I want to start with the most important thing I have to say: The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there. ...

So, when I sit down with someone, I take my troubles and feelings and I put them over here, on one side, close, because I might need them, I might want to go in there and see something. And I take all the things that I have learned..... (I wish I had even more) - and I put them over here, on my other side, close. Then I am just here, with my eyes, and there is this other being. If they happen to look into my eyes, they will see that I am just a shaky being. I have to tolerate that. They may not look. But if they do, they will see that. They will see the slightly shy, slightly withdrawing, insecure existence that I am. I have learned that this is OK. I do not need to be emotionally secure and firmly present. I just need to be present. There are no qualifications for the kind of person I must be. What is wanted... is a person who will be present. And I have gradually become convinced that even I can be that.

Eugene Gendlin, (1990)

University of Alberta

The "Everydayness" of Spirituality: Reclaiming the Voice of Spirituality in Nursing Through Nurses' Stories

by

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DEDICATION

This project is dedicated to all those individuals that have entered into nursing "to care" for others, and to all the nurses with whom I have had the privilege of journeying. To all my nursing classmates on our 30 reunion, and to the three nurses that are a part of the tapestry of my own story, Mom, Auntie Belle, and Auntie Irene.

ABSTRACT

Spiritual care is an inherent part of being a nurse and providing nursing care. Interest in the concept of spirituality and its relationship to healing has increased recently for health care providers and consumers. Spirituality has the potential to be a powerful healing resource that nurses ought to be comfortable with in order to draw upon for both their patients and the nurses' own healing and health. Employing a narrative methodology informed by the works of Polkinghorne, Clandinin & Connelly, Emden and Sandelowski, this presentation will focus on stories recounted by 5 nurses during in-depth open-ended interviews. It is evident that the "everydayness" of spirituality is embedded within oneself and one's connection to others. The positioning of the power of spirituality is well evident in the vulnerable times of our experiences. Thus the healing moments between nurses and clients arise in the shared sacred moments of vulnerability.

ACKNOWLEDGEMENT

I did not embark on this research discovery journey alone. I must thank my husband Bruce, my friend and soul mate, for his unconditional love, support, and ability to listen to my ideas and thoughts. To my children, Lindsay, Kirsten, and Jared, thank-you for the love, support, and humor that you all shared with me, at just the moments I needed it.

To Joanne Olson who has walked alongside of me from the beginning of my scholarly journey I thank-you for being my teacher, mentor, and friend.

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To Leo Mos, thank-you for "hearing me" and sending me out on the narrative research journey.

To the participants, thank-you for sharing your stories, with me and those who will read them, allowing the threads of your stories to connect with the threads of theirs.

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CHAPTER 1

INTRODUCTION

Spirituality is at the heart of caring for the whole person...Being a healing presence is the most essential element of spiritual care giving for ourselves, and others as we live our connectedness with God or Sacred Source, Self, Others, and Nature. The spiritual path is a life journey of discovering ever more that our wholeness, grounded in our connectedness, encompasses mystery and meaning, joy and suffering, indeed all of our life experiences.

Burkhardt & Nagai-Jacobson, (2002, p. 2)

Spirituality is the pulsating core that illuminates each human being, bringing purpose and meaning to everyday life experiences. A part of life for all humans is the eternal search for meaning in one's existence and the meaning of reality (Barnum, 2003). Interest in addressing spirituality and its relationship to healing and overall well-being has increased recently, for health care providers and consumers (Burkhardt & Nagai-Jacobson, 1994; McSherry & Ross, 2002; Taylor, 2002; Thomas, 1989). Thus with this increased interest, it is timely to examine the role of spirituality in nursing. Nurses are present with people during times of transition in their lives. It is often at these times that one is led to a search for meaning and purpose in their current experience and in their lives overall. These experiences can be times of healing, illness, suffering, dying, near death experiences, or other life-changing events (Walton, 1999). It is in the "everydayness" of spirituality that is embedded within ourselves and in our connections to others, that healing moments between nurses and clients can arise. These shared sacred

times of vulnerability can produce healing moments that can lead both the client and the nurse to finding the strength and courage to face their lived experiences.

Phenomena of Interest-Spirituality and Nursing

Spirituality has been a part of nursing history and nursing's focus on healing since ancient times (Tanyi, 2002). Nursing roots were in the church and historically the words spirituality and religion were used interchangeably, referring primarily to religious beliefs and practices (Carroll, 2001; Emblem & Halstead, 1993; Tanyi, 2002). Carroll (2001) reminds us that spirituality and religion are not synonymous terms, yet the terms cannot be separated from each other. Today the concept of spirituality is often viewed as being broader than having a place only within religion. It is the confusion and uncertainty between the two views that leads to the tension within the literature about spirituality and nursing.

Historically nurses have provided holistic care, providing care to the whole person, emotionally, physically, socially, and spiritually. Even the word "nurse" comes from a Greek word meaning "nurturing of the human spirit." In fact spirituality in nursing and it's relationship to healing can be traced back to Florence Nightingale's writings in the 1890's where she wrote that spirituality was the core of an individual and one's most important healing resource (Louis & Alpert, 2000; Macrae, 1995). Other authors in the literature agree that spirituality is a major healing force and that central to healing is the recognition of a higher power and the sense of meaning and purpose in one's life (Thomas, 1989; Wright, 1998).

With the industrial revolution and the split between the sciences and humanities, nursing followed the sciences, which had an impact on the nursing profession. Some hold

that the increase of technology in healthcare has created a barrier to humanistic nursing practice (McEwan, 2004). Gradually less weight was applied to the spiritual dimension of the human person, allowing more emphasis to be placed on the physical and the emotional dimensions. With the development of hospitals, the medical model of care, and nursing's move toward evidence-based practice, spirituality in nursing was marginalized. There is evidence in the literature that even though spirituality in nursing is marginalized (Burkhardt & Nagai-Jacobson, 1994), nurses are often addressing spiritual issues but may not recognize or name them as spiritual. It has been suggested that nurses might be addressing the spiritual issues on an unconscious level (Golberg, 1998). A nurse's approach to spirituality and to providing spiritual care is influenced by her /his own spiritual, cultural, and religious beliefs (Cusveller, 1998). This supports the idea that all humans interpret the concept of spirituality according to their individual culture, beliefs, experiences, religion, and social background.

Nurse theorists have addressed the concept of spirituality in their nursing models in the following three ways: omission, the concept is implied or embedded in the model, or using spirituality as the main concept (Martsoff & Mickley, 1998). Jean Watson (1985) was one of a few nurse theorists who included the concept of transcended soul/spirit in her nursing theory. Her nursing theory is based on seven assumptions about the science of caring and ten carative factors. She believes that caring is the essence of nursing and uses the term transpersonal caring to describe that the nurse and client are in a relationship where both the client and nurse are affected by the relationship. She speaks about a caring occasion that involves the choice and action of the nurse and the client. In this caring occasion the client and nurse bring their whole selves and experience to the

moment or what she calls their "phenomenal field" where the past, present, and future are fused (Watson, 1985). Addressing the spiritual dimension can create the healing environment for a spiritual/healing moment for the nurse and client.

Nursing models, such as Jean Watson's (1985) serve as a basis for the curricula of many baccalaureate-nursing programs and it is assumed that most nursing students have some exposure to addressing spirituality and nursing during their nursing education (Olson et al., 2003). The literature suggests that nurses may be having difficulty addressing spirituality in nursing due to limited direction given by the nurse theorists, limited focus during nursing education, and a lack of personal awareness and understanding of spirituality (Oldnall, 1996). In addition, a nurse's background in spirituality and individual life experiences will influence how she/he approaches the area of spirituality both personally and professionally.

With the importance of the human spirit and the relationship of spirituality to healing, it is essential that nurses attend to their own spirit first to be able to care for another human spirit (Lane, 1987; Thomas, 1989). Evidence which suggests that nurses do not attend to their own spirits includes high rates of turnover and burnout among nurses. The integration of spirituality to personal and professional life is essential to the health of each individual. When nurses attend to their own spirituality first, they can give more back to their nursing practice (Thomas, 1989).

The Issue

The nursing profession is the largest group of health care providers, and they face the fragility and strength of the human condition within themselves and others daily. The nursing profession speaks to the provision of holistic care, which means providing

nursing care emotionally, physically, spiritually, and socially. Addressing spirituality is not easy due to the mystery and mystique of spirituality, and each individual's unique experiences and thinking about spirituality. Nurses limited conscious awareness and understanding of spirituality may well lead to nurses providing spiritual care without naming or giving language to what they are doing. Thus the awareness and understanding of the full impact of spirituality and its role in hope and healing may not be fully experienced by nurses and clients. In addition, the voice of spirituality in nursing has been marginalized due to the push to provide evidence-based practice. While evidence-based practice has its place in the nursing profession, the voice of spirituality needs to be heard, bringing spirituality out of the shadows, and into its place of importance, at the core of the human person.

The Research

This exploratory study examined spirituality in the lives of nurses, as they perceived it. It was anticipated that nurses were providing spiritual care but did not recognize it as spiritual care. Through the use of narrative methodology, the participants were able to give voice to their experiences and thoughts of how they address spirituality as conveyed through their stories. The aim of this research was to actively listen and truly hear what the nurses' shared about their experiences of spirituality and how spirituality affects the healing of themselves and their clients. The research question for this study was: What are the experiences of nurses when addressing the spiritual dimension in nursing?

The Significance of Study

This study is significant because through the participant's stories, we are able to hear how spirituality is woven into and experienced in the day-to-day world of nurses. If spirituality cannot be embodied in practice then it is without meaning (Robinson, Kendrick, & Brown, 2003). They also suggest that nurses are in a unique position to enable individuals to grasp, develop, and maintain their spirituality through the experiences of illness and healing. This is not to suggest that nurses need to develop a specialized skill set or more expertise in the area, but to use the qualities and skills that are central to one's humanity that enable, and are products of spirituality (Robinson et al., 2003). Giving voice to nurses' experiences of spirituality raises the awareness of the need to address spirituality for the healing moments in both nurses and clients.

The Researcher

It is my own experience in nursing, and my own spiritual journey, that brought me to this research project. I came as the wounded storyteller, the wounded healer, and the storycatcher, all shaped by my life experiences, and 30 years of nursing experiences in a variety of areas. Along with that I bring threads of other people's stories, which I have had the privilege to connect with, both personally and professionally, over the years. Over the last 30 years in my nursing career, I have seen the fragility and strength of the human person, physically, emotionally socially, and spiritually, through birth, death, suffering, despair, and in the joy and wonderment of life. Through all of these experiences, I have experienced the full breath of what it is to be human. I also believe that all individuals have a story to tell given the opportunity.

The image of the playful soul peaking to see if it is safe to communicate has been etched into my soul, a gift from a classmate as we discussed "how does one connect at a soul level?" It is through story, metaphors, and symbols (Burkhardt & Nagai-Jacobson, 2002) that spirituality, the voice of the soul, expresses itself. Thus when I was introduced to the narrative method it felt like the way to proceed. It would allow the participants the opportunity to reveal their unique views of spirituality as they chose to, through story.

The quantitative approach to research is used to measure, analyze, replicate, and produce knowledge in an area of interest (Shreubert & Carpenter, 1999). This approach did not fit for me, as I was interested in the experience of the nurses addressing spirituality in their nursing. I was interested in depth of information that can only be found using the qualitative approach. It was the following six characteristics of qualitative research (Shreubert & Carpenter, 1999, p 15) that I used to guide my research journey: 1) a belief in multiple realities, 2) a commitment to identifying an approach to understanding that supports the phenomenon studied, 3) a commitment to the participant's viewpoint, 4) the conduct of the inquiry in a way that limits disruptions of the natural context of the phenomena of interest, 5) acknowledged participation of the researcher in the research, and 6) the conveyance of an understanding of phenomena by reporting in a literary style rich with participant commentaries.

In exploring the human experience it is my belief that all individuals have a unique story to tell and that their stories will be told from their perspective providing a meaning and purpose to their lived experience, thus I believe in multiple realities. This also led me to choosing a qualitative approach to this research project.

I believe that the participants have a story to tell about their experiences and I as the researcher facilitate the telling of the story by being a co-participant in the research. The role of co-participant is that of inviting the participant to tell their story, thus participants can share their stories in their own words, sequencing, and time. The venue for the open- ended interview is also being the participants' choice. I have a moral obligation to fulfill to represent the participants' stories as they were told, thus the stories were given back to the participants to have their authenticity confirmed.

Being the instrument in this study, I bring all of myself to this research project. The conduct of the research and the writing of the findings were guided by the concepts of reflexivity and voice, which capture the presence of the researcher, participant, and the reader within the context of their lived experiences (Atkinson, 1999). It was through journaling and self- reflection that I was able to be conscious to all aspects of the research process. It is though voice, that the balance is stuck between myself, and the participants (Hertz, 1996). Chapter four is dedicated to the participants' stories and chapter six is where the blending of my voice, the participants' voices, and the voices from the literature occurs.

I was a novice researcher entering into this project but a seasoned nurse with a wealth of experience gained from "coming alongside" individuals on their journeys. I brought the richness of my own stories and entered into the unknown rich world of each participant's story.

Organization of Chapters

This thesis is organized in six chapters. The first is the Introduction Chapter; in it I discussed spirituality and its relationship to nursing. Chapter two is the literature review where the following aspects of spirituality in nursing are addressed: discussion of spirituality and the spiritual dimension, spiritual care, barriers to spiritual care, spiritual needs, and spiritual distress. With the important relationship between healing and spirituality, the nurse as healer will also be discussed. In Chapter three the research design and methods are addressed. Chapter four includes the participants' stories of addressing the spiritual, which allows the reader to connect with each participants' spiritual journey. My story will also be told here as a contextual companion. Chapter 5 will include the common threads that arise out of the participants' stories. Chapter 6 is the final chapter where the participants' voices, the expert voices from the literature, and my voice come together to contribute to the area of interest, spirituality and nursing. In the final chapter, I will also acknowledge the limitations of the study, and provide recommendations for further nursing research, practice and education.

CHAPTER 2

LITERATURE REVIEW

This is the "goal" of the soul path-to feel existence; not to overcome life's struggles and anxieties, but to know life first hand, to exist fully in context. Spiritual practice is sometimes described as walking in the footsteps of another...But on the souls odyssey, or in its labyrinth, the feeling is that no one has ever gone this way before.

Moore, 1992, (p. 260)

Exploring the literature is a labyrinth experience. One enters into the literature to discover the thoughts, experiences, and knowledge of those who have gone before into exploring spirituality and it's relationship to nursing. Once collected one brings the information out of the literature to provide the context in which to place the findings of the research (Streubert & Carpenter, 1999). The following areas were examined in the literature and will be discussed: spirituality and the spiritual dimension, spiritual care, spiritual needs, spiritual distress, and the nurse as healer.

Spirituality and the Spiritual Dimension

In reviewing the literature there is a tension around the definition of spirituality. The tension is between the perceived need to have a universal definition and the belief that each individual's experience of spirituality is unique and personal (McSherry, Cash, & Ross, 2003). In the literature, some authors argue for the universal definition of spirituality to guide the provision of pertinent spiritual care to clients (McSherry & Cash, 2004).

Identified in the literature are two ways of approaching spirituality. One way is to fuse spirituality with religion, attaching it to religiosity and religious commitment. This can also be thought of as the "historical or traditional" approach to spirituality (McSherry & Cash, 2004). The other way spirituality is constructed is within the social sciences such as in psychology. The perspective of spirituality within this context has a wider view of "God" (however defined) as being a value or principal that gives meaning to life (Coyle, 2002). This can also be viewed as the new or postmodern view of addressing spirituality. There is also the thought that there might be a third way to view spirituality and that would be somewhere in the middle of the traditional and postmodern view (McSherry & Cash, 2004). This leads to the discussion of how does one address spirituality in nursing if there is such a divergence of understanding as to what spirituality is. Is spirituality teachable or is it developed through experience and exposure to life experiences across the life span (McSherry & Cash, 2004) or is it a blend between the two views?

The trend to address spirituality in the nursing literature is toward the post modern view of spirituality as it is then considered a broader concept than when the concept spirituality is equated to religion. Most nursing literature suggests that spirituality should not be viewed only within the boundaries of religion (Burkhardt & Nagai-Jacobson, 2002; Coyle, 2002; Emblem & Halstead, 1993; Friedemann, Mouch, & Racey, 2002; Kendrick & Robinson, 2000; Oldnall, 1996; Tanyi, 2002). There also is a need to be sensitive to the ways in which humans experience and express spirituality. These expressions can be highly individual and that can lead to difficulty in articulating and describing spirituality or a spiritual experience (Burkhardt & Nagai-Jacobson, 1994; Taylor, Highfield, & Amenta, 1999). Stoll (1989) states that spirituality is

multidimensional and complex and is experienced and interpreted uniquely by each individual.

Spirituality is important to nursing because of its affect on health and healing (Sellers, 2001). Spirituality has been noted to have the following outcomes: physical, psychological and spiritual well-being; self-transcendence; health; and meaning and purpose in life (Malinski, 2002). Spirituality has the ability to motivate, enable, empower, and provide hope (Coyle, 2002). Spiritual well-being creates a quieting of inner tensions and helps create a calm during the stressful events in life (Sherwood, 2000). The outcome of the human spirit being connected to others and the environment is spiritual well-being (Carroll, 2001).

The following five universal spiritual themes have been derived by Sellers (2001): Spirituality is 1) a motivating force that promotes searching for meaning and purpose in life through connectedness; 2) a dynamic life-long search process that arises from life and spiritual experiences; 3) expressed and practiced uniquely; 4) influenced by environmental context; and, 5) enhanced for individuals when nurses understand their unique human experiences and establish caring human relationships by being present, listening, respecting, and giving of one's self.

There are many definitions for the term, spirituality. However, most definitions include the following themes: meaning and purpose, hope, connectedness/relatedness, and belief/belief systems (Dyson, Cobb, & Forman, 1997). Kendrick & Robinson (2000) state that the search for meaning and purpose in life is one of the defining characteristics of spirituality. Spirituality is also defined as a concept that relates to all persons, as an innate and a universal aspect of being human (Cobb & Robshaw, 1998; Taylor, 2002).

Reed (1992) describes spirituality as the capacity for self-transcendence, derived from the worldview that spirituality is part of the nature of human beings. Spirituality refers to the ability of individuals to find meaning with a sense of relatedness to dimensions that transcend the self and that creates empowerment for an individual. This relatedness can be intrapersonal (connected with self), interpersonal (connected to others and the environment), and transpersonal (connected to a power unseen, God however defined). In a search of the literature for the characteristics of spirituality, Burkhardt (1989) came up with the following three descriptive characteristics of spirituality: unfolding mystery, harmonious interconnectedness, and inner strength. The following common themes emerge for the definition of spirituality: the desire for transcendence, and the desire to find meaning and purpose in life (Carson, 1993). Cavendish et al (2004) did a study on nurses' spiritual perspectives and six themes regarding spirituality were determined: it is a strength for acceptance, a belief system, guidance, connectedness, it promotes health, and it supports practice.

The definition of the spiritual dimension is very elusive due to the complex nature of the concept of spirituality (Kelly, 2004). The review of the literature suggests that nursing has a moral and ethical responsibility to address the spiritual dimension (Golberg, 1998; Simington, 2004). When exploring the experiences of nurses addressing the spiritual dimension, the spiritual dimension is often described by the integrated approach that describes the physical, emotional, social and spiritual dimensions (Cavendish et al., 2004). In this approach each dimension is separate yet what goes on in one dimension affects all other dimensions. The approach that may better demonstrate the significance of spirituality as the integrating theme in our lives is the unifying approach developed by

(Farran, 1989). The spiritual dimension in this approach is at the core of each individual and actually holds the physical, emotional and social dimensions together by surrounding them and weaving in and out of each dimension. In this approach, spirituality acts like glue that holds individuals together.

Stoll (1989) describes spirituality as being two-dimensional, one dimension being the vertical and one being the horizontal dimension. The vertical dimension relates to the person's transcendent relationship with a higher being (as in God however defined). The horizontal dimension reflects the relationship that one has with a higher being (God however defined), through one's beliefs, values, life-style, quality of life and through interactions with one-self, others, and the environment. Through the constant interrelationship between the two dimensions, a person's life is influenced in how they view and cope with life. I have come to understand spirituality as the experience of being in relationship (Clark, 2000) with oneself, others, the environment, and God (however defined), thus creating meaning and purpose to one's life.

