectedness: the vertical (with God, the transcendent) and the horizontal experiences (experiences through one's belief, values, interactions with self and nature)". Spirituality is not perceived as a religion.

Nurses feel connectedness to their colleagues, patients' relatives, Nature, God or higher power. Connection creates psychological safety for patient, but relationship is limited in time and situation, so nurses have a challenge to be able to supply the need for attachment or connection. Goldberg (1998) noted that nurses are carrying spiritual care at unconscious level, and it is possible dramatically to improve patient's care by bringing spiritual care

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experience from unconscious level into conscious awareness. It is clear that increased self-awareness lead to an improved use of the self in interpersonal relationship. In this article we discuss the education as a way to improve self-awareness and to develop relationship of connectedness; we explain the benefit of learning Spirituality at nursing studies. Spirituality can be understood as “heart knowledge”, as power that comes from within and acts on our feelings; as power connected with knowing our deepest selves and what is sacred in us; the nourishing of the inner life can lead to more meaningful and productive outer life (Fox, 1994). Ashmos, Duchon (2000) found that Fox view point is consistent with Vaill’s (1998) concern that “the feeling individuals have about the fundamental meaning of who they are, what they are doing, and the contributions they are making” (p.218).

By Hungelmann (1996) emotions (love, peace, sense of wellbeing, hope, forgiveness, beauty are attributes of Spirituality. By Goddard (1995) Spirituality described as integrative energy. Ashmos, Duchon (2000) tell that spiritual being not only expresses inner life needs by seeking meaningful work, but means living in connection to other human beings, confirm that people who engage in practices such as meditation, self-reflection and prayer are concerned about the relationship of the inner life to their work, aren’t sensitive only to their inner life (p.137), Palmer (1994) emphasises on complex interaction of what is inside and what is “out there”. An overview of spiritual care in nursing (Ross, 2006) revealed, that most studies report: nurses feeling inadequate prepared for spiritual care; spiritual care is promoted where nurses are aware of their own Spirituality; nurses receive little teaching on spiritual care in their basic education or in post basic courses. There are clear links, which can be drawn between the concept of connection and existential theory.

In educational nursing context Spirituality is seen as power helpful to integrate practical and theoretical knowledge; to strengthen courage to be with patient facing death, to do the best for patient in hour suffering. We have a lack of discussions how to teach nursing students to experience Spirituality and to look at patient as a whole human being, and how Spirituality acts on professional competence. Goldberg (1998) thinks that nurses should be given more opportunity for reflecting on their practice in order to improve their skills in nursing and spiritual care. Chelliach, Arumugam (2011) write that level of reflective thinking did not increase significantly during studies, suggest promoting of reflective thinking and practice from lecturer guided activities.

Before this research we had a challenge to make Spirituality meaningful for nursing students. We suggested an alternative course – Poetic therapy having purpose to encourage students to know and to understand inner feelings, to develop self – reflection skills and ability to understand connectedness with others, with Nature. We supposed that nurses are more able to provide nursing care spiritually when they are comfortable with own Spirituality. Model of Spirituality, created by Minner- Williams (2006), was useful to ground the benefit of poetic therapy course in nursing studies. This model shows that the way to alleviation of suffering can’t be separated from Spirituality. In our opinion, a lack of Spirituality is tied with nurse’s emotional discomfort in difficult situations and with a lack of energy. Emotional exhaustion can be conceived as a form of suffering. By Minner- Williams (2006) Spirituality means transcendent quest for meaning / purpose / happiness; looking for meaning is defined as integrative energy, this energy acts on person and strengthens health. Quest for meaning is depended on person’s beliefs, values, and connectedness with self, other, deity and behavioural (interactions with others, religion). We used reading, discussion and writing to disclose students’ values, to strengthen focus on inner life, to promote understanding of emotions, to reflect on personal experience and personal life meanings, to disclose and identify own existential problems and their connectedness with inner self, to improve use of the self in interpersonal relationships, to analyze patient’s need for attachment and its impact on nurse’s psyche. This research is a way to know the benefit of alternative poetic therapy course for students’ spiritual growth.