Spiritual Care

The challenges of defining spirituality lead to difficulty in defining spiritual care in nursing as well (Stoll, 1989; Van Dover & Bacon, 2001). There is a lot of information in the literature about providing spiritual care for the dying or when a client is in crisis but less information about meeting spiritual needs throughout one's everyday life (Friedemann et al., 2002). "Frequently, without being asked, nurses are invited into the inner spaces of others' existence where there is suffering, loneliness, pain, joy and hope in the health-illness experiences" (Sellers & Hagg, 1998, p. 352). This creates the opportunity to become responsive to spiritual needs. This coming together in the nurse-

client relationship based in caring and compassion has been referred to as "standing on holy ground" (O'Brien, 1999, p. 7). It is also said that the nurse-client encounter is entering into a sacred space that leads to the spiritual growth and development of both the nurse and the client (Balzer-Riley, 1996; Goddard, 2000). Spiritual care begins with the nurse and goes full circle back to the nurse (Balzer-Riley, 1996; Kociszewski, 2004). When the nurse nurtures her/his own spirit, it allows the nurse the ability to open up to others in a holistic way. In the book, *Care of the Soul,* Moore (1992) states that to care for the soul one must live artfully. He suggests that to live artfully one must: pause, take time for self, others, and relationships, and be mindful of the present. One of the findings in a study with critical care nurses is that spiritual care permeated everyday practice through routine nursing behaviors such as, presence, listening, touching, and teaching (Kociszewski, 2004) This "everydayness" of spiritual care was also present through nurse's attitudes of respecting, honoring, being nonjudgmental, and advocating for client and family needs. Nurses felt that all nursing care was spiritual care when the care was consciously given (Balzer-Riley, 1996). Spiritual care is not separate from the other aspects of nursing care; when ordinary tasks are done mindfully, one is providing spiritual care as it is part of nursing (McKivergin & Daubenmire, 1994).

A quantitative study conducted by Taylor et al. (1999) identified factors that contribute to oncology and hospice nurses' spiritual care perspectives and practices. Hospice nurses were found to have more positive attitudes regarding spiritual care giving than oncology nurses. Hospice nurses had more training and felt more support from their employer to provide spiritual care. The overall results of the study showed for both oncology and hospice nurses, the best predictor for their perspectives on spiritual care

was how aware nurses were of their own spirituality. The authors of the study proposed that training in spiritual care should be included in curriculum, suggesting it is not a skill that comes naturally.

In another research study it was found there were four key elements for nurses to provide spiritual care: readiness and preparation to provide spiritual care, recognition of clues given by clients and families for spiritual care, experience in spiritual intervention, and the ability to move the conversation into conversation with God (however defined) through prayer (Van Dover & Bacon, 2001). Even though spiritual care has been accepted as part of holistic nursing practice, there is evidence to suggest that many nurses experience discomfort addressing the spiritual needs of their clients, are unaware they are providing spiritual care or do not feel it is their responsibility to provide spiritual care.

A phenomenological study was done by Carroll (2001), allowing nurses to tell their stories about personal spiritual beliefs, and providing spiritual care to individuals with advanced cancer. One of the findings from this study was that the spiritual dimension of care could not be separated from the other aspects of nursing care because it infiltrates all of nursing care. All the nurses in the study felt that by "just being there" they were providing spiritual care. Clark, Cross, Deane, & Lowry (1991) performed a study to define spiritual care from the perspective of clients. One of the findings was that for five of the 15 participants, nurses presence and care giving contributed to their well-being and hope. The following three themes were identified as the type of care they needed for their spiritual needs: trust, meaningful support systems, and a respect for personal beliefs.

Barriers to Spiritual Care

Barriers have been identified that prevent nurses from providing spiritual care. They are the following: economic, educational, environmental, ambiguous and sensitivity (McSherry, 1998). The economic barriers include lack of resources, time, and staff. The educational barriers include lack of insight and knowledge as to how to address the spiritual dimension. The environmental barriers include mainly the lack of privacy to counsel the client with regards to spiritual matters. Ambiguity included difficulty in defining spirituality and understanding one's own beliefs and the fear of mismanagement for the client's needs. Sensitivity referred to the belief that spirituality is a private matter and that it is not the nurse's role to address the spiritual dimension. Some nurses feel that it is the chaplains' role to provide spiritual care (Sheldon, 2000). The lack of awareness of one's own spirituality is an additional barrier to spiritual care (Wright, 1998).

The priority on physical needs and varying expectations of nurses and the healthcare institutions concerning the role in providing spiritual care is cited as other barriers along with time and role confusion regarding spiritual care by nurses (Van Dover & Bacon, 2001). Narayanasamy & Owens (2001) concluded from their research that education, definition of spirituality, and role confusion regarding spirituality are barriers to providing spiritual care. Grant (2004) identified knowledge and education, the definition of spirituality, and role confusion as barriers to providing spiritual care.

Spiritual Needs

In discussing the provision of spiritual care, one needs to first be aware of individual spiritual needs. Spiritual needs are defined as "any factor necessary to establish and /or maintain a person's dynamic personal relationship with God (however defined) and out of that relationship to experience forgiveness, love, hope, trust and meaning and purpose in life" (Stallwood & Stoll, 1975, p. 1088). The meaning of life, love, hope, and forgiveness are identified as the basic spiritual needs according to (Carson, 1989). Narayanasamy et al. (2004) named the above as spiritual needs along with connectedness and healing. In their research in the area of spiritual needs of older adults, they described how nurses identified spiritual needs. Nurses used clients' religious backgrounds, and spiritual/religiously loaded conversations where the diagnosis would prompt a response to the spiritual dimension to identify spiritual needs. From that same study, the following categories were identified as nurse interventions in response to spiritual needs: respect for privacy and dignity, helping clients to connect, helping client to complete unfinished business, listening to concerns, comfort and reassurance, using personal beliefs to assist clients, and providing for clients religious beliefs or practice. A descriptive qualitative study by Emblem & Halstead (1993) was done to compare the spiritual needs of clients and the interventions of nurses and chaplains. The spiritual needs described fell into the following six categories: religious, values, relationships, transcendence, affective feelings and communication.

A qualitative research study was done by Narayanasamy, Gates, & Swinton (2002) to begin to explore the ways in which nurses who work with clients with learning disabilities address spiritual needs of these clients, and what the barriers to addressing

spiritual needs might be. Nurses recognized spiritual needs, as religious and spiritual. The religious needs surfaced due to the clients background, and the spiritual needs surfaced due to cues such as spiritual or religious content of conversation. One finding was that nurses committed to the client-centered approach often picked up verbal and non-verbal cues described as spiritual. The authors of the study suggested that people who have searched their own spirituality, or have had spiritual experiences in their lives, are more sensitive to the spiritual needs of others. Also, the authors suggest that nurses are better able to recognize religious needs than spiritual needs of a client. From the critical incidents described by the nurses, two kinds of spiritual care given by nurses have been identified as procedural and personal. The procedural types tend to be based in religion and the personal type is described as non-religious. It appears that no matter the approach, it was the faith and trust in the nurses that provided a positive effect for the people with learning disabilities and their families. Sherwood (2000) states that the clients' quality of life is affected by the way spiritual needs are addressed. An important idea in the literature on spirituality and nursing is that for nurses to be sensitive to a client's spiritual needs, they need to have explored their own spirituality (Narayanasamy et al., 2002; Taylor et al., 1999).

In a qualitative study, Emblem & Halstead (1993) compared nurses', chaplains' and clients' meanings of spiritual needs and their related interventions. An interview approach was used. Findings showed that the way nurses and chaplains define spiritual needs guides the interventions they provide. This is important information for nursing, as a nurse needs to be aware of how she/he defines spiritual needs and to ask a client how they define their spiritual needs. When a nurse is sensitive to her/his own spiritual needs

it will allow the nurse to listen for how the client defines spiritual needs and then together collaborate on how to best meet the client's spiritual needs

Another quantitative study (Halm, Myers, & Bennetts, 2000) was conducted to determine if clients in a heart lung center had more spiritual needs than current resources could meet. The study determined that clients see themselves as whole persons and that clients were willing to discuss their immediate needs, including spiritual needs, with whomever was available. If clients are prepared to talk with whoever is available to listen, then often the nurse will be the health professional to whom spiritual needs will be expressed for several reasons. First, nurses are the largest group of health professionals and it is commonly known that the general public feels that nurses are caring and compassionate (Payne, Cook & Associates, 1990). Second, nurses are often the first health care professionals with whom a person will come in contact, upon entering the health care system. Finally, nurses are the health professionals present 24 hours a day, available to be with a client as needed day or night. It is often during the quiet times of an evening or night shift that nurses speak of addressing client's spiritual concerns (Fryback & Reinert, 1999; Grovier, 2000).

Spiritual Distress

A definition of spiritual distress is "a disruption in life principle that, when intact, suffuses a person's entire self, integrating and transcending one's biologic and psychosocial aspects" (Kim, McFarland, & McLane, 1987, p. 314). Spiritual distress can happen when one is off purpose for one's life or when a major belief crisis occurs due to a traumatic event or the ways of meeting spiritual needs are challenged or don't work (Simington, 2000). The following are the characteristics of spiritual distress according to

the North American Nursing Diagnosing Association (NANDA): expresses concern about the meaning of life/death, suffering and/or belief systems, verbalizes a sense of illness as punishment, describes disruptions in his/her usual religious practices, or expresses a desire for spiritual assistance. Stoll (1989) includes the following in the characteristics of spiritual distress: expresses anger toward God (however defined), questions meaning of own existence, questions moral or ethical implications of therapeutic regime, gallows humor, expresses displaced anger at religious representatives, and experiences nightmares or sleep disturbances. Disruption, alienation or disconnection from what was previously a comforting routine seems to be a common theme in the presentation of spiritual distress (Mesnikoff, 2002). Ultimately it is the client's validation of their own experience as spiritual distress that leads to the diagnoses of spiritual distress (Stoll, 1989).

Nurse as Healer

Providing relevant spiritual care can create optimum potential for healing in the physical, emotional, and social dimensions of each individual (Emblem & Halstead, 1993). Life is often referred to as a journey. In the professional and popular literature, life is described as a journey to wholeness (Malinski, 2002). The word "heal," which means to make, or become whole (The New Lexicon Webster's Encyclopedic Dictionary, 1988, p. 446). Quinn (2000) states that all healing work is spiritual. The healer has the ability to move a person in the direction of healing or wholeness. Nurses do healing work but have not given voice to this aspect of nursing, as they have not been socialized to view themselves as healers (Jackson, 2004a). The nurse helps to move a client in the direction of health. In this context the nurse could be seen as a healer, remembering that ultimately

the healing comes from within (Jackson, 2004a; Quinn, 2000). Florence Nightingale also spoke of how the most powerful healing force is within each individual (Quinn, 2000). With this concept in mind, the "nurse as healer" facilitates the environment for healing to occur (Quinn, 2000).

The concept of nurse as healer is not new but has only been formally written about within the last 25 years (Jackson, 2004a). With this recent addition to the literature, there has been an attempt to develop criteria and guidelines to define "nurse as healer" (Jackson, 2004a). Florence Nightingale spoke of this as the nurse preparing the environment to for nature to do its work. Quinn (2000) states that the following needs to be present for one to be a healer: willingness to bring the whole self to the service of another human being, not to be attached to the outcome, and having a conscious intent to be involved in the healing process. The use of self as healer requires being present in the moment with the intention of healing. To do this, the healer must have the intent to heal and have the ability to fully separate from each client. The healer is aware of their own and the client's spiritual nature as they provide care (Quinn, 2000)

There are many different ways to become a healer. The following are some examples: answering a calling; being born into a line of healers'; through a close mentoring relationship; having an experience that leads a person in the healing direction; education, and practice to develop the skills and intuition of a healer (Wardell & Engebretson, 1998). Being a "wounded healer" is another way to become a healer and it is suggested that many nurses come to being a nurse healer this way either consciously or unconsciously (Keegan, 1994). The term "wounded healer" became well known through Henri Nouwen's (1979) book *The Wounded Healer.* The term has been well used within

the literature and originates within the Greek mythology characters, Apollo, Chiron, Asclepios and Philocliter as well as with the shaman who has existed within many cultures throughout time (Conti-O'Hare, 2002). The legend of Chirion clearly demonstrates the meaning of suffering and its relationship to being a wounded healer. Chirion was a centaur that was accidentally wounded in the leg by an arrow and became lame. He retreated to his cave where he did not die, as he was immortal. He chose to move beyond his own pain by sacrificing himself to heal others.

The "wounded healer" has experienced her/his own woundedness, physically, emotionally, socially, spiritually, or in any of the four areas in combination. Through one's own healing process, these people develop a deep commitment to work with others who are in need of healing (Nouwen, 1979). It is important to note that one must have done or be doing his or her own healing work to be an effective wounded healer (Jackson, 2004a; Quinn, 2000). Jackson (2004a) states that this may be one of the essential components for nurses to create a healing environment for his/her client. This may also be essential to the health of the nurse, as wounded healers can experience their own healing when being fully present to others who are in the need of healing. This can be described as the therapeutic presence where the client and nurse connect spirit-to-spirit and healing can occur for the client and the nurse. Nurses who describe their practice as "holistic", state that time does not have to be a barrier to the above healing moments or brief encounters to occur. The brief moment can be a touch, eye contact, or a few words that can create movement in the direction of healing (Jackson, 2004a). If one does not do their own healing work, they become one of the "walking wounded." People are aware

they are wounded but are unaware of the affect their woundedness has on them (Conti-O'Hare, 2002)

A qualitative study was done to see if medical-surgical nurses named themselves as healers (Jackson, 2004b). Out of eleven participants, all eventually identified themselves as healers. Five did so immediately, while six did so after some time spent in reflection. None of the eleven nurses had reflected on the idea of "nurse as healer" before taking part in the study.

Nurses can facilitate the healing process in many ways but the two most readily accessible and powerful are: creating an environment for healing to happen, and the power of intent in the therapeutic relationship. For the healing environment to be established, the nurse must be the guide or companion, not the one in control. She /he must also be non-judgmental, letting the process unfold and working with the client to be in the present (Quinn, 2000). A qualitative study (Fryback & Reinert, 1999) was conducted to look at how people with a potential terminal diagnosis view and experience the concept of health. In the conclusion of the study, it was stated that nurses are in a unique position to help individuals deal with spiritual conflicts that clients encounter in their lives. The nurse can provide a healing environment by being present, listening, and by being able to ask the appropriate questions. For a healing environment to be established, the nurse must be aware of her/his own spirituality and feel prepared to work with the client holistically.

The other way for nurses to facilitate the healing process is the power of intent in the therapeutic relationship. The hallmark of the nursing profession is to create and maintain a therapeutic relationship with clients (Pullen, Tuck, & Mix, 1996; Quinn,

2000). McKivergin & Daubenmire (1994, p. 69) define the therapeutic relationship as "a conscious act of being fully present, mind body emotions and spirit to another person." It takes courage to be fully present to the client's fear and pain during the therapeutic relationship (Balzer-Riley, 1996). At the therapeutic level the nurse is using all resources including, body, mind, emotions, and spiritual resources (Jackson, 2004b). Being present in the therapeutic relationship can be viewed as being in relationship "spirit to spirit" which stimulates healing in both the nurse and client (Jackson, 2004a). The therapeutic nurse-client relationship is the interactive process that facilitates movement of the client towards wholeness (Landis, 1997). Each individual is made up holistically and when a nurse and client connect within the spiritual dimension, there is potential for spiritual growth and development of both the client and nurse (Goddard, 2000). The nurse-client relationship is reciprocal. Mutual growth and development can encourage healing, satisfaction and renewal of the client and nurse. Sherwood (2000) did a study to illustrate the impact that the nurse-client relationship had on the spiritual well-being of the client and the nurse. From this study it was proposed that the reciprocity of the spiritual connection is a significant factor in creating renewal, satisfaction, and healing outcomes for the nurse and client.

The decision to be a healer is made when one makes the decision to care. This decision takes courage as it requires vulnerability to the pain, suffering, and struggles of another human being (Quinn, 2000). Nursing is a demanding job and nurses see clients in physical, emotional, and spiritual pain. Nurses are skilled at working in the physical dimension and are becoming more skilled in working in the emotional dimension, but more needs to be done in the area of addressing the spiritual dimension. There is evidence

that nurses are suffering from burnout, compassionate fatigue, vicarious traumatization, and post traumatic stress, which could be due to the constant exposure to tragedy and human frailty, and a limited sense of purpose and meaning in their work (Bishop & Scudder, 1997; Wright, 2000). There is a need for nurses to care for themselves in order to be able to provide care for their clients (Bucholz & Schwartz, 2004). The nurse is also a whole person and needs to be viewed holistically and to care for themselves holistically (Cusveller, 1998; Long, 1997). Thus to provide care for a client holistically the caring for the client and the worth of caring become one. If providing holistic care in nursing is lost, the meaning in everyday care can be lost and this can lead to nurses experiencing burnout (Bishop & Scudder, 1997). Nurses need ongoing support to lessen the suffering they see on a daily basis but are not taught ways to understand, find meaning, and deal with their own response to the suffering they encounter daily (Jackson, 2004c).

In looking further into spirituality and nursing, the following two questions need to be addressed (Taylor et al., 1999). "What does it mean for a nurse to be spiritual?" and "Is spiritual sensitivity a teachable attribute?" The need to further explore what nurses have to say, and have experienced, in addressing the spiritual dimension with clients, is necessary to guide nursing practice. Providing an opportunity for nurses to speak about their experiences of addressing the spiritual dimension with clients could provide a better understanding of the benefits and risks of addressing the spiritual dimension to both clients and nurses. Further research is needed to discover how nurses define spirituality and how they address the spiritual dimension in their practice.

CHAPTER 3

DESIGN AND METHODS

Nurses and other health care professionals clearly want to grasp and sense the lived experience of their clients, to enter into the world their clients inhabit and to understand the basic social processes that illuminate human health and illness events.

Thorne, 1997, (p. 288)

Narrative research is a way to examine the role of spirituality in nursing, as the researcher enters the nurses' world through the stories of their lived experiences of spirituality. Narratives also have a practical and purposeful use in their ability to heal (Martin-McDonald, 1999); as listening and telling are phases of healing, the healer and storyteller are one (Frank, 1995). This opportunity can lead to guiding nursing practice, informing nursing research, and increasing our understanding of the benefits of spirituality and it's role in healing for both clients and nurses.

I approached this research project with a passion for learning about spirituality and it's relationship to healing, and the desire to listen to people's stories. It was in this spirit that the narrative method found me when I opened my world and shared my story of what I wanted to achieve with one of my committee members. He listened and then said, "You want to tell the nurses' stories." Thus, my journey of exploring narrative methodology began.

As I reflect on my research journey, it has not been an easy one but I have a sense that I have been guided by the participants' stories to the final product. The narrative methodology allowed me to work within the bounds of my philosophy and to become the

storycatcher. Storycatchers understand the value of story and practice the art of connection (Baldwin, 2005). In this chapter I will discuss the choices made on design, sample, setting, rigor and ethical issues. These choices guided my entry into the participants' world of lived experiences of spirituality.

Narrative Research

In examining the use of narrative across the disciplines it is evident that its application and use is diverse (Riessman, 1993) thus I needed to come to an understanding of how I viewed narrative research. There is great understanding of how we construct our social reality from a scientific view but there is little knowledge about how one constructs a social reality around the depth of human interaction (Bruner, 1991). Having said that, relationship is the heart of thinking narratively (Clandinin & Connelly, 2000). It is through narratives that individuals organize their experiences and memories of human experiences (Bruner, 1991). It is through narrative that the lived human experience of a phenomenon comes to life through a person's intention, interaction and action (Martin-McDonald, 1999). Narratives are a meaning making process in a structured form that organizes events, time, emotions, and consciousness of human experience (Martin-McDonald, 1999).