2. Method

All poetic therapy course students took part in this research: 38 full time nursing students (day time program) and 50 part time students (continues education program). Full time 4th year students had educational nursing practice in hospital, so they had little nurse’s experience. They were 21 – 22 old. Part time students were 25-45 years old (the average of age was 34,5). All respondents were female. Before poetic therapy course original short structural questionnaire was distributed among students having purpose to clarify their spiritual attitudes. Spirituality was defined as interconnectedness, and questions were given to disclose connectedness with inner self (emotions,

self- evaluation, life – meaning, values and beliefs, emotions), connectedness with other (relationship with colleagues and patients), and behavior. Each item was rated on 3-point scale (1 = disagree, 2 = I am not sure, 3 = agree). In the end of poetic therapy course we evaluated their spiritual attitudes again. Descriptive statistics was used to find spiritual development trends as the result of learning poetry therapy. Students wrote reflections after every poetic therapy session and in the end of the course. Their writings were analyzed via qualitative research. Grounded theory strategy was used to generalize qualitative data.

2.1. Poetic therapy course program

Students learned to find most favorite poem, to read it out in the group, and to tell about their personal inner experience, and its connection with poet's words. Students learned to use a line or strophe of the poem to disclose colleague's feelings, thoughts. Poems about death, written by poets - health professionals, were read in the group, and students discussed about their professional experience and feelings after their patients' death. Students wrote acrostic and used their names for this exercise, during discussion they learned to understand how writing helps to disclose their inner experience, and to bring knowledge from an unconscious level to consciousness. Students wrote about beloved, meaningful person, wrote about their patient, imagined themselves in the role of their patient and wrote a letter to nurse. Before writing exercises students always were asked to pay attention to their senses: seeing, hearing, smells, tests in the mouth. All discussions were enriched with psychology or literature knowledge, educator focused on quest personally important meanings. Every session students reflected what they have learnt in the session and wrote down their reflections.

2.2 Questionnaire:

Connectedness with self-1. The clinical work I do is connected to what I think is important in my life. 2. My spiritual values influence the choices that I make. 3. Personal reflection is an important part in my life. 4. My studies give meaning to my life. 4. I believe patients experience joy as a result of my work. 5. I feel hope about life. 6. My spirit is energized in my work at hospital, at university. 7. Experiencing nature I am able to reduce emotional tension and strengthen feeling of identity. 8. Who I am as a human being is not valued in my hospital / university. 8. I find is hard to talk, to express my opinion before an audience. 9. My soul is poetic. 10. Prayer is an important part in my life. Connectedness with other. 11. I do not have a significant role to play at university and in hospital. 12. I am valued in my group / work place for who I am. 13. I can share my belief, feelings and reminiscences with my colleagues. 14. Nurses must learn to distance themselves from the patient's experiences, because it is impossible to take everything to heart. 15. I really want to do anything that patients would be better. Behavior / routine./ professional attitudes. 16. I do not show tiredness caring for the sick. 17. I am engaged in nursing studies. 18. I learn to apply theoretical knowledge into my clinical practice. 19. I am not prepared to deal with patient's death. 20. I am not prepared to know how patients act on our own emotions and emotional management. 21. In hospital nurses have much work and are not encouraged to learn and grow. 22. In hospital nurses have much work and can't work spiritually.

3. Results

3.1 Quantitative data

Answers to the questions were collected in two nursing students' groups (full time students group and the group of students of continues education) and analyzed. Approximately all respondents answered that their spiritual values influence the choices that they make, but full time students less agreed that the clinical work they do is connected to what they think is important in their life [agreed 29 (76,3%) full time students and 48 (92%) part time students], less agreed that studies give meaning to their life [agreed 29 (76,3%) full time students and 45 (90%) part time students], belief that patients experience joy as result of their work, importance of a prayer were similar in two groups. Students of continues education more often agreed that they experience positive connection with nature [agreed

15(30%) part time students and 5 (13,5%) full time students], were more able to feel that personal reflection is important part in their life [agreed 10 (20%) part time students and 3 (7,9%) full time students], approximately one third of respondents in both groups agreed, that they have difficulties talking before an audience. Most of all respondents in both groups agreed, that they as human beings are not valued in hospital / university [agreed 35 (70%) part time students and 30 (78,9%) full time students]. In conclusion, students of continues education had more better perception of professional identity, and had more experience of personal reflection, and negative trend was revealed: all respondents agreed that they as a human beings are not valued in hospital/ university.

Analyzing connectedness with other, we noticed that continues education students more often disagreed that they do not have a significant role to play at university and in hospital [disagreed 35 (70%) part time students and 15 (39,5%) full time students], and more often agreed that they are valued in their group / work place for who they are [agreed 30 (60%) part time students and 9 (23,7%) full time students], more often agreed they can share their belief, feelings and reminiscences with their colleagues [agreed 20 (40%) part time students and 6 (15,8%) full time students]. Respondents of two groups often agreed that nurses must learn to distance themselves from the patients' experiences, because it is impossible to take everything to heart, and often agreed that they really want to do anything that patients would be better. In conclusion, students of continue education evaluated them better and had more inner freedom.