Of the various narrative methodologies available, I chose the narrative descriptive approach, with the goal being to "describe the interpretation narrative accounts of individuals or groups to find meaning in the sequence of events in their lives or organization" (Polkinghorne, 1988, p. 161). The document produced by this type of research allows people to make sense of past events and to anticipate future actions. Clandinin & Connelly (2000, p. 85) state, "enhancing personal and social growth is one

of the purposes of narrative." The outcome will be written stories of research participants' perceived meanings of their lived experiences with spirituality. The term narrative is often used interchangeably with story in the literature on narrative research. The definition of story is "an oral or written account of a real or imagined event or events"(New Lexicon Webster's Dictionary, 1988, p. 977). Polkinghorne (1988, p. 13) states that narrative is "a kind of organizational scheme expressed in story form" while Clandinin & Connelly (2000 p. 20) suggest, "narrative is stories lived and told." The story that results from the story being told is dependent on the teller, the codes of the story, and the hearer of the story (Polkinghorne, 1988). As do so many others, I will use the terms 'narrative' and 'story' interchangeably.

There is also discussion in the literature as to what method is best suited to explore and study spirituality. In researching spirituality it is important to remember that ultimately spirituality is what people personally say it is (Malinski, 2002). Van Dover, & Bacon (2001) state that qualitative methods allow a depth of understanding of detail that allows for a picture of the temporal, spatial, and relational whole to be developed in regard to what is happening with spiritual care. I believe spirituality is at the core of all human beings, and to honor the sacredness of each individual, I wanted and needed to "hear" the nurses' stories. Emden (1998) reminds researchers that one must approach interviews with the intent of listening to stories to qualify the interview data for narrative analysis. To hear the richness and expressions of experiencing spirituality, the narrative approach was the right fit as it is through narrative that the human experience is made meaningful (Polkinghorne, 1988).

Methods

Sample and Setting

The participants for this study were chosen as a purposeful sample of nurses willing to share their lived experiences of addressing spirituality in their nursing practice. Purposeful sampling is a process that selects participants with "firsthand experience with a culture, social interaction, or phenomenon of interest" (Streubert & Carpenter, 1999 p. 22). For this research project the sample was to be drawn from the active registered nurses in a large urban center. The opportunity to participate in the research study was made available to all registered nurses, inclusive of educational levels from diploma to doctorally prepared. Area of nursing expertise also spanned the scope of nursing practice. To adhere to the guidelines of the Health Research Ethics Board contact was made with the College and Association of Registered Nurses of Alberta (CARNA), formerly known as the Alberta Association of Registered Nurses for their assistance in acquiring participants. The introductory and information letter (Appendix A) was mailed out by the CARNA with a request to contact me if they were interested in participating in the study. These processes were in accordance with the Health Research Ethics Board's requirements.

Four nurses telephoned me in response to the information letter (Appendix A). I engaged each person in conversation by saying "Tell me about your interest in being a part of this research study." This allowed me to assess if the person was able to easily converse about spirituality and nursing. The fifth participant was informed about the study by her friend and she then chose to telephone me to express an interest in being in the study.

The participant group covered a broad range of the nursing demographics. They came from different areas in nursing, with a variety of years of nursing for each participant. The participants age ranged from 20 –50 and included four female nurses and one male nurse. The participants were working in the following areas of nursing: pediatric ICU, education, long-term care, psychiatry/plastics, and telehealth. Three of the participants had worked in a variety of areas throughout their nursing careers.

The participants chose the venues for their interviews. Thus the interviews were done in the following areas: their home or workplace, an office and a quiet coffee shop.

Data Collection

The data was collected by meeting with each of the participants twice for taped, unstructured, open-ended interviews that lasted one to two hours. Two hours is suggested as the length of a qualitative interview (Morse & Richards, 2002) and the collection of stories was well accommodated in this time. Open-ended interviewing allows the participant to take the lead, while the researcher asks clarifying questions and facilitates the expression of the lived experiences of the research participant (Morse & Richards, 2002; Streubert & Carpenter, 1999). I asked the participants to tell their story so they would use their own language to describe their experience as suggested by Mayan (2001). By doing so, the participants were free to choose what order and in what depth they storied issues and events that they saw as being related to spirituality in their lives. The tapes were transcribed after each interview. In the initial visit with each participant, I discussed the information letter and answered any questions that had arisen since our telephone conversation. The participants were reminded that it was their story and that the length of time they talked was directed by then. They were free to stop the interview

at any time, take a break, or request to have any information they shared kept private. In other words they had control over what was written.

A second interview was done once the initial data was reviewed with the goal to verify, probe deeper, or elaborate on the initial information with the participants. Prior to the third interview, the stories were sent out by e-mail for the participants to read and reflect on before we met. Each interview for each person ranged from one hour and 45 minutes to two hours and some individuals chose to chat for much longer after the recording ceased. Thus all participants had the opportunity to take the time they chose to share their story.

I complemented the interview data with extensive, reflective journaling. The journal notes allowed a way to do ongoing reflection for my beliefs, understanding, assumptions, and feelings during the research process. I journaled after each interview and at other times as information, thoughts, and ideas occurred to me. Journaling is recommended in qualitative research as it is a way of keeping the researcher "honest" (Mayan, 2001). It is suggested that keeping a journal for the researcher will be essential in providing context and background for the analysis.

In narrative research there is no specific tool that is used in collecting the data; it is the researcher that is the instrument for the study. Thus it is important that the researcher possesses the following attributes: the ability to communicate clearly and the ability to make participants feel comfortable to share their experiences (Streubert & Carpenter, 1999). This was developed initially by the information letter that was sent out to describe the research project and followed by the discussion on the phone about their interest in taking part in the project. Through this process a researcher-participant

relationship was developed where rapport and a sense of trust was established as the foundation of our relationship. During the interviews I used all of the interpersonal, communication, and active listening skills that I have developed over my extensive career in nursing.

Data Analysis and Interpretation

The goal of data analysis in narrative research is to uncover patterns, narrative threads, tensions, and themes within or across the participants' stories (Clandinin & Connelly, 2000). Having said that, one must also be mindful firstly to be attentive to the individual story placed before them, before exploring stories for common elements, to minimize the risk of superficial analysis occurring (Sandelowski, 1991; 1996). It is with this in mind that I approached searching for ways to analyze the narrative data I had within the stories of the participants. During the first read of the transcripts I was very aware of the rich content with regards to not only spirituality but also nursing in general. It was with a sense of anxiety and uncertainty that I started to move into the analysis and interpretation phase of the research. It is common that this transition time is filled with uncertainty, as there is no clear path or map as to how to proceed that works for all research projects (Clandinin & Connelly, 2000). That being said, I had to realize that the stories needed to be developed around spirituality and each participant's full story, while rich, could not be included, due to the limitation of space in the thesis. With this decision made, I felt more comfortable that the participants' would be honored and respected for the richness of each of their stories. This was very important to me as once you sit with another and listen to their story a relationship is formed. As the researcher, I felt a moral responsibility to do justice to the participants' stories.

I chose to piece together an analytical approach by drawing from different authors in the area of narrative research. Polkinghorne's (1988) narrative analysis and analysis of the narrative was useful. Narrative analysis pulls elements to stories and analysis of narrative is moving from stories to common elements or narrative threads. However, he does not have clear guidance as to how to move elements to story. To assist with the pragmatics of this process I followed Emden's (1998) guide as a way of keeping the full story intact. The steps are as follows:

1. Read the full interview text several times within an extended timeframe (several weeks) to grasp it's content.
2. Delete all interviewer questions and comments from the full interview text.
3. Delete all works that detract from the key idea of each sentence or group of sentences uttered by the respondent.
4. Read the remaining text for sense.
5. Repeat steps three and four several times, until satisfied that all key ideas are retained and extraneous content eliminated, returning to the full text as often as necessary for rechecking.
6. Identify fragments of constituent themes (subplots) from the ideas within the text.
7. Move fragments of the themes together to create one coherent core story, or series of core stories.
8. Return the core story to the respondent and asking "Does it ring true?" and "Do you wish to correct/develop/delete any part?"

I reviewed the transcripts several times including listening to the tape recordings of the interviews as soon as I received them after the interview. This brought the

interview alive once again, as I remembered the participants, their expressions, and the setting. This allowed me to be aware of the voice tone, inflections, pauses, and silences that I may have missed in the interview itself. It was like I relived the interview, renewed the relationship with the participant, and I was able to once again reflect on the content of the interview. I went back to the stories and wrote down any new ideas or comments that occurred during this process. I also highlighted in the margins the stories that particularly pertained to the participants' stories regarding spirituality.

Eliminating my comments from the transcripts, for the most part, did not interrupt the flow of the story. While Emden's (1998) guide was particularly useful, I found that in some stories, it might change the flow. I was careful when I chose to move fragments to ensure the integrity, as told by the participants, was preserved.

The stories were combed individually. If I was unsure as to what word to use to describe the theme, I would mark the area with a question mark or put a word that seemed to fit with a question mark beside it. I would revisit that area in the story as often as I needed until the right themes were established. I went through the story and highlighted all the specific content discussing spirituality. Once I had combed each story individually for themes, all the stories were examined for similarities and differences. These were written on paper with participants' names and page numbers recorded for use in the appropriate place within the written work. At this point the theme of the spiritual journey started to take shape and once again I went back to the stories to look for evidence to support this theme. It was at this point that the activities of the spirit became apparent in the stories; these included: turning inward, surrendering, commitment, and struggle.

I returned the stories to the participants by e-mail so they had time to read them before our last interview. At the last interview I used the questions from Emden (1998) and found that all the participants said the story was as they told it, and that they felt it belonged to them. Emden's (1998) process did indeed allow the participants' voices to be heard without changing words, grammar, sequence, and events as transcribed. None of the participants requested any changes to their stories. One participant said it was her story but she was not sure she was happy about how she represented herself.

Demonstrating Research Goodness

Rigor is established to demonstrate trustworthiness, truth, or the representation of reality in a research study. There is discussion in the literature by different authors about using the same scientific terms to assess the trustworthiness or truth in both qualitative and quantitative research. So how does one chose the terms to look at what makes a trustworthy narrative? Polkinghorne (1988) discusses that it is the definition of the terms and how they are used that makes the difference in using the language of other research methods for narrative research. Clandinin & Connelly (2000) caution not to use language from other research methods for narrative research when it does not fit. With the discussion of all the terms between the positivist and postmodern philosophies, I decided to use the term 'goodness' (Emden & Sandelowski, 1998; 1999) for addressing the rigor of this study. The goodness of this research study will be based on addressing the following: reflexivity and voice, credibility and transferability (Guba & Lincoln, 1994), verisimilitude, and uncertainty. Ultimately researchers need to realize that the decisions about how to proceed in a research process are fundamental judgment calls (Emden &

Sandelowski, 1998). This was part of the learning, to think narratively at the boundaries between narrative and other forms of research (Clandinin & Connelly, 2000).

In creating a good narrative, reflexivity and voice must be addressed as together they guide the conduct of the research and the writing of the research (Atkinson, 1999). Together reflexivity and voice capture the presence of the researcher, the participant, and the reader in the context of their lived experience (Atkinson, 1999). Reflexivity permeates all aspects of the research process, challenging the researcher to be conscious to the whole aspect of ourselves and the participants in the full rich context of their stories (Hertz, 1996). Self-reflection and journaling were a valuable way to be conscious to all aspects of the research process. Voice is the struggle around how one represents a balance between the researcher and the participants (Hertz, 1996). This balance is brought about through the judgment of the researcher, which exposes the researcher to the criticism of the participants and the readers (Clandinin & Connelly, 2000). The organizing and writing of this research project has been done to consciously honor the voices of both researcher and the participants, sometimes together, sometimes apart. For example, chapter four is the story chapter devoted alone to the participants' voices. Chapter five starts to bring in my voice and the voice of participants through thick descriptions, allowing readers to establish the connection between the data and the interpretation. In chapter six the participants voices and my voice, accompanied by other voices found within relevant literature, were brought together to develop a balanced text that would speak to the readers voice and experiences.

The goal of a good narrative is to present the stories of the participants' lived experiences. In other words, is the story credible to the storyteller and hence future

listeners (Mayan, 2001; Streubert & Carpenter, 1999)? An established strategy to ensure credibility is prolonged work in the area of interest (Streubert & Carpenter, 1999). Here my 30 years as a registered nurse and specific interest in the area of spirituality and nursing substantiate credibility by enhancing a rapport and trust between each participant and myself. Credibility is also established by each participant verifying that their stories were as shared. The final findings of the research project will be the written trail to provide confirmability of the study. The research trail has been written as clearly as possible to support the process used to arrive at the conclusions of this study. The transferability of the study is evident when the findings of the study have meaning to others in similar situations. Thus the transferability of the findings will be established, not by the researcher in this study, but by the fit with the experiences of the readers.

Verisimiltude is the appearance of truth or reality (Polkinghorne, 1988), which establishes the lifelikeness of the stories (Bruner, 1986). The reader is able to enter into the world of the participants and connect it to their own reality. Narratives are concerned with the human condition, thus stories are about providing meaning to an experience. It is important to keep in mind that the conclusions of narrative inquiry are open ended, thus reader consensus is the test for verisimilitude in narrative research.

Another criteria that was chosen to be used was that of "uncertainty" which means that the researcher is acknowledging the fact that the research outcomes are tentative with no way of proving otherwise (Emden, 1998). This is not to say that there is a weakness in the methodology but in fact gives voice to the understanding of the dynamics of knowledge development.

Ethical Considerations

Rigorous ethical guidelines are necessary due to the in-depth nature of qualitative research, the topic of study, and the self-reflective process for the participants. The Health Research Ethics Board approved the project. The ethical considerations include informed consent, confidentiality, researcher-participant relationship, and access to follow-up counseling and referrals. All research participants voluntarily signed an informed consent (Appendix B). In narrative research, it is impossible to have a fully informed consent because the initial open-ended question neither prepares the researcher or the participant for the stories they choose to share, or what effect that telling of the stories may have on the participant. Prior to signing the consent, prospective participants were informed about the possibility of life changes due to the self-reflective process involved in the sharing one's story. They were also informed of the counseling and referral process that was available if issues and feelings arose during or after the interview that they might wish to talk about further. In a narrative study, due to the one on one interview processes, the researcher-participant relationship must also be addressed.

Researcher-Participant Relationship

In narrative research, as with other forms of qualitative research, boundaries and role confusion can become issues due to the type of research and the relationships that can develop between the researcher and the participant (Streubert & Carpenter, 1999). It was very important that the participants were aware that my role was one of interviewer/researcher. It was also extremely important that I was aware of the potential of crossed boundaries and role confusion that could occur. The researcher can also be placed in a vulnerable situation if the research data triggers personal issues, therefore the

researcher must be very conscious of her/himself in the relationship and how she/he is being affected in the relationship. Thus I did self-reflection, journaling, and had discussion with supervisors for monitoring my boundaries and role as a researcher.

The narrative research method gave voice to the rich stories of nurses' unique experiences of addressing spirituality. The following chapter is the voice of participants through their stories.

CHAPTER 4

THE NURSES' STORIES

> *Life hangs on a narrative thread. This thread is a braid of stories that inform us about who we are, and where we come from, and where we might go. The thread is slender but strong: we trust it to hold us and allow us to swing over the edge of the known into the future we dream in words.*
>
> *Baldwin (2005, p.3)*

To dream about the future of spirituality and its relationship to nursing, nurses must be given voice to share their experience of how spirituality threads into nursing practice. This chapter is where the nurses Ahisma, Alice, Jada, Kevin and Suzie (fictitious names) give voice to their experiences with spirituality. Just as spirituality, the phenomenon in this study, is intertwined in one's life journey, the sub stories in this chapter are portions of the braid that form a thread. The thread, or full stories, due to their length, will not be presented in their entirety in this chapter simply because of the space restrictions. My voice will be minimized and be present in italics to introduce the participants to you. I invite you to hear the voices of the participants and merge your own story with theirs.

Participants' Voices on Spirituality

Ahisma's Story

It was early morning and still dark outside when Ahisma and I were filling our coffee cups at a quiet restaurant. Ahisma said, "Has anyone cried yet as they have shared their story?" "It has just been such a difficult year as one of my best friends died this year," her voice full of emotion and tears glistened in her eyes. I said no and that it was ok if she

was the first. Settling into a booth, Ahisma began her story. There was a "comfortableness" between us as we had worked together many years ago.

Are we really aware that we're dealing with a spiritual issue? I don't think people are aware. Its just part of the nature of what we're dealing with. We're dealing with people and we're dealing with the humanistic aspect of what's going on in our lives. It's happening, and they don't even realize it. One of the things, too, when we're looking at curriculum and curriculum development, spirituality is one aspect that really isn't touched on that much at all, in regards to how you prepare yourself for that area. Some of them say, if they've got some religious issues or spiritual issues, then, "Let's consult pastoral care." But you don't think about how can you deal with it as far as helping them in your role. That is a big void, because if they don't know, and in one way, it's a good thing if they don't know or they don't feel comfortable in it, then get someone that does know. At the same time, there's ways that they can also help in the areas in regards to being there. Just simple things like listening; that's one of the issues that came up. That's why I thought, "Oh!" The light went on again, too, the reason why we talk about the communications right at the very beginning. We seem to be flogging a dead horse in some cases as far as the students are concerned. "Why do we have to do this? Why are we doing these communication exchanges? Why are we doing this paraphrasing and doing different kinds of activities, like communication techniques?" And it's all part of what they're doing when they're dealing with the families. In some ways, we're dealing then with what they talk about with spirituality, but you're not addressing it as, "the spiritual sense."

Knowing what to say and how to say it at the right time is an issue. But some people just don't say anything, and maybe sometimes you don't need to say anything. There's a lot of discomfort in how to deal with some of the very heavy issues that you deal with in nursing, that's just embedded in our day-to-day work. I think that spirituality is there; I think we just don't even realize we're doing it, although we spread it throughout what we practice in some way, shape, or form. I bet you in every single nurse's day, there's some spirituality aspect. How they deal with it and how they're prepared for it is, that's the big

question. It's such a complex issue. Are we preparing our students, our nursing students, for that when they get out into the real world?

I was brought up Catholic, and I've got a foundation in the Catholicism area, because of my families, my mother, primarily. I've always kind of explored different areas. In fact, one of my favorite subjects when I went to get my bachelors, was Religious Studies, and it was fascinating. It really exposed me to a lot of different other areas of religion, so it opened up my eyes to the fact that, you know, some particular religions may not have the answers for certain individuals, and it really showed you that there are other ways of thinking and other ways that you approach life in regards to religion and spirituality, there's overlap, in probably a lot of people's minds, and in my mind at the time, it was religion, you know, religion, you usually think of the actual doctrine, whereas spirituality is the whole, it's the bigger picture. It's all encompassing, and it's being and values and beliefs. It really had a huge effect on me. Then my husband, having his Eastern philosophies and background, it's been an interesting ride, a journey.

I had a foundation of the stories of Jesus and Mary, and of worshipping God, and belief in that respect. I had the foundation there, obviously, because that was what I was brought up with. I honestly don't practice going to church regularly now, but I certainly have strong beliefs, and I've got a spirituality, in the sense of there's occasions when something has happened personally, and I think about, "What does this mean?" and "What can I do?" You just question things and look at your own belief structure, and I did some introspective thinking about "What's really important here, and how can I deal with it?"

That's just a kind of a background, a history of me as an individual, and spirituality. I think I experience spirituality in different ways at different times, and sometimes its solitude, it is a difficult question. I'm definitely practicing some type of spirituality, because of certain events that happened in class, or certain events happening in my life. You think about outcomes, or if you're working towards what's the best way to handle this situation, then you have to think about your grounding values in life…

One of my very, very close friends passed away this year (*tears glistened in Ahisma's eyes).* It was a situation where she had a cerebral aneurysm 2 years prior, and it's almost like a déjà vu, it happened again. She was at a family gathering and I got a call in the middle of the night from her father, this situation was happening. She came into emergency, and was not looking too good then; you could tell that she was very upset about it. She knew something was going on. From the very beginning, from the time she entered the hospital, all the way through the time that there were surgeries and family members around, and dealing with the whole situation, when you have to pull in your strength, probably from the foundation of your own religion and spirituality, but also take a look at what's the best way to approach, and how do you deal with this situation with all the family members, and how do you help them with regards to pulling things together? I'm so close to the family but you put yourself in the nurse mode with regards to spirituality aspect, and being there and listening and helping any way you can.

So it was a pretty intense time, and the family members look to you for advice, as all of them know I'm a nurse. Just being there for the family members when they did come in, because a lot had to come in from out of town, was all part of that week that just zoomed by, till she actually passed on, and it was pretty traumatic for everybody. And you just kept hoping. That's a big part of it. You were there, everybody rallied to be there. We kept thinking that there is a chance that there's going to be some possibilities here, and the physician also made a point of ensuring that everybody was made aware of it, through the husband. I just remember being there right from the beginning, and having to be around a lot. It's not having, it's a matter of I wanted to be there, too, for the support *(Ahisma pauses as tears well in her eyes).*

At the time, I would say I probably separated my personal from the professional. When I think back to some other situations with family members or close friends, at times, you do that, and it's after that it really affects you. How it affects you and how you deal with it, that's when you really look at your own things you need for your own strength to pull yourself together, because it is, I guess it'd be like the post-whatever effect of any kind of

a very intense situation. Cause it's something where you put yourself in a place that's really being helping and the strength there, and then afterwards, you have to it's not the matter that you're debriefing, but you are. Things are running through your mind about all the things that happened, and you couldn't necessarily respond like you really would have responded at the time because you were trying to be the pillar of strength to help *(Ahisma paused and wiped her eyes before she carried on)...*

Sometimes when there are intense conversations, and decisions to be made for your loved ones in a health care environment, sometimes you don't hear everything the first time. So I think it's pretty difficult to, at the particular time, to put it all in perspective. It's after you go away from the conversations or you go away from the situations that you start thinking about it, and then you really know and evaluate. It gets back to the spiritual aspect, too, I think, because it's related to your beliefs and your values, and again, thinking about what's the best for all concerned.

It was certainly experienced that you've got all the scientific, the best help, the best care, and the best as far as what's available, and everything's been examined very closely in regards to what to do in a clinical sense. Then after that, it's all in the higher brain's hands now in what happens from this point on. No one ever really lost hope, though. It's really funny, because it seems that there's so many setbacks, and you think, "Oh, my gosh, another hurdle to jump over." One thing I did, which at the time, it was pretty therapeutic for me, too; I'd sent her a note back, an e-mail, just a reflection of the day, saying, "This is what's happened, because I know you're going to be better, things are going to go well tomorrow, better than today, because it's another day, and you've got all this support around you, and I know you can do this, lady." So I'd do a bit of a summary of how we were all feeling and what she was doing, and some of the things that she did that were cute and quirky at the time, and I sent e-mails. Of course, the family picked it up, too. It was kind of like I was diarizing what had happened, and just again, publicly showing that "There's hope here, and we can continue, and we're going to do this together, and you'll hopefully get well and come back and read this, and we'll have a few laughs." So that happened, and that was helpful; helpful for me, and I think for a couple

of family members, too. Again, it goes back to why did I do that; maybe it's from some of the experience that I had in our own nursing training, in our nursing in regards to reflection, and taking the time to do that. Probably pretty important for some people to put things in perspective, too, and to also then create some sense of hope, especially when it was, when things were looking a little dismal at times...

Spirituality is really embedded in all discussions, in the elements of caring and dealing with all types of issues that really encompass spirituality, but it's not a course. I think that would be fabulous; it would be something that, especially exposure to the cultural and the spiritual elements that are out there, I think that would be fabulous if that was a required course for all students. ...I'm going back to the spiritual element, and it's a really intense case, but it's spirituality in day-to-day functioning that they have to deal with. When a client is in a dilemma about something, how can you assist them, and how do you respond to them. Even getting a diagnosis of cancer, and how to deal with that. And how do you respond to a client that says, asking specific questions on how they should deal with it, who they should talk to? You've got to keep in mind that their personal issues and personal situations have to be there to help direct them to the appropriate resources if you can't give them the information...

Just being there again. It doesn't matter what religious background you are. Religion is one thing; you can say you're a certain practicing religion, but you might not be necessarily practicing all the doctrines of that religion. But that's not the issue; it's the whole thing, in regards to the umbrella, the spirituality aspect, and your own grounding, how you feel and what you believe.

I'm thinking of one situation where a nursing student was in a room with a client, and she was really beside herself because she didn't seem to be getting through, is what she told me, in discussing certain things with the client. I went in the room with her at one point, and I was just checking to see what was going on for the day, and the client just had this outburst, and said, "Are you really listening to me? Are you really listening?" So we sat back afterwards and had a little discussion about it. She said, "I was listening, but I was

caught up in what I was doing, and I just wasn't totally there for this particular client, and I realize it now." And the next day, it was something that she said that triggered me to think, "I have to spend a little time. We have to talk about this." And I did, and I hadn't made time up to that point. So it was a breaking point, where the client said something that all of a sudden created a learning moment. It was probably a turning point for her, too, in regards to spending more time.

Even for crisis situations, too, and being there, you're hearing what they're saying, you don't think you can do anything more, but just give them the comfort measures: giving them a pillow, giving them a blanket, letting them know that there's coffee down the hall; "If you have anything you need, just let us know." Just those little things are expressions. Sometimes they don't realize that they can do that, or we can have these things available to them, and they're comforting.

Giving people space, that's another thing, space and time to be together. Especially when it's a family group, a family unit, giving them a place to actually do the private things that they need to do and talk about. I've walked in on a situation where someone they were talking about, they're calling in the saints and it was a very moving thing, because there was hope, and their expressions about this, but it was done in a very private setting, and allowing for that. They needed that; they needed that time when they were rallying together because of this, and I think it was very helpful for the family...

Spirituality has been mentioned in so many cases, too. It makes you think of hope. When you're dealing with some crisis events that we're exposed to. And you know how often that happens in our area; more than probably many others. Because if you're dealing with people who have got strong religious convictions and a strong base in the church, or strong bases in regards to even a belief in a saint or a belief in some higher being, or some enigma, it's just something that really makes a difference in regards to sometimes the approach in hope, and in "This has got to work. This has got to happen," and you keep praying for it to happen. I'm not saying that every time it comes out favorable in regards to the outcome, but at least there's that sense from the people that are there for

the support, and you're witnessing this, so you can see that it really does make a difference in regards to the attitudes towards some healing, some hope.

I'm thinking mother and daughter, and they're faced with a really critical event with a family member, so what they do is you try and make it comfortable for them in the waiting room area, and they're waiting for the test results and everything else, but no, the mother pulled out the rosary, and the daughter's talking about "We've just got to keep praying and hoping for the best." But you can tell that they're together, and they're just there for each other, and you're witnessing this as a health care professional, and you're thinking it's really dismal as far as what the outcome could be, because you know the broad spectrum of what can happen. It could be more devastating, or it could be a good outcome. Even if it was a temporary measure, you know and you're much more realistic because you know. But when you see that, that's hard, and facilitating it in the sense of making sure that they have a private area, and they have a pillow, a blanket, whatever, and they need time for themselves for reflection, and that would be probably something really useful and helpful. You don't even realize that you're just doing it as an automatic thing to make sure they do have some time, probably 'cause that's what you'd want. know.

I was thinking in regards to relationships it's very applicable. I worked with someone very closely, and before he passed on, I had I guess you would call it a spiritual relationship in a sense, too, because I remember going to see him in the last month before he passed away, and he had cancer. He went quickly when it was finally diagnosed. I remember coming to see him, and I thought, "Oh, it's going to be so difficult, because we'd had a professional relationship in regards to work." The environment was so supportive when I went through in regards to my crash and all the rehabilitation and a lot of the things that happened afterwards. I never asked whether or not he had, because he was so understanding, I expect very supportive, and still continuing on to do what I needed to do. But when I went to see him, I never, you know, he was in palliative care, and then they brought him home, and he was with his family at home. What do you say and what do you do when you go into this environment, in regards to how do you respond

to this? Because you've been in a situation where it's been strictly health professional, and you're doing your role, but at the same time, you have a connection with him and the family in regards to the situation where he is dying. I went to spend time with him. I remember thinking anyway, we got chatting, and he just wanted to talk about how things were going with regards to day-to-day life, and what's happening in regards to the progress of the project. Just nothing to do with how he was feeling, or nothing to do with, just treating him like and it's not that he was in denial, because he obviously knew he was dying. But it was just, "How are you doing? What's happening? Where are things going?" I just thought know, you don't know until you're in that position to know how you'd respond.

He was a senior executive of a facility I was working at, and he was a major significance in my life at the time. It was a work relationship. But after a period of time, I knew something was wrong, because there were a few things that he'd said that were pretty subtle. And of course, he couldn't go into it at the time; I think he was just getting diagnosed or whatever, and all hell broke lose when, I couldn't believe it. I mean, it was kind of shocking at the time, but at the same time, I was going through a lot, it's vague, because there were so many things in that first couple of years after my crash that I really don't remember too well. But my what-you-call "lucid moments," then I can remember; I just remember him being incredibly supportive. He had a very young family, which was really sad, because that makes it difficult for everyone involved.

That was a very significant time in regards to mortality and strength. You know, if you look at it, it's all part of the growth in our journey, isn't it, in regards to how we deal with things. That was definitely a time of incredible change, 'cause there were a lot of events happening after I had my master's. I was studying and I was working, it was a really worthwhile opportunity. Very exciting. And then you get the challenges and hurdles you have to deal with during that time, so it was kind of a combination of so many events. But it certainly was, I know I was fortunate to be there at that particular time, and I learned so much from him (*Ahisma struggled with tears).* He was there for me. You deal with spirituality in that regard, because you are, you're doing a lot of thinking, a lot of

reflecting, probably. Some of that might have been brought on by well; its drug-induced, too, because you're under a realm of all the things that are happening with you in Western medicine. I was on everything, and I was getting physiotherapy, and I was getting, you know, all kinds of treatments. A lot of it's pretty vague, especially when you're here you are in the health care role, and you're following your doctor's orders and everything else, and you're almost losing touch with what's going on because you're not used to having drugs and treatments. There was a lot of time where I was not very bright, for sure. I mean, supposedly, it helped a little, but it wasn't really until I got into the Eastern medicines that I had significant change in regards to how I felt and where I was going with my own health care.

So it was a combination of things. And then you talk about spirituality and reflection, and yoga, doing yoga, and the combination of acupuncture and massage therapy. I called it my "healing regime," but it worked, and it worked a lot better than all the drugs and everything else that I was on for months and years. Took a while. After the experience with the crash, which really made an impact on my feelings and I'm probably a lot more open to a lot of things after an event like that happened to you. You go through something like this, even discussing these things, I mean, there's so many you don't even realize how many sensitive issues over the lifetime *(Ahisma eyes brim tears)* over a period of even a number of years, I find a number of years, how that cumulatively probably affects you. We are stronger for it, you know, dealing with these things?

I think you have to be that way, in the sense that if you have time to sit back and reflect on it and look at it, and look at it realistically, then yeah, we can. You know, I think that we are stronger for it, because we've experienced these things and hopefully can, in turn, help others work through these kinds of things. Also, I'm much more open to that, to find support or advice or ways or suggestions on how to deal with certain situations now. I think that's a real spiritual aspect, because it filters into all areas of our lives; it really does.

Alice's Story

As I walked up to Alice's house I was drawn to the well cared for front flowerbed with a fairy garden ornament in it, which I thought, looked like an angel. The wheelchair lift at the side of the door caught my eye as Alice and the family dog warmly greeted me. The home was bright and well cared for with soft tones of blue all around. Alice and I sat comfortably at the kitchen /dining room table with the tape recorder between us, a steaming cup of tea in our hands, as her story unfolded.

When I was walking on Friday, and looking at the leaves and the water and the birds, and watching an otter swimming around and that sort of thing, I was thinking, "You know, this didn't just happen. I don't know how it got here, but it didn't just happen." And I always feel, when I'm walking by myself or with the dog, like I'm just that little bit closer to understanding myself better. Because I do have time, to think, to solve problems, to make plans, or to daydream. You know, you look at the leaves, and you think, "Oh, that's a really pretty color combination. What could I do with that?" I like to fool around with paint, and I take a lot of pictures, so I had my camera with me, and I was taking pictures, and "Oh, the way those power lines look is really kind of neat. They're just marching, one after the other, and I can see them for miles. I think I need a picture of that." It's funny the way that your thoughts kind of meander around. You start off in one point, and you end up somewhere totally different. And I know for me that some of the times when things in my life were really, really going badly, I would use the time that I was walking to pray. Maybe I wouldn't call it that at the time, but the way I was thinking: "What's going to happen next, and how am I going to cope with it?" and "Am I going to be able to cope with it by myself? Am I going to need help with this?" and "Who can I turn to for help?"

At one point when our son Jeremy was very close to dying, I remember thinking to myself, "Okay, here we are, this is what's happening. I'm at the point now where I don't really care which way things go; I just would like something to happen. Either he gets better and he stays with us, or he dies and goes to Heaven, but I can't live with this not

knowing. So if you're listening *(as she speaks directly to her God)* do you think you could just show me some kind of a sign which way it's going to go so that I know so that I can get myself ready?" And it was the day after we'd had our discussion about what we would do if certain situations arose, and we had decided that we would withdraw care if certain parameters were met. I was walking to the hospital and thinking these things inside my head, and hoping that I would get the answer I was looking for, but knowing that whatever happened was going to happen, and there was a reason for it, and I would have to deal with it.

Interestingly enough, about 36 hours later, Jeremy started to get better. It was rather a sudden thing. Like, nobody really expected him to get better. They figured that he was on this downward spiral, and it wasn't something anybody was going to be able to stop. They had tried everything they could think of. And all of a sudden, he's getting better. He's starting to wake up, he's starting to pee again, and it's looking like he might actually pull through this time. And he did; he got better, and has far surpassed anybody's expectations for him. And I think that was my answer: "I've chosen to leave him with you." Don't know why. I know that there's a reason; we may never know what it is, and I don't really care if I ever know what it is. I'm just happy that things went the way they did. Although I'm sure we would have dealt with it if it had gone the other way as well.

So I sort of bring my experiences to what I do at work because this happened to me. Because I know that we're not really in control; we do what we're told. Whether we know we're getting told about it or not, we just do what we're told. That was kind of one of the things that I said in my prayer: "Show them what to do. If it's your wish that he go, then tell them that somehow, and we'll do it and we'll get it over with. But if it's your wish that he stays here and we move through this, then You have to point them in the direction that's going to get us there." And a day and a half later, he started to get better. So some families, I will tell that to. It really depends on what kind of relationship I develop with them. I usually try to let them make the first move in terms of talking about spiritual matters, because I have no idea when I meet somebody what their beliefs are, what their faith is. Whether they have any beliefs or faiths or not, I have no idea. So if

they mention something about, "Well, if this is what God wants," then I know that I can start bringing some of this into conversations...

I think that a lot of people are reluctant to put that name on what they're doing with people. Nurses are providing spiritual care without realizing that that's what we're doing. And we're not calling it that, but it is what we're doing. I think it's the whole science of nursing, and the whole science of medical care. We're not supposed to look beyond that. We're supposed to focus on science, even though it's not perfect, and we don't always win. I think there's reluctance on a lot of people's parts to think about spiritual issues and asking the higher power to help. Because it's intangible, and nobody can really say for sure that, "Yeah, okay, I felt the hand of God," kind of thing, "while this was happening." Although I have to say that I think I have felt the hand of God. I think there's just reluctance on people's parts to go there. They don't want to push their beliefs onto other people, they don't want to sound preachy or pushy or anything like that. And then there are others who wear their religious affiliation like a flag, and I have way more problems with those, than the people who live their faith.

One of the most profound experiences of my life. I'm not going to put it at the top, because there have been a couple of other things that have happened. But I had been caring for this neonate who was from the prairie province we had lived in, so he had a little special part of my heart to start with, because he came from the same province. He was very tiny. He had a number of physiological and morphological problems. He had a heart defect that generally produces very sick children, and he also had, I can't remember the term that describes it, but he basically had two right sides in his internal organs. His liver was huge, and went right across the midline, and he had no spleen and all of the usual things you'd expect to see on the left were absent. This baby was really sick, and he had come in and had his heart repair done on a Friday.

I wasn't his nurse, but I helped with the admission. The next day in the afternoon, he started having some problems, and went into cardiac arrest. We were able to resuscitate him. It was a very lengthy resuscitation; it was, like, 45 minutes before we got him onto

eckmo (*extracorporeal membranous oxygenation, this is where the infants blood is circulated through a heart lung machine that adds oxygen to it and removes carbon dioxide from it then the blood is returned to the infant)* and he was on eckmo for several days, and they were really thinking that he wasn't going to pull through. Then he gradually started to look a little bit better, and they were able to get him off eckmo, but he still was requiring a great deal of support. After his first week in the unit, I volunteered to be a primary nurse for him. His family was not very intellectual. They didn't totally grasp what was happening with him, and they had other children that they were focusing their efforts on.

He had never been held, because he was born almost dead and needed neonatal resuscitation, and went directly from the case room to Neonatal Intensive Care Unit, onto a plane to a large city, to the Operating Room, to Pediatric Intensive Care Unit, and was never really held. So I would do the kinds of things that I would want people to do for my baby; you know, I would talk to him and stroke his head, and lean on the bed and wrap my arm around his legs, and sort of try and hug him that way. I got really attached to this little guy, he was so sweet, but he wasn't getting any better. As the days went on, it was starting to become obvious to us that we weren't going to win this one, but what do we do? The whole issue with pediatric intensive care for me is that nobody is ever willing to say, "Enough is enough." They just keep going and going and going until the kid can't take any more, and then the child declares, "I've had enough. I'm checking out." Then it's a whole huge, traumatic, horrible experience for everybody, because they weren't able to get there ahead of the child and make it good. "Got to save 'em, got to fix 'em. Doesn't matter that we're not going to be able to; we must do whatever we can. We got to keep going."

I was working a lot of nights, and I was having a lot of problems with decisions that were made during the day about what to do with this boy. "Okay, we've talked to the family, we are not going to escalate care, and we're just going to hold the line. We're not going to do this and we're not going to do that. We're just not going to escalate." Then his blood pressure would dip, and somebody would walk by and say, "Well, you'd better

give him some albumin." "Okay, would that not classify as escalation?" "No." "Okay, I'll give the albumin," and we'd pull him through another night. He started to look worse and worse. Color was really poor, and we had to continually fiddle with the ventilation. And he had an intracranial bleed (*bleeding inside the scull*). The only way that we noticed was the pupils were unequal, so they did an ultrasound of his head. "Yeah, he's had a bleed." "Well, maybe we need to just, you know, back off." But nobody could do that. They just weren't ready yet. So we kept on going.

Part of my heart felt like we were torturing this baby, because we weren't going to save him, why were we doing this? We were torturing the family, too, by continually offering them these little crumbs of hope that he's going to get better, when the largest part of our brains know that he's not. So I had a few days off, and I thought about him every single day, and, "I wonder what's happening with him. I wonder how things are going. I haven't heard anything. If he died, they would call me." I went into work one evening, and in report, heard that they had decided, because he had developed necrotizing enterocolitis (*the inner surface of the intestine becomes injured and inflamed, when severe the intestine can die, leading to a hole in the intestine*) and had a perforated bowel, that they were going to stop. Although at one point that day, our intensivist told the family that he could have surgery, and they would do a colostomy, and he could get better. They were going to take him to the operating room, and the surgeon said, "No! I am not going to do this, because this baby will die in the operating room. Would you rather not have him die here with his family?" So they discussed it with the family. "Okay, what we told you before was probably a little optimistic. He's not going to get better." So the family finally were able to say, "Okay, we'll stop now," but they weren't able to be there when it happened. So arrangements were made with the social worker, and the mom and the grandma and the dad, for them to come into the unit and hold him while we still treated him. So each of them had an opportunity to hold him, and then they left.

I came on at 7 pm, and he had been extubated at 10 to 7 pm, and was still breathing. So I went into the room, and one of our newer nurses was in there with him. "It's okay if you just go home. I'll hold him." I picked him up, and I sat down with my back to the

monitor, I turned off all the lights in the room except for the nightlight, pulled the curtains, and I sat in the chair, and I told him all kinds of things. I told him, "It's cold out tonight. It's really cold out tonight, so it's a good thing we've got a blanket around you so you're not cold." And I told him that it was really dark because it's December now, and it's dark at this time of day, so "We'll just keep it dark in the room, too. We'll just pretend that we're outside. But we're warm." I told him that pretty soon, he was going to feel a lot better, and that I could see his little wings sprouting out of his shoulders, and that his halo was starting to shine, and I could see that, too. I described what Heaven was going to be like for him, and how much better he was going to feel, and that eventually; his mom and dad would feel happy, 'cause he was in Heaven.