Analyzing nurses' behavior and professional attitudes we disclosed that respondents of both groups agreed they were not prepared to deal with patient's death, and had a lack of knowledge, how patients act on their own emotions and emotional management. All respondents often agreed that nurses have much work in hospital and can't work spiritually [29 (76,3%) full time students and 35 (70%) part time students]. In conclusion, it is a need to develop nursing students' skills in self-knowledge and in existential themes as well, and to develop reflective learning as a way to use personally important experiences and inner intelligence for bridging gap between theoretical knowledge and practical skills.

After poetic therapy course full time students found that the clinical work they do is connected to what they think is important in their life [before poetry therapy course agreed 29 (76,3%), after - 35 (92,1%)], more often agreed that studies give meaning to their life [before course agreed 29 (76,3%), after 35 (92,1%)], found that their spirit is energized in their work at hospital, at university [before poetic therapy studies agreed 10 (26,3%), after 38 (100%)], less agreed that they have difficulties talking before an audience [before poetic therapy studies agreed 12 (31,6%), after 3 (7,9%)], less agreed, that they as human beings are not valued in hospital / university [before poetic therapy studies agreed 30 (78,9%), after 3 (7,9%)], more often agreed that personal reflection is an important part in their life [before poetic therapy studies agreed 3 (7,9%), after 35 (92,1%)], more often agreed that experiencing nature they are able to reduce emotional tension and strengthen feeling of identity [before poetic therapy studies agreed 5 (13,5%), after 35 (92,1%)], after poetic therapy course more agreed that "My soul is poetic", [before poetic therapy studies agreed 0 (0%), after 38 (100%)], more often agreed that they can share their belief, feelings and reminiscences with their colleagues [before poetic therapy studies agreed 6 (15,8%), after 36 (94,5%)], less agreed that nurses have much work and can't work spiritually [before poetic therapy studies agreed 29 (76,3%) after 5 (13,5%)], less agreed that nurses must learn to distance themselves from the patient's experiences, because it is impossible to take everything to heart [agreed before poetic therapy course 30 (78,9%), after 15 (39,4%)].

In the group of respondents of continues education program we revealed these trends: personal reflection became more important in their life [before poetic therapy course agreed -10 (20%), after 50 (100%)], they found that their spirit is energized at university and at hospital [before poetic therapy course agreed -10 (20%), after 40 (80%)], ability to feel connectedness to nature grew up [before poetic therapy course 15 (30%) students agreed, that nature helps to relax, after poetic therapy agreed 50 (100%)], skills to speak before audience were developed [before poetic therapy course 16 (32%) agreed that it is difficult to speak before audience, after 6 (12%)], after poetic therapy course students less agreed, that they as human beings are not valued in hospital / university [before poetic therapy course agreed 35 (70%), after 15 (30%)], students found poetical thinking as a part of inner life [before poetic therapy course agreed-16 (32%), after 50 (100%)], they became more able to share their values, feelings [before 20 (40%), after 50 (100%)], less agreed that nurses can't work spiritually [before poetic therapy agreed 35 (70%), after 40 (80%)], less agreed that nurses must learn to distance themselves from the patient's experiences, because it is impossible to take everything to heart [before poetic therapy course agreed -48 (96%), after 25 (50%)],

In conclusion, poetic therapy course strengthen connectedness with the self, connectedness with other, act on nurses' behavior and professional attitudes.

3.2 Qualitative data

Opening up as the first step for spiritual growth

Analyzing students' written reflections, we revealed that day time students have a fear to speak openly, they are depended on group members' opinion, have a fear that other students will not have devalued their opinions. Students discovered that creative writing exercises gave them courage to write, that reading developed courage and skills to speak before audience. They evaluated images of Nature as very important things to inspire writing. By words of informants opening up and sharing experiences were biggest values of poetic therapy course.

Sharing and self-evaluation. Enlargement of conscious field

Some informants confessed that they became able to disclose important inner experiences, and that they have never imagined that such open speaking could be. Full time students wrote that earlier they couldn't imagine that human being is such complicated and rich. Full time students more often confessed that they have difficulties when they deal with patient's death.

Sharing and evaluation of others. Inner beauty

Nursing students found that everyone wants to share feelings, thoughts and reminiscences, and found joy in communication with group. Opening up and sharing experiences let them to discover inner colleagues' beauty and to understand how different they are. Students wrote about learning experience in the wheel, and told that the wheel gives power to feel equality with other. They evaluated poetry reading as a way to find common topics for discussion and as a way to create safety – possibility to speak more about poetic images and less about own experience when theme is very painful. All students wrote about relax, reduced emotional tension, and about energy growth in poetic therapy sessions.