I sat in the chair, and I rocked him and rocked him. He breathed for a lot longer than I expected him to. He was warm, and he was snuggled up to my arms. And it really felt good to be able to hold him after all these weeks of seeing him dying by inches. I couldn't put him down. His heart stopped beating at 20 minutes to 8:00, pm and I couldn't put him down. I just couldn't; part of me needed to hold him longer, so we sat in the rocking chair for probably another half hour. And I kept talking to him, even though he was gone. I apologized for my lousy singing voice, and sang him a little nursery rhyme.

One of our doctors came in, and checked him out; yes, he's definitely gone. The charge nurse came in, and she said, "You take all the time you need. Let me know when you're ready, and we'll do the paperwork, and then we'll get security to come take him down." I said, "Security's not taking him down, I'm taking him down. I'm going to carry him." She said, "Okay, fine. You do that if that's what you want." So I washed him and wrapped him up. I dressed him in a little green sweater and hat and booties, and wrapped him up in a quilt that had been donated by one of the guilds. Half of the people on the shift that night came in to say good-bye to him. He just looked like he was sleeping; he looked so comfortable. And he'd never really looked comfortable the whole time.

So I tidied up the room, and I did the paperwork that I could do in the room, and I talked to him the whole time: "Okay, it's time for us to go now. I guess I'll just call and get somebody to come up, and we'll go down." A security guard came up, and it was his first trip to the morgue. Of course, it's my first trip to the morgue in this hospital, too, and it had to be his. I said, "Well, I'm not putting him in a body bag." "But we have to." "And we're not putting him on a stretcher. I'm going to carry him." "Oh, you can't do that." "You watch me. This baby's not going into a body bag until he's down there, because I cannot put him in a body bag and carry him through the hospital." So I put him in my arms, and took him down. I didn't cry; I have not cried for him, because I don't feel sad that he died. I feel happy for him that he's not suffering. The whole time that I was talking to him and rocking him and telling him about how much better it was going to be once he moved on, I started to really believe it. You know, "I'm not just saying this, I'm really believing it." I still don't know why. I believe that when it happens, it's better for everybody. Maybe not right away, but it's better for everybody.

I felt relieved for him that he finally was comfortable; he wasn't suffering any more. I also felt quite uplifted because it was the right thing to do. It was the right thing for him, and if we could have given him that sooner, it would have been even more right. But you can never really predict how long it's going to take people to reach that. We knew from the beginning he was not going to have a good outcome, but people were unwilling to admit it, to face it, to deal with it, and to move on. We did a lot of things to him that weren't in his best interests, and that really amounted to cruelty, in the end. But the day that we let him go was a beautiful day; it was perfect. Because he was an Aboriginal, I had this sense of him being welcomed into his extended family in Heaven, the Happy Hunting Grounds, and all of his ancestors being there, waiting for him. I'd kind of like to think that, when I go, that'll happen to me. I have a grandfather that I never knew, because he died when my mother was a child, and I would like nothing better than to meet him in Heaven! And the thing that really made it perfect for me was that we were in a room alone, where we could do this privately, where nobody was watching, nobody was observing, and I could say what I felt, and I could do the kinds of things that I felt were appropriate, without feeling like I was going to be judged...

A little fellow that we knew who had a liver transplant had died, and Jeremy was in the bathtub, and I was telling him, "I have some bad news for you. Pete died today. He went to Heaven, and he's with God now. Do you know what that means?" And Jeremy nodded. "So that means that we're not going to see Peter again." "Yes, we will." I said, "No, honey, when you go to Heaven, you don't come back." "But I did." "What's he trying to tell me?" I didn't want to put words in his mouth, so I had to really think about what I wanted to say next. "What do you mean?" "I went to Heaven, and I came back." "Well, where was I while you were going to Heaven and coming back?" He says, "You were sitting in the chair by my bed." "Okay. And then what happened?" "And then you got up, and you shouted at me, and you sat me up, and then you put me back down." And he described everything that I did after he lost consciousness. "You put a hot cloth on me, and I didn't like it." That was one of the things that I tried to wake him up with, because wrapping his hand in a hot cloth usually meant he was going to get a finger poked, and he didn't like that! So I thought, "If anything's going to wake him up, a hot cloth will," because I'd seen it happen many times before, so I put a hot cloth on him. "And then you went and got Maureen." Maureen was the nurse that was on that afternoon. It was a Sunday, and it was around lunchtime, and she was the only one I could find. "You went and got Maureen, and then you went and got Dr. Don."

Then he described the scene in the room; he described what happened in the exact way that everything unfolded. He described what we did, he described how he felt when I started taking his cards down off the wall and putting them in a bag. I said, "Okay, where were you while all this was happening?" "I was watching. I was sitting in the corner, watching." I said, "Could I see you?" "No." "Oh, okay. So then what happened?" "So then I was sitting there, and I heard a voice say, 'That's not the way it's supposed to be, son.'" Those are his words, exactly: "That's not the way it's supposed to be, son. You have to go back." "And then what did you do?" "And then I was back on the bed. I don't know how it happened, but I was back on the bed." And people were poking him. So he described the room, the scene, the things we did in so much detail, and he was using language that I hadn't heard him use since the stroke. Usually it was just one-word

answers to questions, and it was always with prompts. And he just talked and talked and talked.

So after that, I said, "If you knew what it was going to be like when you came back, would you still have come back?" And he looked at me and he said, "No." I had to take him out of the tub and leave the room! "Okay, we're just going to put you on the rug. Mommy has to go in the bedroom and cry for a while." So if he had known how much work it was going to be, and how long he was going to be in the hospital, and how hard he was going to have to fight to get to be the way he is, he wouldn't have come back. And then we went back to the one-word responses to questions. He doesn't ever, ever, ever talk about it, ever…

So spirituality: "sense of not really being in control." Yeah, that's sort of what my sense of spirituality is, is that there is Someone or Something guiding us and showing us the right way, and if we're listening and we follow the plan or follow the instructions that we're being given, then things will go the way they should. It's interesting, I was thinking about the whole issue of free will. We were talking about the moral distress about end-of-life issues, and I think it sort of comes back to the whole idea of free will. That's one of the gifts that we've been given, that we do have the ability to make choices and think things through from our own perspective and do what we feel is right, whether it is or not. I think that's where we really have to be paying attention to that guidance that we're getting, and do what's right, not what is easiest or what is being presented to us, but what's right…

Well, I definitely think that spirituality is there if you pay attention, no matter what circumstance or situation you're in. I tend to be kind of a laid-back person; I have a long fuse, and I don't get excited about things unless there's a really, really good reason for it. I don't mind letting people go ahead of me in the line at the grocery store if I have lots of things and they don't, or waiting that extra few seconds so this car can change lanes, and things like that, where other people get very agitated and have to be first, like my husband. But I don't know if that could be put into the spiritual context or not. I also

don't really think that you need to be in church to pray. I think you can pray wherever you are, and it doesn't have to be anything formal. It can just be, "Oh, please, let this not be what I think it is."

Or a formal religion, either. We do get a lot of families with different belief systems that call their gods other things, and they approach their decision-making based on their culture and their spiritual awareness. I think that it doesn't matter to me whether they're Muslims or Hindu or Baptist or whatever, they are basing their decisions on what they believe is right, based on their belief and their cultural background. Who am I to second-guess their decisions based on that? This is what they believe. I believe one thing, they may believe something completely different, but we want the same thing in the end; we want the best for the child. It doesn't really matter if they want Holy Water or if they want to have ribbons on the bed; that's a belief, and we need to allow them to have the freedom to express themselves that way. I like to sort of let them take the lead in bringing up spirituality. I never approach it directly; I always let it come from them. I don't want to force my opinions or feelings about spirituality or anything like that on others. If they express it back to me, like, "Would we be able to put this amulet on the bed? Is there some way we can protect it so it doesn't get lost?" Absolutely. "You feel that this is going to help, as long as it's not going to endanger your child, fine, we'll do it." And I try and make sure that everybody who comes into that room knows "This is important; please don't move it."

One of the best things I do for myself is walk my dog. We get exercise, we get fresh air, we're outside, we're looking at the birds and we're looking at the water and seeing the leaves on the trees. I really enjoy experiencing the changes of the season; even I hate walking through all this melted snow-water. And bringing a dirty puppy home. She has booties, so this doesn't really keep us from doing that. But you walk along the riverbank, which is my favorite place to go. We walk along the riverbank and we see the changes that are happening, and it's just so uplifting to know that in a few weeks, the trees are going to start greening out, and the ice is going to be gone off the river, and pretty soon, we'll start seeing the migratory birds coming back. There's that whole cycle of life that

goes on. I wouldn't miss that for the world. It's just one of the things I love so much about living in this community, is that I have that so close. I can walk for 15 minutes and see ducks nesting in the water, and I can see beavers swimming around, and I can see otters and all sorts of things, and try and keep the dog from chasing them!

And another thing that I like to do is just sit back and think about how far we've come since our own personal health crisis, and the fact that we're still together, all of us are still connected and that my daughters are healthy and independent people, and they didn't fall into the holes that often siblings of someone with special needs can fall into. They are both very willing to do for him and happy to do it, and I think that the fact that we've emerged through this, and I can say that, tells me that I had help! I didn't do this all by myself, and it was supposed to be this way, and it just ended up being this way, and it's right, and it should be.

I said something about there's sort of a reluctance to admit to spiritual feelings or to admit it being spiritual and having spiritual thoughts and that sort of thing. I really do think that it's there in all of us, and it's going to come out one way or the other, and we don't have to acknowledge that that's what it is when it happens, but I still think it comes out of all of us at some point or another in some way, whether we recognize it or not. I really do think that we're all spiritual beings, and that we all have the capacity to pass it along, whether we do it overtly or not. I think we're spiritual beings on a human journey.

Jada's Story

"We've been waiting for you" was the warm greeting from a young women with a small white dog in her arms. I soon realized that the term "we've" actually included two dogs, six cats of different colors and personalities, along with some other animals I did not have the opportunity to meet. We settled on two big cushions in the center of the cozy living room floor with the tape recorder between us on a footstool. As the dogs and cats moved comfortably between and around us, Jada openly shared her story.

I have been practicing nursing since 1997, so that's only a few years. It's a fair number now, but to me, it's only a few years. Where I work now I'm surrounded by nurses who have been nursing for 15, 20, 25 years. I really do feel like a baby sometimes. I was spending quite a bit of time thinking about what is my definition of spirituality, and there are very clear and concise sort of encapsulated definitions you can have, such as in the text books. But to me, although there are distinct aspects, they merge, the emotional, spiritual, and physical. You can isolate a person down to a body, but you're neglecting their emotional, spiritual well-being. I found when I worked in the hospital, as a student nurse, it was when they were starting to do all the staff cutting. Because of the increased pressure, because of the less staff, then you're increasing acuity load, people became the knee in 227; rather than Mr. So-and-so, with the knee problem in room 227. I didn't spend a lot of time in the hospital, 'cause the longer that I spent in the hospital, I noticed more and more, the clients became their problem rather than people. All the nurses did try to, in small ways, to personalize and to be kind, but everybody was so busy, ultimately, the person was "the knee" "the hip." Pediatrics was a little different. It's nice to have a good source of tact in order to deal with parents. It was very important! But even then, I wasn't there very long.

My own spiritual journey is, what most people would experience, alternative at this point. I've been in the Pentecostal Church, the Presbyterian Church and now actually, I don't go to any church at all. I may again at some point, but I know right now, it doesn't fit. But also thinking of the stories. One of the cutest ones was, as a student nurse, I was working

on a unit in a northern community hospital. It's a medical ward, and there was this old gentleman, and he had to have an IV, and they had heparin locked it. So we hooked this thing up, ran it by gravity, and then would undo it so he could walk around. His two daughters were in the room, and their biggest wish was to have the IV unhooked. I'm supposed to take it off. And it's not coming, and it's not coming, and I don't have a lot of time. All of a sudden, I just went, "Oh, God, please help me to get this off so that I can just set this man free!" The daughters just clapped their hands together and prayed with me *(Jada laughs)*. And I didn't even know that I had actually said that out loud. And it was just so cute. And then they were thrilled that I prayed for their father. It was very nice. Just one of those funny little things that happened.

I remember sort of in that vein, also, I don't know if it's politically correct, she was basically a Down's Syndrome woman who was in hospital and very nervous, and she had strong connections to a church. She asked me if I would pray with her, so I did because it comforted her. But there were other things, just meeting the need. Coming into a woman's room at 5 o'clock, 4 o'clock in the morning, and she's crying. She'd had a colostomy; she'd had to have one. She had no choice. She also had no choice to think about it, and she was having a terrible time after the surgery. The surgery had gone well, physically she was fine, but how to deal with it was really hard. The other nurses, in hospital, were very, "She said yes. She knew she had to do it. Now what's the problem here?" ...

One woman, she was one of those types of people that hospital staff loves to ship out to the smaller hospitals as soon as possible. She was moving with her family, and the ramp to the moving truck fell on her and broke both her legs, so she ends up with surgery, she ends up in the hospital. Well, she's a very outspoken, independent woman, and so, of course, are her children, who are adult, and she's driving everybody nuts. The practical assistance was there, but they were at loggerheads all the time. The staff did not like her, and yet, I could see they especially did not like the daughter. She, the mother, just fought so hard to maintain her dignity. One day, I was just giving her, her pills, and I said, "You're so strong. I admire how strong you are, because here you are with both legs

broken in the middle of a move, and you're miles away from home, and you keep fighting." She started to cry. "They don't treat me very well." She didn't realize how abrasive she was, but she still had courage to fight. Without those points of connection with people, nursing becomes empty, to me. The physical aspects are extremely important, otherwise they wouldn't be there, but if you can't treat the whole person, then they go away lacking. And it was a terrible experience, and the client hates those awful nurses, those awful doctors, and the hospital.

Part of it's the working environment that nurses are forced to work in the hospital. It doesn't allow for a lot of time. But if you can, within yourself, take a step back and take yourself out of focusing on the moment in what absolutely must be done and I think a lot of nurses do try and do manage, here and there; it's just there's always people who get missed, then you can pop in that little bit of humanness.

But to deal with the whole person, because they need to know why are you doing while you're doing it, you can talk to them and joke with them. Some people by nature just have a way of drawing people and making connections, and other people like the abrasive lady, you have to reach in. I think it's good that we have many different kinds of nurses, because it takes many different kinds of people to be able to connect with more clients. I can't connect with everybody; I won't. Some people, I will rub them the wrong way without even trying, and it's just the way it is. But another nurse may be able to make that connection with them. But it is very important, but personal attitudes and prejudices have a lot to do with it, especially psychiatric clients. I've done a little bit of psychiatry, mostly on pediatric, and I know, I remember sitting in report, and the other nurses giggling and rolling their eyes over the description of the teenage girl who tried to commit suicide because she feels so horrible about herself, and there is just no understanding. It's also where our comfort zones are, because sometimes the things we're most afraid of are the things that we mock, because that keeps it at a distance, it's not personal, "I don't have to look at myself and do any thinking and straightening within myself in order to be able to deal with this person on a kinder level."

I've met nurses that really are not sure of their own identity. They almost take on the identity of whomever they work with. Their behavior will change; when they're with this nurse, they'll be very kind, matter-of-fact, and then if they're with another nurse for a few days, they'll be very abrupt. They pick up the outward traits of the person they worked with.

It was actually interesting that I have dealt with three directly and closely taken care of three people who were dying. I did notice an interesting pattern with all of them. When I took care of them, all their vital signs stabilized. It was interesting. One actually recovered. He was quite convinced he was going to die, and whatever it was, I still don't know what his whole diagnosis was, he refused all his medications 'cause he felt there was no point. He would drink, but he wouldn't eat. He felt that he was dying. He was in very bad shape when he came in. As I took care of him over the day, his vital signs stabilized. I think it was him, but the next day when I came back, he was like a brand-new man. Whatever it was had passed, and he was up. He wasn't walking around, but he was sitting on the edge of his bed, he was able to take his medications again. He said to me, "I thought I was going to die yesterday." I didn't really ever say anything to him; I just took care of him. I also didn't fight with him if he didn't want his pills.

Another gentleman, he actually was brought to us from long-term care. I believe what got him in the end was aspiration pneumonia, because he had pneumonia. We put him on two antibiotics. He knew he was dying, and he didn't want to die. He was very restless. One of the supervisors sat with him for quite a while, as long as she could. Then she actually asked me, when I could, to go in and sit with him. It was a night shift, and I spent most of the night with him. We talked a little bit; not much. He really couldn't talk; he was very short of breath. But I sat with him, like, when I was reading a book, he looks at me and he said, "I'm not leaving." I looked at him, and I said, "Good. Then don't." Then after that, I was reading, well, I was quite a bit younger. All of a sudden, I looked up, because he was reaching towards me, like this (*Jada moved her hand toward her long hair).* I looked at him and I smiled, and I said, "Do you like my hair?" I had it back in a ponytail. He just

kind of smiled. He rested very calmly as long as somebody was with him. In the morning it upset him if you left. He needed somebody there.

I think, in the end, he died alone. What he really wanted and needed was somebody to be there with him as he passed. One of the sisters came and sat with him in the morning, but he died later that afternoon. I think by that time, he'd been left alone; abandoned, basically. We see that when people are uncomfortable. What he needed was just a presence to be with him. Just to be there, just to sit with him. It didn't really matter who it was, truly, just as long as someone was kind. It was sad. I was sad, because I knew he'd gone alone. I have noticed that when nursing staff are dealing with someone who they can't make better, who they can't do anything for, they avoid them as much as possible, I suspect, they feel helpless. I've caught myself doing that as well...

Going through the depression allows me to be a lot more understanding of people who are going through the same thing. A person in crisis can be pretty frantic, but it helps me to understand people who are going through a mental breakdown of their own, from a more personal level, you know, to realize, yes, they're doing all these weird things that they wouldn't normally do, and they're still human, they're a person, and they're suffering...

I got into contact first with a friend, and then an acquaintance that had done therapeutic touch, and I did a basic course with her. I knew that she was practicing, so I thought, "Well, I've done everything; I've done medication this, I've done counseling." I thought, "I have to have something. There's got to be something to help me." So I went to her. Through her, I met someone else who would be loosely classed as a spiritual advisor. In psychic terminology, she would be classed as a channeller. Basically able to sense your experiences, things that have basically hung up in you, issues, whatever usually any kind of intense emotional experience or physical experience and take it into her body and pass it out. That's how it works; that's how it's supposed to work. It doesn't always if you don't know how to let go of it; you end up with a whole bunch of stuff that's not yours. Basically, a bunch of energy that's not yours.

Therapeutic touch works with energy but this is different, because it actually goes in different layers and draws it out, from you into them, and they are to pass it out, is how it's supposed to work. I found that it did help; it did help. And actually, I see someone else here. For my nursing practice, I really haven't paid attention to what it's done directly for my nursing practice, but as I calm down, because some people find me very aggressive in the way I communicate. I can have an awful lot of energy, and I've seen people shut down as I talk to them, because I'm just so in their face and it's not deliberate, its just "Ahhhh!" (*laughs)* I get quite spacey! Sometimes I deliberately cultivate a certain spaciness in order to keep people at a distance, in order to keep out of the politics in nursing...

Sometimes spirituality is as simple as just encouraging the parents or the person that they're doing everything they need to do, helping them to feel reassured about what they're doing. Sometimes it's acknowledging that they feel helpless, and that that's okay, that's normal for the situation, but "You really are doing everything that you need to." Sometimes it's a little more in depth. One woman was phoning in, she had quit drinking, smoking, and she was beating herself up because she couldn't lose weight. We talked for a little bit, and I said, "Take a couple of steps back here. You have accomplished major things here. Why don't you relax and enjoy what you've done? Just start, if you want to focus on your weight, just little changes, because you have accomplished so much. And it's not losing weight, its making healthier choices." And we talked a little bit about that. I was fortunate enough to get a commendation for that. Also to refocus and giving herself credit, recognizing that she had accomplished something worthwhile.

Cause the staff wants to care. The majority of them there care about the client; they want to give good things. A lot of the nurses have been around for a few years, especially and they talk about the days when they could have time with the clients and how much better it was, how they miss the connecting with them. Because that also gives to you, builds you up and allows you to give. That connection can feed you almost as much as you're feeding the person.

It makes their whole experience in the hospital much better. Really, if you feel connected and supported, you just move faster in the healing process in every way. I mean, even students in school, if they feel supported in some way either by the teacher or the parent, they do so much better than the child who does not feel supported. In healing and in the hospital, just getting through the experience, the staff was supportive and a person feels supported, and it's so much easier to bear indignity in a dignified manner, and not feel violated...

My definition for spirituality, it's really changed because of what I'm going through. To me, it's the essence of life, but to avoid labeling it, it's also the essence of my life. If you don't have balance, or if you're not working for balance in all aspects of your life, your physical, your mental, your social, emotional, and your spiritual, there's always going to be a hole and emptiness, and sometimes even a failure to thrive. We talked about connectedness; it's so important, because none of us can survive alone. There's always something that supports you, even if it's the air that you breathe. So you're connected with your environment. Even if you choose to live as a hermit, you need the food that the earth grows, and you need the sun that grows the food, and the rain, and the change of seasons. Even though you might be many, many miles away from everybody, or just wrapped up in yourself in the middle of the city or a family, and isolated that way, this environment connects you to everybody else, because everybody else, in some way, shares it. For the people who are closer, they need their family; they need to know who they are and where they came from. They need to know the environment that they live in a little bit; not necessarily a lot, but a little bit about their community and be in tune a little bit with what's going on with the nature of where they live. And that can be quite violent, or it can be quite peaceful, or a bit of both. And it stretches out to their friends and the people they work with, and the people they or be it customers, clients they never see, nurses, doctors, clients, and it just it's like a never-ending, ever-widening circle. Because I really do believe is that we just try a little bit from whatever we're able to do, in some way, if we can give just a little bit of love, that will help someone a little bit, and it'll cause a ripple effect, and that, in some way, we can make the world a little bit better every day.

It doesn't have to be huge amounts. My mother sometimes showed great wisdom, because she said, "You can't change the whole world, but you can affect your little corner." And little corners are funny, because all those kids and all those people have a way of exploding out and running around for a while and affecting other people, and then they make their own little corners, and it starts all over again. And when you look into your heart and the heart of other people, and how you think and how you know things and how you understand things, and you start to try and correct the things you don't like, you really, really need to hold on to your roots and the people who will help you, because otherwise, you'll get lost. And it's not that you can't go to work or, it's just you get lost within yourself, and you really don't know what to do after a while. And if you listen to your soul, your spirit, whatever you want to call it, it will help you, and if you trust it, you can be what you want to be and be the way you want to be, but it can take a very long time.

If it's coming from the most positive source that you can manage at that point in your life, the most positive motivation, and you truly, truly set your heart on it, you'll get it. And you will somehow find a way. And it's funny, by being connected with your environment, the people around you, even the world around you, seem to work with you and support you. And the more you're able to open up and give, the more they will open up and the world will open up for you and support you in your journey. And it's for some people, spirituality is the first thing to look at; for many people, it's middle or last, which is why many people, I think, become much more spiritual as they approach death, because it's the last thing to do. But yet, wholeness, if you forget about yourself, your family, your knowing, just knowing how to be and what to do, you fracture into different parts eventually from just the stress of trying to live and be. And by, gathering the threads of your life, and everybody does it different; sometimes volunteer work, sometimes church, sometimes through a job, counseling, sometimes by going away alone into the woods away from everybody and all the noise. If you can do that often enough and with an open heart, you will either achieve fullness for the first time, or you can get it back. Because some people are born knowing, and you can lose it along the way.

But I do truly believe that everybody's capable of spirituality. Some have to travel a little farther, a little longer, a little harder, and perhaps their way is crueler, either to others or to them. But if that desire is in their heart, if that is truly at the center of their being, some day, in some way, they will succeed.

(*Experiencing Spirituality*) Is probably through energy. Experiencing it, it's like; it can be very painful at first. It's like digging in the darkness, and searching for things and bringing them out in to the light and really looking at them and then just letting them go. But after a while, things start to flow together. It's like you almost come back to yourself.

You can be religious, very religious and very good, but you cannot be spiritual, you can't heal without actually taking a real good hard look at yourself, and being sometimes very brutally honest. You can lie to anybody, but if you lie to yourself, you betray yourself. But you also have to be gentle with that, because we do very many things to survive, many, many, many things to protect ourselves.

A labyrinth is a very ancient tool. It's similar to a maze, but in a maze, you have to make choices; in a labyrinth, there's only one path in and one path out. In some ways, it's a symbol of the divine feminine, because there is only one very important path in, and one very important path out for most life. But in other ways, it's a journey to the center of your being, your soul, and your spirit. And it can be a very, very slow progress, or you can do it fast. You can zip in, zip out. But if you always go with good intent for yourself, or even for someone else, because maybe you're checking out something that you did or they did to you, you'll always find something. My first experience walking the labyrinth was superficial, but it was a way to start learning. It was just neat. It was neat to be there, it was neat to share it with the people.

But meditation is whenever you do something that you enjoy that allows you to think about your life and yourself and your friends, and figure things out. My meditation is walking my dogs. Doing something, going for a walk, being outside.

Spirituality is also, I think, sometimes about taking a risk, being vulnerable. And it can be very simple, a simple thing as dancing, belly-dancing in front of a crowd of people who do not know you, but a couple of people you sort of know, in the intermission of a little recital, just because you want to dance, you can, and you're dressed the way you want to be for a change.

If you don't heal, you don't grow. And it's also a way, the pain, what we feel, I really think, is, it's like forcing something, a door, perfect with rusty hinges on them, and it's hard work, and it screeches and it scrapes and it grinds, and sometimes it even breaks. But by the pain that we feel with these things, it's like that. It hurts! It's difficult, it screeches and scrapes, it makes you want to moan, groan, cry, kick, be nasty to people, all sorts of things. But it's also very frightening and some people don't want to do it, but the only way you're going to know that you can survive that is just to go straight through. Occasionally, you can just let things go; you can just make that decision, and it's gone, it truly is gone, like the moment you truly decide to forgive someone, and that it is no longer important for you to be bound by the past. You can just let it go, and there's not a lot of pain in that, necessarily, but there can be an awful lot of pain in allowing yourself to get to that point. We force ourselves to suffer, because we feel it's all right. Sometimes we feel it is a way of marking something that happened. And holding onto it. And sometimes, we use the pain to try and punish somebody else for what he or she did or maybe we only thought they did.

If you open the door and you go through the pain, everything starts to flow, like water, like undamming a plugged-up stream. Sometimes it's like tingling, and sometimes it's like something just literally it's sometimes like taking a jug of warm water and having someone pour it over your head from the crown, and just letting it run down your body, and doing that again and again, only instead of going down, it goes up. And it can start at any point, depending on where it is you're holding that. Sometimes, you know, grinding your teeth is growling, growling quietly.

And getting used to that not actually being dead, but being all dammed up with a whole bunch of stuff that really doesn't need to be there. And spirituality, sometimes you need that numbness to actually work through things, as long as you'll still let yourself feel enough of it so you know what goes on.

I think it's a defense mechanism so you could save your sanity while you're doing this! I don't know; 'cause I do feel numb sometimes. None of this can come from conscious control. It's a way of keeping all your ducks in order so that you can do what you have to do. And it doesn't necessarily stop spirituality, but it can get in the way, because you can get used to it. And it's good to a degree, because you do have to do some things. Sometimes you have to do that job, get up and help that child. You know? But if you don't let it go and start to feel again, then it just becomes a block, and you stay that way. It can create some major problems.

I've been more in tune to what was really going on in my life, what I was really trying to do spiritually, which is, I mean, you can have everything; you can have a decent marriage, you can have everything that you want, and know that something's still missing, and that's usually, when you get right down to it, you've neglected your spiritual, your spiritual aspect of your life. Because if you find that you work very hard and do improve, and you make definite positive changes in your life, spirituality is very much an evolving process, and that sometimes, even from day to day, your outlook can change very dramatically.

Kevin's Story

Kevin greeted me at the door to the office where we had agreed to meet. He was a young pleasant man who had a gentle presence about him. The office was bright as it had a row of windows on two walls of the room. Kevin and I sat in comfortable black colored furniture that framed a small table in a corner of the office and I placed the tape recorder on it. Over coffee and a muffin Kevin shared his story.

I was one of two of my parents' first children. My mother is Catholic, or was baptized Catholic, and my father was a devout atheist. My earliest religious remembrances or spiritual remembrances are being at the church. My father's mother was United, and I'm not sure if she insisted or what, but my mom and us children would attend the United Church up until we were school-aged. I remember it being fun in Sunday school. We learned about Jesus and Jesus' story…

Then I went into nursing, I must have been 21years as I was just starting the nursing program when I really felt that connectedness to spirituality. It was a very challenging program. I found the first year to be quite challenging, especially changing from the lecture-type learning to context learning; it was a huge transition. And we talked about the spiritual dimension of nursing in school. Then I was thinking about it at that time, because we were talking about it in school, and then my sister was on this journey where she would go to classes every week and she was finding herself reconnecting with religion, into Catholicism. I'm on the spiritual journey, and I'm taking classes on world religions, and I'd sort of begun my search then. Having my sister's baptism and feeling that connectedness to a higher power sort of ignited something in me. So we were talking about spiritual dimensions of nursing in school, and it just sort of all catalyzed at the same time, for me to start feeling connected again. And that feeling was so intense and so wonderful that I didn't want to lose it, so I sort of redoubled my efforts of trying to find what fit with me, and I did a lot of reading…

I went on my first practicum in nursing to long-term care, where I think they try and weed us out (*laughs).* It's not for the weak of heart, trying to survive that first rotation, because long-term care can be a very draining, terrible thing, I think, for some people. We were at a religious long-term care center; so there were religious pictures and things on all the walls, but we were so understaffed. Even with 12 students at the facility, we were run off our feet, and staff were so grateful to have us there. You never saw an ounce of spirituality in the place, aside from pictures on the wall. That struck a chord in me as well, because especially for older generations, I know that religion is a very important thing to them. I know my generation, we talk about spirituality, and some people have active spiritual lives, some people don't; for a long time, I never did. And you could see for some of the elderly people, it was something that they were missing. I think especially because I was feeling that connectedness at that time, the disconnectedness of so many of the clients and the elderly who couldn't care for themselves any more almost was like a grindstone on my heart to see these people suffering and not feeling connected to anything, and just waiting to die. That's what it often felt like in long-term care. That was very hard for me, and I almost quit. I almost quit nursing, because it was really hard for me...

Then school went on. I did my psychiatry rotation, and that was one place where I found, again, a very strong disconnectedness. There's either the extreme disconnectedness of our severely depressed people, or the almost, like, religious fervor of our manic or schizophrenic clients, who almost had an over amplified not spirituality, necessarily, but obsession with religion. Again, this sparked in me that question: what is going on in medicine and in nursing to address these concerns? Because the extremely depressed people didn't seem to have anybody talk to them about religion or about spirituality or about why they felt despondent. We talked a lot about their family relationships, we talked about their life situations, we talked about solutions to the problems, but we never really talked about that disconnectedness.

Being a person who had experienced a period of depression directly related to that disconnected feeling, like, not feeling like I was a part of the universe I can see it

reflected back at me in so many of these people. Then the ones on the other end of the spectrum who are obsessed about persecution, ideas of persecution relating to Jesus, of the devil, going to Hell, again, there was that disconnected feeling of thinking but not feeling. Because in my experiences of feeling connected, I never ever felt that I would be persecuted. My experience with connectedness or God or the universe was always so overflowing with joy and peace and positive things, that I could never imagine them being harmful to me. In that, when you see someone who is so psychotically obsessed with his ideas of religious persecution or religious grandiosity, there wasn't that joy or peacefulness; there was discord, complete discord. Of course, we never talked about that with the clients, either...

The power differential that often occurs in nursing seems to dissolve when you reach that level with a client, because they feel like they can talk to you, and that you're not going to turn around and medicate them or tie them up or judge them or anything. So what I would notice is when I would walk in a room, that clients would greet me by name, things like that, where it wasn't just a matter of seeing me every day, but knowing me. It's a beautiful thing when it happens. I remember having an extremely psychotic woman client, and over the course of a couple of weeks, she got a lot better. She had a long history of schizophrenia. I felt like we connected on a spiritual level, because she had a lot of ideas of persecution. When she came in, she had believed that she was pregnant with the devil's child, and a lot of very unusual thinking ideas. We talked about things on that level, and when she was discharged, she was leaving right as shift changed, and I was coming on. It was, a quarter to 3:00 pm when I was at the hospital, and she was just leaving the unit. I walked on the unit, and she put down her bag and she said, "It's a quarter to 3:00, Kevin. You're not at work yet. Give me a hug. I'm going home." 'Cause she knew that that was a boundary that couldn't be crossed at work, and that there is a no-touch policy on the psychiatric unit. She just wanted a hug because she felt better. I felt like we were able to do that and have a safe and not harmful to either one of us. That just really made my day! And everybody was sort of laughing and smiling, 'cause she went from being one of those clients on the unit that you can hardly handle because she was so ill. And a lot of people disliked her; she kicked staff and was very, very ill at one point.

Those people who did, at some point, connect with her could see that there was a connection between us as well, and it made them laugh and smile. It was just a really wonderful moment on the unit.

One of the things she and I talked about, when she was getting less psychotic, she started to become very depressed about the fact that she was ill and that she would need to take medication for ever. She had a child, and she was worried her child would be ill. She was so upset about it that she wouldn't do anything; she wouldn't get out of bed, she wouldn't comb her hair. She was feeling quite doomed, and I talked to her about hope and just talked about it a lot, and hope for her child and hope for herself.

In psychiatry, so much of what we do, I think, to be effective in psychiatry, is listening to those stories and gaining that trust. On a busy surgical ward, that just becomes exceedingly difficult because of the amount of time you have to spend. It's definitely a different dynamic. Where talking about spirituality was discouraged on psychiatry because of its potential to rile up the clients or whatever, or just people's own discomfort with the topic, on surgery, it's almost like "We don't have time for that," or "There's more important things to do." The hands-on, the physical I think there's very much that attitude among surgical or even medicine nurse. When I was doing my rotation in medicine, we just were run off our feet. If we did take time to do things like that, some of the nurses would be, "That's nice for you. You're a student, you've only got half a client load." But I still think it's so important that we do take the time to listen, take the time to do the background, to do the things that nurses traditionally did that made them such an asset to the client. Because the doctors aren't available; they're there for 15 minutes, 5 minutes, a minute and a half, because they're busy and they have a lot of clients to see. Especially surgeons; they're in the OR for 18 hours a day. So it's our job to get those stories and to share them with the physician, because sometimes those factors are important clinically, as well...

I think spiritual practices are almost key. There's so much literature on the fact that a positive outlook and strong support, so much support for people comes from feeling that

connection to God or the universe or to others. Because I think that's so much of what spirituality is; it reminds us that we're all part of something bigger than our little existence.

One thing that I've noticed, too, on surgical floors, is often, if a nurse isn't comfortable with the spiritual aspect of things, they'll consult pastoral care, which, thank goodness, we have, because it's an amazing resource. It is sort of like the easy way out for nurses, I think, sometimes. Because they see a client in spiritual distress, and whether they know how to handle it or not, there's that resource...

I think, honestly, spirituality is definitely a journey. A lot of people, I think, maybe don't embark on that journey, whether it's because they aren't interested or they have nothing happening to cause them to go on the spiritual journey. It does seem like there are some people who, for whatever reason, do go on that journey; they do seek, I don't want to say "the divine," but they seek something more, or they question. And other people don't seem to ask the same questions. I think there's people, too, that, that just deepen that understanding of who we are or where we are on that journey. Since my sister's baptism, I've noticed that I've noticed or opened the door to exploring spirituality with more people since embarking on my own journey. Even with the nurse that I work with, the breast cancer survivor, even that small interaction we had in the lunch room deepened my understanding of my own spirituality, because she made some comments about her experience that sort of brought to light things for me...

I try not to think that I've survived a lot of hardship, but there are a lot of things that have gone on in my life that definitely sort of not forced me in that direction, but had lots of strong pushes to seek more explanation and more I don't know; I don't think values, but for a long time, that lack of connectedness was very detrimental to me as a person, and maybe the combination of going into nursing and feeling that connectedness again, I think that really just woke up in me my spiritual, or at least maybe now listening to the spiritual aspect of myself. Because so many things can go on, and for a long time, I think I just walked through them with sort of like a blindfold on and it seemed like terrible

things kept happening, and I was just blindly walking through them without finding any kind of meaning or explanation, and I was just moving forward and looking at everything, almost to a nihilistic level. It wasn't until that sort of waking up at my sister's baptism that finally felt like I would connect with something more than just my own sort of, at that time, meaningless existence.

I guess talking about what spirituality means to me, I was thinking about connectedness, and that's what I think spirituality comes down to for me. I was thinking about a conversation I had with a friend about one of her more I don't want to say pseudo-Christian friends, but a person who identifies very strongly as Christian, but then does all kinds of mean things and is very judgmental of non-Christians. We were talking about this, and my friend said, "You know, she talks about how connected she is to God, and how present Jesus is in her heart, but," she said, "I almost think she talks about it so much because she doesn't actually feel it. She doesn't feel that connection." So then I was thinking about it later in the shower, and I was thinking, you know, that's what it is. That what it comes down to, is how connected you feel to something bigger than yourself.

For me, at least, that's what it is. Because with Buddhism, I don't do a lot of the ritual stuff that goes with it. I do meditate, I do try and think about nothingness and those things, but for me, what it really comes down to is feeling connected to the rest of humanity and wanting to do something to improve their suffering, or wanting to lessen my own suffering by helping to lessen the suffering of others. When you look at all the things that I was taught growing up in Catholic schools and things, that's what I think a lot of religions are trying to get the message out, is that we need to be connected to God, and in being connected to God, feel the hurt and suffering of others, and try and do something about it. But I think sometimes that message gets mixed or lost, or depends who's doing the message. But for me, spirituality is definitely about the connection that you feel to others, to the earth, to, yes, to God, 'cause I think it's sort of present. I say I always translate God as everything: God is in everyone, God is in trees, God is in buildings, and everything is because of God. But I don't think I really, until recently, realized what that meant in terms of your actions and your attitude and things. So I think

when you really start to feel like you might feel connected to God, you start to realize that everything you do relates back to that connection and how you maintain that connection with other people, with your environment. I think that it's through all your experiences. It's sort of an awareness thing, too, like, how present you are in the experience. Because you can have really good conversations, but if you don't reflect on them 'cause it's also that period after...

Fortunately I have a few friends who are nurses and doctors, and also, we all talk. We're very supportive of each other. And it's good. I think, if more nurses weren't afraid go there. Like, that change again comes from my friends, more self-healing, more self-realization, and more research and things like this that back up the need for it. So many people have very analytical minds that, you know, if it's not in the literature, it's not real, it's not important. And it's important as a medical profession and as healers to think about and to reflect on it.

Suzie's Story

As I entered the parking lot of the nursing home I was struck by how the building was tucked in behind the other buildings. While I waited in the lobby I was keenly aware of the different residents and staff interacting at and around the nursing desk and in the lobby area. I soon was greeted by Suzie, a slim middle-aged woman, and we walked through the nursing home corridor down to her office. As we settled into her office, Suzie took time to make coffee as it was nearing the end of a busy day for both of us. We sat at a small round table, the tape recorder between us, Suzie held her coffee cup she began telling her story, in a low soft voice.

I was brought up in the Christian Reformed Church, so a Dutch Reform background. My parents were immigrants, so I'm a first-generation immigrant, which is doing me in good stead in this job, having that kind of empathy for our new immigrants here. I had come from a fairly closed environment, so in a way, I was like a cat let out of the barn when I got into nursing school. I was, "Oooh, I can try everything!" I came out of nursing school and went into a full-time position with, being very happy, dating somebody regularly, and settled down into married life while I was working.