Sharing and professional attitudes. Development needs

After the poetry reading and discussion part time students wrote about possible innovations in their work places. A student of continues education program often wrote about their need to learn how to balance emotions after interaction with difficult patients. The same need was found in full time students' writings, but not so often.

In conclusion, opening up, sharing feelings strengthen connectedness to self and to other, strengthen perception of wholeness, act on behaviour and professional attitudes.

In figure N.1 "Nurses' spiritual learning during the poetic therapy course" steps of learning process are given. The first step is Opening Up. Poetic therapy techniques: receptive (literature reading, biblio therapeutic discussion) strengthen senses and inspire to speak, to write openly, expressive methods (writing exercises) help to disclose inner experiences and strengthen willingness to understand new situation. Intension to understand inner experiences prepares for connection to new knowledge (new existential situation, patient's situation) and promotes reflection on personal meanings. Inner experience (knowledge, feelings, attitudes) are externalized and comes to interaction with new knowledge (rational theories, wisdom through language arts, images of Nature), this step leads to sensing, what is here and now, and renews reflection, deepens it. Insight or discovery is a result of spiritual learning and helps personality-becoming self. Integrative energy appears in the process of becoming self and leads to health and wellbeing.

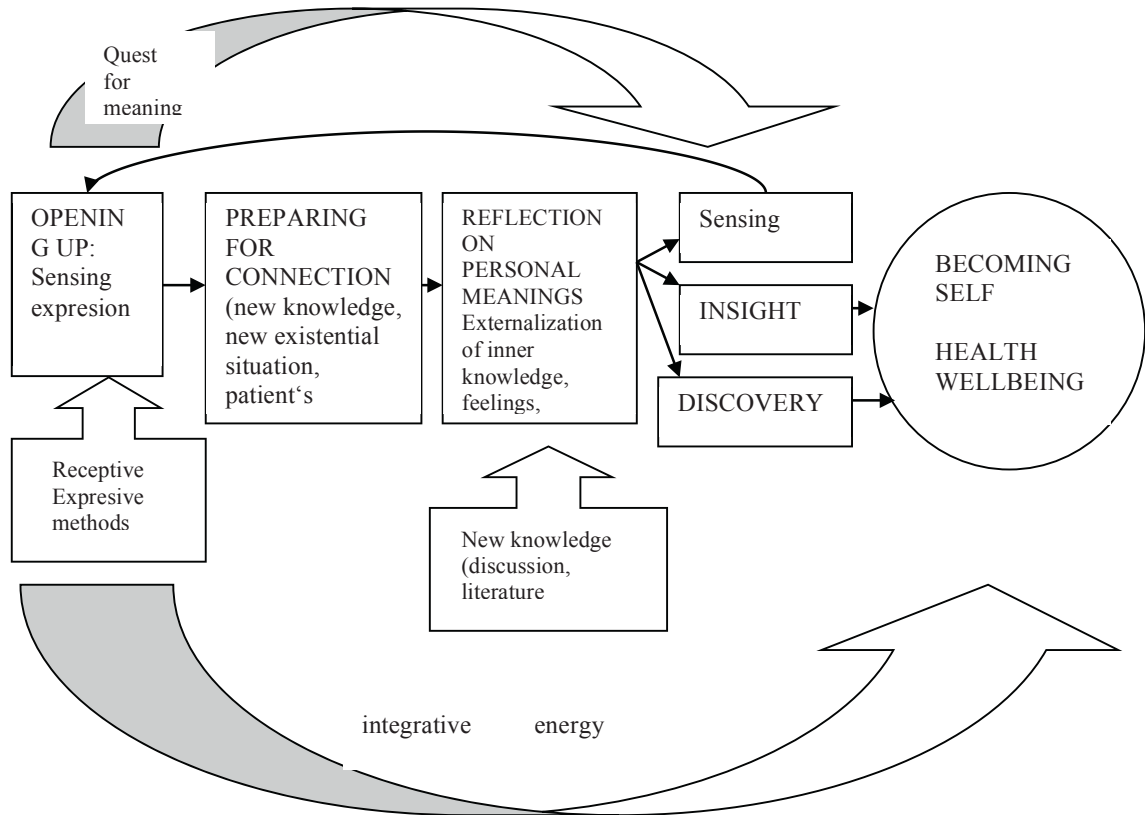


Figure 1. Nurses' spiritual learning during the poetic therapy course

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