Then I had one of those experiences that was life changing for me. I could not get the physician whose service it was to come in an emergency situations. I ended up in emergency, hollering at doctors and had them all quivering in their boots, and said, "I never want to be in this position again, ever." Quite soon after, I quit nursing and went into an office position, a freight-forwarding company, and just absolutely loved it. So I did accounts receivable for a year. But nursing pulled me back, because there's something very different about dealing with somebody who's missing $50,000 when you know it's in the books somewhere, and somebody almost losing their life. I got a job, and I got a job here, so I've been here since 1984, 20 years. I got here and it was my niche: long-term care...

My father had a motto that has been part of me, and that is "Do justice, love mercy, and walk humbly with your God." So justice is something that, you know, I'm suspicious; it's got to be right. I'm a little bit judgmental, perhaps, but I'm aware of it. Mercy, I want to. I may not be as good as some, but that's personality, and I've been molded to a certain extent. So I guess I was here for a purpose, but it was difficult.

So I'm not looking at a world view; this is my story of dealing with the world that I've been put in, and then dealing with myself and my reactions to that, and trying to find ways that the Lord wants me to live. I walked through the vale of tears; I walked on the seashore with only one set of footprints for a long time. Never lost the knowledge and the surety, but the emotions were of hopelessness for a long time. It was just persevere and keep going, and I'm still sort of into that mode, but it's been a little bit better. A few things have improved for me, personally. But because of my experience, there's more expected of me too. So advocacy is part of my role.

When I think of spirituality, I think of a co-worker of mine, that takes the Bible and goes and reads to somebody who's dying. Leaving myself open, but not initiating and feeling guilty that I didn't initiate using words like God, and Jesus, waiting for people to say it themselves. I got into some trouble when I was in nurses' training when I tried to set the law down that I didn't want to have anything to do with abortion. This was my morality that I didn't want anybody to play with it. So I became, actually, a bit defensive and not as open about what I believe. And yet, there's got to be a role for that, too, because now we're having troubles. These crisis's, that seem to never end, I can say to somebody, "I'm going to be praying for you," and then afterwards, them coming to me and saying, "Were you praying for me?" 'cause it worked. It's very positive. I could say that to just about anybody here now, and they could tease me about it, but they would respect me for it anyways. But I don't want to be the one who says, "I'll pray for you, I'll pray for you, I'll pray for you," 'cause it just doesn't hold the same effectiveness.

So I don't say it that often, but I have maintained my habit of praying before meals. So wherever I am, before I eat, I fold my hands, and I pray. I take that whether it's an actual

thought, an actual prayer, because I know in my heart, I know it is. It's not well-formulated many times, "Good food, good meat, thank God, let's eat!" kind of an attitude, but it gives me, it's a habit that I've kept, because otherwise I would lose the habit of prayer. So it's not out loud, it's not long; I don't believe in long, public prayers. But it's for my own self to, "Yes, he's there."

Spirituality is not talked about openly; it's always given to somebody else. We are always taught in nursing from day one, that, especially psychiatry, you have to adapt yourself to the person, right? In some way, we hammer that out of nurses, and I don't like it. And at the same time, what's coming more and more to the forefront is society's or people's idea that we need to nurture the sexual needs of people. And it's conflicting, and there's no way to defend the conflict.

Now if people have sexual needs, that's a normal thing, but how do we deal with it, because it's involved with morality and spirituality. I don't think you can separate that. You're getting close to the essence of being, and in our culture, it's been something that we've relegated to the physical. Lately, I've been hearing people say no, there's trust here, there's confidentiality, there's privacy issues, that they're an essential part of any sexual relationship. It's very, very intimate. Well, spirituality is like that, too. It's totally, totally part of a person's being. Our whole world belongs to God; there's nothing that you can separate out.

The issues of justice and mercy, conflicting *(Suzie pauses),* that's very spiritual to me. That's, I guess, the first part is the morality of it. Okay, justice and mercy. The other part is the struggle of walk humbly with your God. "Oh, how about I do something here?" So yes, and then it seems like you can't do anything right, and you get hopeless. But you know that that's not true; that you know that He's there, He's just not responding to what you wanted to. That is one of those things that it sounds awful to anybody in the situation, but it's one of those growth things, where you know again when you come out of the hopelessness.

Letting go. Being able to let go. I've made a quilt and called it hope, because I realize it's a struggle that's an ongoing struggle. For justice, for mercy, for doing right. Wanting to do right, knowing I'm never going to do it good enough, and how can I be a witness then? I know I'm not perfect. I should be following His will. I can throw the guilt trip on myself just something huge. Easy you know, Reform background! But not giving up. Going to church every Sunday, or almost every Sunday, and listening and finding that there are words where you can.

For a long time, I found support outside of the workplace. My mother. My mother has always seen the world very much in black and white. Difficult for me, very, very difficult for me. And yet in that time when I talked about being hopeless and under so much stress, she was able to listen without saying anything. The listening skills of my mother during my most difficult times were incredible. Now that is just a pure gift. Just having it when I'm really upset being heard, but reassured again that, "Yes, people listen, but God is there, too. He's right there." So in the midst of it all, sometimes you feel so lonely. When you do it, you don't do it perfect your advocacy role, whatever even though you're trying very hard. But it's always conflicting; there's always a conflict between what we would want and the way the Lord wants it and expects it. I still have difficulty with understanding the humanity of Jesus, 'cause that's a total concept. How can you be God and human at the same time? And have no sin? We have to be very careful here. If you look at His Garden of Gethsemane prayer, it was pretty brutal. Is fear a sin? 'Cause he was scared.

Sometimes I wonder whether this is my church. You know, that's the way I look at it. These people here, many of them are believers, and they're struggling. I only have so much energy and so much time, and I've only got one place on earth that I can be in one time. They've got lots of small groups and different groups in church, and I really don't see that there's a role for me now. I would like to participate in organizing the library once a month, but I can't even commit to that consistently. Because to me, if you commit to something, you've got to follow through on it, so I haven't done that.

I come to work and I pray, "Lord, let me be a blessing to the people I work for and the people I work with." I've been praying that for many years. So the residents and the staff, we're inseparable. I've got a place here that well, this is my job, right, and I care for the people here. Some people have worked here since they were 16 years old, and I've seen the changes in their lives and the struggles that they've gone through. Changes in nursing, how you have to adapt yourself to changes in that. You thought you were a good person, but now you have to change even more because that's not good enough any more. You know? Those are struggles, those are spiritual things, I feel. I belong here. That's how I feel. Same time, when I got this position, I was told, "Susie, nobody's indispensable." So I'm just a little cog in something that's going to go on. The world isn't going to stop if I'm not here any more. I believe that I've been given this role, to be here in this world where I am, my little corner, and let my light shine.

Spirituality is everywhere, because our world belongs to God, and it means everything, it's in everything, in every action, every business interaction. It's just everywhere: it's morality, but it's more than that if you're willing to worship in every form. So that makes everything you do, there's no higher ground. Everything that anybody does is worthwhile well, not evil, you know, but any work that anybody does has the same value. I don't know how to say it. My father worked for the city. He dug the trenches and he tested fire hydrants; you know, it was valuable work and he did it. He was there on time, and he did it, and he's reliable, and all those other aspects: that's part of spirituality.

It's holistic; it's something that you look at all the time. It's our response to God. I mean, when you do something, how are you doing it? It's man's response. Anybody, whether they believe in God or not, your actions are still a response to God. Constant evaluation and you could call it self-analysis, but the saying, "Good, better, best; never let it rest, until your good is better, and your better, best," is the form of worship. It is worship, 'cause what you're doing is a response to God, so are you doing it, are you trying to do it well, are you aware of yourself? I guess its awareness.

What I was teaching today was spiritual. You can't teach it. You can present it and give stories of it and show results and benefits, but they don't have to take it as people. If they're doing their work, how can you say to them that they're not focusing on the resident? You describe behavior, that's what I focused on, which was outside the course content, because they watched a nurse get somebody up in the morning on a video, and the course content said, "What are your impressions of this nurse?" Well, you get "rushed," "rude," "almost aggressive," "mean." I said, "If you're talking to your coworker, are you going to use those words? 'Cause if you do, she won't listen to you. You have to describe behavior." I don't know how you're going to get there with the spirituality part of it, because the thing that's going to come up right away is morality, and they are separate. They are not the same. They're close; if a person really considers moral values in decision-making, they're getting it's like a spiritual action. But if because of my definition of spirituality, if you can't believe that this is God's world, then you're not able to teach that. It's like throwing the pearls before the swine; you've got to be careful, because it can be misused. Self-disclosure, that's what that's all involving and stuff like that; well, be careful with what you do with it, because it's precious...

I think most of us believe in something bigger than ourselves. I would like to be able to share my definition of God but that definition has scared people. What about evil? How do you define evil, then? Because we can be evil and spiritual, according to what you're saying. Each person is allowed to express it how they feel, is what you said. No, that's not true; we have laws in the land because of out of spirituality comes action. No, you can't allow everybody to practice their spirituality how they think they should; no, you can't. My definition covers that. It's broad, very broad. You can be aware of how people are practicing their spirituality, but that doesn't mean you have to allow them to practice their spirituality. I disagree it is evil and dangerous. That's war. Witchcraft. Black witchcraft. I'm just saying that you've got to be aware of that. When you say we need to allow people to practice, okay, you have to be able to have a definition so that you can set a limit on that, because otherwise, you're wide open. You need to allow people to practice their spirituality; well, they can practice their spirituality any way they want. There will come a time in my life where I say, "No, I will not support you doing this."

Well, it comes down to a 13-year-old again who wants my opinion about her having an abortion, and she's in her eighth month. Or the young man who was brought up by his sister as a girl and is now is going for a sex change. Okay, I cannot support that. I can be with him, I can support him as a person, but if he asks me specifically what I think and what do I think about what he's doing.

It has to be there as part of the definition of spirituality. Okay? I mean, I won't leave him bereft, I won't leave her bereft either, that's unkind, but they will know that I don't agree when I go and get somebody else. I'd can't be positive about that with you. "That is a decision that I can't support you in, so if you need to talk about it, then you'll need to talk to somebody else, and I'll try to help find somebody for you, if that's necessary"...

Then deciding what's good and what's evil. Well, if you go for morality, intent to harm others, is that good. In nursing, the intent to harm, that's the definition of abuse. That's evil, isn't it? Okay, so then you have groupthink, a bunch of people together with that kind of an attitude to do harm, that's still a spiritual aspect that you need to be aware of. You can have everything as a response to God, and there are times of crisis and spiritual moments, too.

If you say if it's your response to God without defining God, whose going to argue? I have a God that's huge, but He's in everything. If you don't acknowledge Him, you are still going to be worshipping something, whether it's relationship, the good of relationships, whether it's success those are all sub-definitions under spirituality.

With this definition. You can have it so everybody, everybody's included. It is man's response. The only thing that people might not like about that definition is that it is not man-centered. Not humanistic. So it is taking it out of the human control, and it's man's response, and if that's the definition, you take that humanism out of there.

Nurses have the potential to be healers, but the workplaces do not allow them to be most of the time. Being able to give. But to give, you have to have time. To be focused on somebody else.

Society doesn't support long-term care. They don't know what to expect. They can only think of McDonald's. It's really sad. So we need piles of education for people about death, because if that's what long-term care is, then you have to talk about people and what do you do with end of life? There you go, right spiritual again. I guess I'm angry about where it fits in.

Nurses are walking around between time bombs waiting to go off, because people are dealing with these times of transition and very vulnerable, so the vulnerability of the nurse might just be the target. That's part of it's easier to become task-oriented, I think.

Hard for you to not take it personally. It happens to you. And we can describe interactions with our clients, but when it happens to us, we're not to take it personally. If you don't take it personally, you'd have the ability to open yourself up again to them. Not everybody does every time.

My Story

I moved into the research process a co-participant, bringing the full essence of myself to the research process. Thus I will share the journey I have embarked on through this project by sharing the threads of story that were brought out of the tapestry of my life, as I listened, reflected, and immersed myself in the stories of the participants.

As the participants shared some of their backgrounds, with regard to the start of their faith development and their families, this thread of my story tugged at me.
I was the youngest of three whose childhood was lived in a home that was filled with the tension of opposites. This led to raising a lot of questions, about the meaning and purpose of my life. My father was instrumental in my faith development as he took me to the United Church. I have always believed that God walked with me and was guiding me on my life journey. I made a conscious choice around the age of 11 to listen to other people's stories, and at the ripe old age of 15 decided I wanted to help people by becoming a nurse. Upon entering nursing training at 17 I became a part of a family of friends, who still get together to this day. Throughout my nursing training I was exposed to the suffering, joy, frailty, and strength of the human spirit.

As Kevin and Jada shared their stories about feeling connected and disconnected and Ahisma's story of the death of a dear friend, the following threads of my story emerged. *At 20 years of age, after working as a nurse for only one month, my world was changed forever. My friend, who was a nursing classmate and also one of my roommates, committed suicide on the eve of our last nursing exams. I felt like my whole world, as I*

knew it, had been thrown up in the air like a jigsaw puzzle and the pieces were strewn everywhere. How could I find any meaning or purpose to that? I felt disconnected and I lost the trust I had in myself, other people, and the world. It was many years later that I would discover that I had been experiencing spiritual distress. At that time 30 years ago, suicide was not really a topic to discuss, and thus there was no response from the nursing school or the hospital we were affiliated with as to any kind of support or resources to help us young nurses with the healing of this tragic event.

At that same time I was working within my dream job, on psychiatry. My client a 17-year-old girl had locked herself in the bathroom and was threatening to slash her wrists. I remember thinking "I need to get nurse" and then I realized I was the nurse and I needed to connect with her. I stayed by the door and I listened and talked with her as she shared through the closed door, what had happened and how she was feeling. Eventually she opened the door and we continued to talk until she no longer wanted to harm herself. It reinforced for me that individuals need to feel connected and be able to share their stories and feelings. The door was a barrier that did not stop the human connection from occurring.

A few years later, I was a client in the hospital that I trained in and worked in. After the birth of my first baby daughter, I sat alone in a wheelchair in a sterile, cold, waiting area in X-ray, waiting for an MRI. The tears were streaming down my cheeks as I tried to come to terms with the events of the last 24 hours that had brought me to this place. I had a seizure on the delivery table and though I had a beautiful, healthy baby girl, I also had a

diagnosis of a brain tumor. I felt disconnected, lost, alone and terrified. The nurses were busy and were concerned about my signing the consent form. My loved ones were busy dealing with their own reaction to what was transpiring. As I waited, "Tony the Painter" as we affectionally called him in the hospital, came into the area to start working. He stopped when he saw me in my hospital attire and with tears streaming down my face, and asked what was wrong and was I all right. It was in that brief encounter, with someone reaching into my disconnectedness that I felt connected and cared for.

As Kevin, Jada, and Suzie talked about changing areas within the nursing profession the following story of mine emerged.

At the end of my first year on psychiatry, another client who was a health care professional, overdosed on the unit and me and another colleague had to care for her and prepare her for going to the Intensive Care Unit. We had to insert an intravenous, a urinary catheter, a nasogastric tube and get blood work done. This jolted me into thinking I would lose my clinical skills if I stayed in psychiatry. So, I made the decision to change to the Intensive Care Unit. Thus I entered into the fast paced technical world of nursing. I went on to work in cardiac care, the operating room and the recovery room for the next 16 years. I worked a lot of shift work and was exposed to many traumatic experiences in caring for individuals who had life threatening injuries and with death not an uncommon outcome.

As the participants talked about their experiences of providing spiritual care in the everydayness of nursing, the following story surfaced.

One experience that touched me deeply and really made me reflect on what kind of nursing care I was providing occurred after about 16 years of nursing. I was in charge on nights and I got the phone call saying that they were bring up a fellow from the floor who had a leaking abdominal aneurysm. This fellow was a priest who was in for hip surgery. I was at the elevators doors when they opened and we hurried toward the operating room theatre as time was of the essence. I connected with the client who was conscious as I took his hand and spoke to him saying I would stay with him and that he was not alone that we would care for him. I stayed with him as we got him prepared for surgery and as he was put to sleep. This episode took all of five minutes and then it was shift change and I left as they continued on with the surgery. I found out when I came on shift that night that he had died on the operating room table. I searched the time I had spent with him and questioned myself: " did I do all I could for him? ", " did I provide spiritual care to him? ", "Was I providing care holistically to my clients? Prior to this I had been questioning my care to clients and was I really providing holistic care to them? I was not sure and there was unrest in me that led me to reflect on my nursing career to that date, and the kind of nursing care I was providing.

It was at this point that I felt like the light in my nursing lamp was very low or maybe even out as I felt I was not providing holistic care to my clients. I was looking for purpose and meaning to the work I was doing. At this point I was introduced to parish nursing and I felt like the light of my lamp was ignited, as I was able to articulate and be conscious of my spirituality and how it was embedded in the everyday. I took the parish nursing courses and explored the concept of spirituality and it's relationship to nursing. I

reflected on my experiences in nursing and was able to see how spirituality played a part in all my nursing experiences. I was providing spiritual care by being fully present with my clients as I provided my nursing care. It was with the combination of these that I realized I was one of the walking wounded and that I needed to attend to my own healing work, which I have done and will continue to do, as I believe that healing is an ongoing process. Thus I emerged as the wounded healer ready to make a commitment to working in the area of spirituality and healing.

The whole process of the research project has been like a labyrinth experience. I entered into doing the thesis with an idea of what I wanted to research and thoughts on the method and design. I moved along a meandering path of discovery on how to proceed through discussion with committee members, reading the literature, and ultimately making a judgment on the method and design of the research project. Once these decisions were made I moved forward and started the interviews. It was a privilege and an honor to sit with each participant as they shared their stories with me. We sat together in a sacred space, developed by my being fully present to listen to their stories, and to each participants willingness to share their stories. Once the interviews were done, a time was spent at the center of the research project, as I immersed myself in the stories, and continued with the analysis and interpretation process. Then I meandered back out again, in the process of writing about the findings of the research. I have come out of the labyrinth experience transformed both personally and professionally with a renewed zest and commitment to exploring spirituality in nursing, and its relationship to hope, health and healing.

During the research process, I found it very interesting that when I shared with other nurses what I was doing for my research, they were very interested and often responded with a story of their own experience of spirituality, saying they would like to read the finished work. These experiences only encouraged me to keep moving forward in the direction I started. That direction is to provide voice to the experiences of nurses when addressing spirituality in nursing.

CHAPTER 5

ANALYSIS

> *I think we would be able to live in this world more peaceably if our spirituality were to come from looking not just into infinity but very closely at the world around us and appreciating its depth and divinity.*
>
> *(Moore, 1995, p. 25)*

Through story one has the ability to share the depth and divinity of spirituality in everyday life. Spirituality is experienced in the immediate world one lives in, by being present to the moment, and reflecting on past moments. In the last chapter, the nurses, as research participants, shared their experiences of addressing spirituality through story. From the participants' stories about spirituality the following common narrative threads emerged: thinking about spirituality, experiences of spirituality, belief in something greater than oneself, the role of hope in spirituality, facilitating moments of connection, being 'present with', approaching spirituality with clients, and vulnerability and spirituality. In the following chapter I will examine the data from the world the participants live in and by using 'thick descriptions' (Geertz, 1973), provide evidence of spirituality issues that these stories convey. Once again the opportunity arises to have one's own narrative threads emerge, creating the spiritual tapestry of the world shared by all human beings.

Thinking About Spirituality

In thinking about spirituality the participants shared different perspectives such as, being connected, on a journey, guided, and synonymous with religion. Kevin's story has a strong theme about connection and spirituality as a journey.

> Spirituality is definitely about the connection that you feel to others, to the earth, to God. I think, honestly, spirituality is definitely a journey. A lot of people, I think, maybe don't embark on that journey, whether it's because they aren't interested or they have nothing happening to cause them to go on the spiritual journey. It does seem like there are some people who, for whatever reason, do go on that journey; they do seek, I don't want to say "the divine," but they seek something more, or they question. And other people don't seem to ask the same questions. I think there's people, too, that just deepen the understanding of who we are or where we are on that journey.

Alice talks about spirituality, as having no control and that there is someone guiding us.

> So spirituality: "sense of not really being in control." Yeah, that's sort of what my sense of spirituality is, is that there is someone or something guiding us and showing us the right way, and if we're listening and we follow the plan or follow the instructions that we're being given, then things will go the way they should.

There is a theme in the literature that would suggest that spirituality and religion are synonymous or that there is an overlap between the two (Burkhardt, 1989; Coyle, 2002). Ahisma speaks to this overlap and also about spirituality being a journey.

> In regards to religion and spirituality, there's overlap, in probably a lot of people's minds, and in my mind at the time, it was religion, you know, religion, you usually think of the actual doctrine, whereas spirituality is the whole, it's the bigger picture. It's all encompassing, and it's being and values and beliefs. It's been an interesting ride, a journey.

Suzie's description supports the theme of spirituality and religion being synonymous.

> It's very, very intimate. Well, spirituality is like that, too. It's totally, totally part of a person's being. Our whole world belongs to God; there's nothing that you can separate out. It's everywhere, because our world belongs to God, and it means everything, it's in everything, in every action, every business interaction. It's just everywhere: it's morality, but it's more than that if you're willing to worship in every form.

Jada's story reflects that ones' thinking about spirituality changes and evolves over time. "My definition for spirituality, it's really changed because of what I'm going through." The participants are an example of how each person's thinking about spirituality is unique.

Experiencing Spirituality

The participants shared how they experienced spirituality in their own lives. They spoke of connecting, experiencing a sense of awe, developing a self-awareness, and experiencing spirituality in different ways at different times. Spirituality is often experienced as a sense of connection to self, others, the environment, and to God (however defined). Kevin experienced spirituality as he talked about the need to connect.

> For me, what it really comes down to is feeling connected to the rest of humanity and wanting to do something to improve their suffering, or wanting to lessen my own suffering by helping to lessen the suffering of others.

Some people like Alice experience spirituality as a sense of awe:

> When I was walking on Friday, and looking at the leaves and the water and the birds, and watching an otter swimming around and that sort of thing, I was thinking, "You know, this didn't just happen. I don't know how it got here, but it didn't just happen." And I always feel, when I'm walking by myself or with the dog, like I'm just that little bit closer to understanding myself better... We walk along the riverbank and we see the changes that are happening, and it's just so uplifting to know that in a few weeks, the trees are going to start greening out, and the ice is going to be gone off the river, and pretty soon, we'll start seeing the migratory birds coming back. There's that whole cycle of life that goes on. I wouldn't miss that for the world.

Due to its elusive nature, Ahisma finds it difficult to articulate how she experiences spirituality (Coyle, 2002; Kelly, 2004). "I think I experience spirituality in different ways at different times, and sometimes it's solitude, it is a difficult question."

It is often the case that individuals draw on their spirituality during times of need and suffering and this is what Jada speaks very descriptively and emotionally about.

> I experience my spirituality by learning who I am. I'm learning that I have a mother who loves me... And through energy. But I think also, somehow, because energy cannot be destroyed and it can change. I think if past lives and reincarnation is not actually what happen, we leave a trace of ourselves in our environment, in our world, so that the energy of our lives is reabsorbed. And it can be relived through a dream, or it truly is a person being born again, not necessarily as the same person, but it's the same energy. And the knowing, it builds; it can build to me from lifetime to lifetime, because I've seen parallels. Sometimes it's very frightening, but if you can trust yourself, it can also go exactly the way it's supposed to, if you let it. Because everything is a decision, and there are always so many paths you can go from one point.

How individuals experience spirituality is very unique and personal as described by the participants. Their unique and varied descriptions provide voice to the notion that it would be difficult to find a universal definition for spirituality, or a universal way to promote a growing spirituality.

The Belief in Something Greater than Oneself

The belief in someone or something greater than oneself and the source of that something can vary from person to person and over one's life. Kevin, Jada, Suzie and Ahisma were all brought up in a strong Christian tradition where God was the source greater than self. However, people from western faith traditions have been introduced to and accepted other faith traditions over the years. Kevin and Ahisma revealed that they have been influenced by Buddhism and other faith traditions. Jada indicates that she is searching at present to discover what form of spirituality best speaks to her.

Kevin spoke about the Buddhist influence.

> Anyway, I've explored a lot of different religions, and currently, and probably forever, I think that I will be a Buddhist, not necessarily a

> practicing Buddhist. I think that the teachings of Buddha were something that I identified the most strongly with. They connected with my core values. The compassionate let-living never to harm, just really struck a chord with me. And the fact that there was no other real rule aside from being a good person.

Ahisma spoke to the Christian tradition and the influence of other faith traditions.

> I was brought up Catholic, and I've got a foundation in the Catholicism area, because of my mother, primarily. I've always kind of explored different areas. And in fact, one of my favorite subjects when I went to get my bachelors, one of the courses I took was Religious Studies, and it was fascinating. It really exposed me to a lot of other areas of religion, so it opened up my eyes to the fact that, you know, some particular religions may not have the answers for certain individuals, and it really showed you that there are other ways of thinking and other ways that you approach life... Then my husband, having his Eastern philosophies and background. It really had a huge effect on me.

Often as individuals grow, they move on in their spiritual journey to seek what "fits" for them as far as their belief in a greater power. Jada share's the following:

> My own spiritual journey is, what most people experience, alternative at this point. I've been in the Pentecostal Church, the Presbyterian Church and now actually, I don't go to any at all. I may again at some point, but I know right now, it doesn't fit.

As one moves along on their spiritual journey some hold strong in the faith they are rooted in and some ask questions and/or seek to find answers from other faith traditions.

The Role of Hope In Spirituality

Through our life experiences, one can become wounded, leading to suffering which involves disconnectedness and a lack of meaning. It is through hope that the energy of the spirit is reflected, prompting one to anticipate that things will get better or at least different (Burkhardt & Nagai-Jacobson, 2002). As individuals connect with others, the opportunity to talk, share, and explore hope can provide encouragement. Kevin spoke about hope in a discussion he had with one of his clients.

> One of the things she and I talked about, when she was getting less psychotic, she started to become very depressed about the fact that she was ill and that she would need to take medication forever. She had a child, and she was worried her child would be ill. She was so upset about it that she wouldn't do anything; she wouldn't get out of bed, she wouldn't comb her hair. She was feeling quite doomed, and I talked to her about hope and just talked about it a lot, and hope for her child and hope for herself.

Alice shares the concept of hope with families tempered with the reality of the possibilities of what could happen when talking to the families of ill children.

> But usually, when I'm talking to families about what's happening with their child and what potentially could happen, and where this may all be going, it just seems that the right words come and I never like to shut the door on hope, but I always try to keep a little bit of realism in there... This little fellow that I was telling you about with the church story, he had a prolonged cardiac arrest, and he does have significant brain injury from this, but at the same time, I'm seeing a lot of hopeful things in his behavior. He has head control; that's something that we didn't see in Jeremy for months. I know how bad his brain injury is; if this little guy's got head control already, well, maybe he's got a much better future ahead of him than we might have otherwise thought. Because we've only been letting him sit up for a couple of days, and he's already controlling his head.

Some people, such as Suzie, express hope though creative avenues. "I've made a quilt and called it hope, because I realize it's a struggle that's an ongoing struggle. For justice, for mercy, for doing right." Often people hold on to hope as if it is tangible in the difficult times. Ahisma expresses her hope during a time when her friend was dying.

> One thing I did, which at the time, it was pretty therapeutic for me, too; I'd sent her a note back, an e-mail, just a reflection of the day... It was kind of like I was diarizing what had happened, and just again, publicly showing that "There's hope here, and we can continue, and we're going to do this together, and you'll hopefully get well and come back and read this, and we'll have a few laughs." So that happened, and that was helpful; helpful for me, and I think for a couple of family members, too.

Jada implies hope when she makes the following statement:

> Because I really do believe that we just try a little bit from whatever we're able to do, in some way, if we can give just a little bit of love, that will help someone a little bit, and it'll cause a ripple effect, and that, in some way, we can make the world a little bit better every day.

Hope as a refection of one's spirituality helps individuals to face the suffering of the human condition as one experiences life.

Facilitating Moments of Connection: An Essence of Spirituality

Nurses have the opportunity to facilitate a time of connection that allows for healing moments to occur for their clients. This connection may be with the self, others, God (however named), and the environment. Kevin shares the following story of connecting a client with others through a resource as a way of facilitating an awareness of the spiritual strengths in and by the client.

> I had a First Nations client and he was sick for a long time. He was in the hospital for about 6 weeks, and he wasn't really getting better, and he wasn't really doing anything... And he would just lie in bed and stare out the window all day, day in and day out. But because I didn't really know anything about First Nations spirituality, I didn't feel that I was able to open that door, because I didn't know how to say, "Do you want to talk about your spirituality?" I consulted the First Nation pastoral care worker, and he came every day for the next 3 weeks of treatment, and the change was phenomenal. They did a sweet grass ceremony, they did all kinds of things. It was only for 15 minutes or 45 minutes a day, but the change was dramatic. Just that sameness or that connectedness that he found with that spiritual worker brightened his care. You could visibly see it. He would get up, he would go and phone his family.

Alice shares an experience where the nursing staff established an environment that facilitated the direct communication between the parents and their eleven-year-old daughter in the immediate time before her death.

> She had so many complications... It got to the point where the surgeon said, "There's really nothing more that I can do... We had monitors in our unit where you could turn the contrast on the screen off, and you could transfer all of the information to another monitor outside the room. So that's what we did. We had her wave forms up on a monitor outside the

> room and no monitor in the room, so we could keep an eye on things, and not sort of be in the room and be, you know, an intrusive presence with this family while they started their journey, but we could watch from a distance and intervene if we needed to... At 8 o'clock, they extubated her, and she coughed, she asked for a drink of water. She told her parents that she knew she was dying and that she was okay with it, that she loved them, and she died. And as she died, she smiled. The nurses in the room said, "I have never seen a bigger smile in my life. She just lit up the room with this smile." Okay, so what was she seeing? She was obviously seeing something that really made her happy. I think maybe she wanted the opportunity to tell the parents that she was okay with it, and that they should be okay with it, too. It makes the hair stand up on the back of my neck every time I tell it. I think about her often, I really do.

Suzie shares the story of physically connecting a mother and her son.

> There was a son who was afraid to come in because his mom is hypersensitive, and she throws off the covers, and he doesn't want to see his mother's nakedness. But she had stopped doing that, and yet he remained afraid that that might happen. I took him by the hand and took him to the bedside, and I said, "It's okay," and he was looking at his mom, and she's mumbling under her breath. Maybe she was saying words; I don't know, because she was Chinese. He was looking at her, and I lifted his hand over the side rail and put it in her hand, because she was reaching when she heard his voice. When their hands connected, they both started to shake.

Ahisma talks about providing an environment where a mother and daughter can connect with each other and their God.

> I'm thinking mother and daughter, and they're faced with a really critical event with a family member, so what they do is you try and make it comfortable for them in the waiting room area... the mother pulled out the rosary, and the daughter's talking about "We've just got to keep praying and hoping for the best"... But when you see that, that's hard, and facilitating it in the sense of making sure that they have a private area, and they have a pillow, a blanket, whatever, and they need time for themselves for reflection, and that would be probably something really useful and helpful.

Jada talks about connecting with clients.

> But there were still times just like going in and visiting the moms in the hospital. I walk in, finding a new mom in tears after having her baby. I

> would sit down on the edge of the bed and just talk with them, and got to know them a little bit better. I would reassure them that "It passes, this is normal, don't be hard on yourself.

Feeling connected is one of the spiritual needs of a human being. The participants shared experiences of facilitating connections that they assessed as needed at the time.

Being 'Present With'

The spiritual is part of being human and the spiritual journey is woven throughout one's life journey everyday. Often, to attend to the spiritual aspects of another human being, one needs to be totally present to the moment. Kevin, Alice and Jada express the importance of being "present in the moment" and consciously being with someone while not doing anything.

Kevin shares a story about a friend who is a nurse:

> A good friend of mine is a nurse, and she worked at an extended care facility, and she would spend many a night shift on constant care with a dying person. She said some of her most profound moments with people were on those nights where they didn't even talk, they just sat there, and she would hold their hand, and they would pass away, 'cause they didn't have family or whatever. She loved that. She absolutely adored those moments that she could spend with people... She wasn't doing anything for the clients but sitting with them.

Alice speaks from her own experience with her son:

> You know, that's why I wanted to do this, because I think I do have something to offer from experience. And until somebody has actually lived through this experience, they have no idea... When he was really sick, it was one minute at a time. If I survived this minute, I did great; I'll work on the next minute. I'll tell families that... You don't have to think about what's going to happen tomorrow. Let's just work on now. Be here. Be right here, right now, because this is where you need to be. Don't worry about tomorrow. Tomorrow is coming and whatever happens is going to happen. You need to be here now. You have to be in the moment.

Jada spoke about being there with a dying client:

> Some of the other staff said that she might be waiting for her family to come to see her before she goes. I took care of her for 2 days, and it got kind of hard to talk to someone who doesn't respond back, but I did continue, and when I had extra time, I spent it with her. I would just sit with her; I would just be there. Sometimes I would touch her on her hand or hold it. I noticed what was very interesting is that her vital signs stabilized when I was there. Then when I left her, I told her that I was leaving, and that I would not see her again. And I said good-bye, and she blinked. That was the only time that she responded other than closing her mouth. She died about four days later.

Ahisma and Suzie refer to the idea that spirituality is a part of their every day nursing because of its foundational element of "being with", supporting, and nurturing others, particularly at times of need.

Ahisma describes it in the following statement:

> There's a lot of discomfort in how to deal with some of the very heavy issues that you deal with in nursing, that's just embedded in our day-to-day work. I think that spirituality is there; I think we just don't even realize we're doing it, although we spread it throughout what we practice in some way, shape, or form. I bet you in every single nurse's day, there's some spirituality aspect. How they deal with it and how they're prepared for it is, that's the big question. It's such a complex issue. Are we preparing our students, our nursing students, for that when they get out into the real world? I don't know.

Suzie shares the idea in a different form:

> Sometimes I wonder whether this is my church Well, I come to work and I pray, Lord, let me be a blessing to the people I work for and the people I work with. I've been praying that for many years. So the residents and the staff, we're inseparable. I've got a place here that well, this is my job, right, and I care for the people here. Some people have worked here since they were 16 years old, and I've seen the changes in their lives and the struggles that they've gone through. Changes in nursing, how you have to adapt yourself to changes in that. You thought you were a good person, but now you have to change even more because that's not good enough any more. You know? Those are struggles, those are spiritual things, I feel. I belong here.

Spirituality is embedded in one's everyday life and the conscious awareness of this can lead to healing for the client and the nurse.

Approaching Spirituality With Clients

The participants shared the rich and diverse ways in which they provided spiritual care. The different approaches included: being direct, being indirect, provision of spiritual care unknowingly, sharing examples of spiritual care, and through discussion. Kevin used a direct way of approaching spirituality with his clients.

> I just started using my own judgment in nursing practice with clients, and just getting them to talk in a calm way about their issues or thoughts around spirituality, and opening the door for them to talk about it. "So tell me why you think that you're going to go to Hell. What makes you feel that way?" And letting them talk about it, instead of saying, "That's crazy talk," or "Those are delusions... There are certain times at work for me where, with certain clients, you feel that connection, that they want to talk about it, you feel comfortable talking about it, and you can say, "How are you feeling? Do you want to talk about dying? Do you want to talk about God? Would you like to talk to a priest?"

Alice talks about taking an indirect approach with clients and mentions that nurses are providing spiritual care but are often not aware of it.

> I usually try to let them *(clients)* make the first move in terms of talking about spiritual matters, because I have no idea when I meet somebody what their beliefs are, what their faith is. Whether they have any beliefs or faiths or not, I have no idea. So if they mention something about, "Well, if this is what God wants," then I know that I can start bringing some of this into conversations... Nurses are providing spiritual care without realizing that that's what we're doing. And we're not calling it that, but it is what we're doing. I think it's the whole science of nursing, and the whole science of medical care. We're not supposed to look beyond that. We're supposed to focus on science, even though it's not perfect, and we don't always win. I think there's reluctance on a lot of people's parts to think about spiritual issues and asking the higher power to help. Because it's intangible, and nobody can really say for sure that, "Yeah, okay, I felt the hand of God," kind of thing, "while this was happening." Although I have to say that I think I have felt the hand of God. I think there's just reluctance on people's parts to go there."

Ahisma speaks about people not being aware of the spiritual in the everyday care and how some might avoid it when confronted.

> Are we really aware that we're dealing with a spiritual issue? I don't think, people are aware. Its just part of the nature of what we're dealing with. We're dealing with people and we're dealing with the humanistic aspect of what's going on in our lives. It's happening, and they don't even realize it. One of the things, too, when we're looking at curriculum and curriculum development, spirituality is one aspect that really isn't touched on that much at all, in regards to how you prepare yourself for that area. Some of them say, if they've got some religious issues or spiritual issues, then, "Let's consult pastoral care." But you don't think about how can you deal with it as far as helping them in your role."

Jada gives examples of providing spiritual care:

> One of the cutest ones was, as a student nurse, I was working on a unit in a northern community hospital. It's a medical ward, and there was this old gentleman, and he had to have IV, and they had hep locked it. So we hooked this thing up, run it by gravity, and then undo it so he could walk around. His two daughters were in the room, and their biggest wish is to have the IV unhooked. I'm supposed to take it off. And it's not coming, and it's not coming, and I don't have a lot of time. All of a sudden, I just went, "Oh, God, please help me to get this off so that I can just set this man free!" The daughters, just clapped their hands together and prayed with me *(laughs).* And I didn't even know that I had actually said that out loud. And it was just so cute. And then they were thrilled that I prayed for their father. It was very nice. Just one of those funny little things that happened... I remember sort of in that vein, also, I don't know if it's politically correct, she was basically a Down's Syndrome woman who was in hospital and very nervous, and she had strong connections to a church. She asked me if I would pray with her, so I did because it comforted her."

Jada also speaks to how she addresses spirituality in her job as a telehealth nurse in the following:

> Sometimes it's as simple as just encouraging the parents or the person that they're doing everything they need to do, helping them to feel reassured about what they're doing. Sometimes it's acknowledging that they feel helpless, and that that's okay, that's normal for the situation, but you really are doing everything that you need to. Sometimes it's a little more in depth. One woman was phoning in, she had quit drinking, smoking, and she was beating herself up because she couldn't lose weight. We talked for a little bit, and I said, "Take a couple of steps back here. You have accomplished major things here. Why don't you relax and enjoy what

> you've done? Just start, if you want to focus on your weight, just little changes, because you have accomplished so much. And it's not losing weight, its making healthier choices." And we talked a little bit about that. I was fortunate enough to get a commendation for that. Also to refocus and giving herself credit, recognizing that she had accomplished something worthwhile. "Making people laugh."

Suzie is more cautious in her approach to the spiritual with clients due to her experience as a student nurse.

> When I think of spirituality, I think of a co-worker of mine, who takes the Bible and goes and reads to somebody who's dying. Leaving myself open, but not initiating and feeling guilty that I didn't initiate using words like God, and Jesus, waiting for people to say it themselves. I got into some trouble when I was in nurses' training when I tried to set the law down that I didn't want to have anything to do with abortion. This was my morality that I didn't want anybody to play with. So I became, actually, a bit defensive and not as open about what I believe. And yet, there's got to be a role for that, too, because now we're having troubles. These crisis's, that seem to never end, I can say to somebody, "I'm going to be praying for you," and then afterwards, them coming to me and saying, "Were you praying for me?" 'cause it worked. It's very positive. I could say that to just about anybody here now, and they could tease me about it, but they would respect me for it anyways. But I don't want to be the one who says, "I'll pray for you, I'll pray for you, I'll pray for you," 'cause it just doesn't hold the same effectiveness.

Providing spiritual care to clients appears to be based on the participants' values, degree of comfort with oneself, and personal experiences of spirituality.

Vulnerability and Spirituality

Caring is closely associated with the nursing profession and in caring for others one can learn the meaning of one's own life (Castledine, 1998). To be able to care for someone opens one up to being vulnerable to the human suffering and pain which brings into conscious awareness, one's own vulnerability as a human being (Stein-Parbury, 2000). One of the approaches to understanding vulnerability is to see it as a trait embedded in both caregivers and clients, creating the opportunity for both parties to grow

(Sveindsottir & Rehnsfeldt, 2005). The participants shared stories about clients being vulnerable, their own vulnerability, and how nurses protect their vulnerability.

Suzie spoke very clearly and directly about the vulnerability of nurses.

> I mean, the nurse is terribly vulnerable, isn't she? I mean, to be a good nurse, to care, you have to be vulnerable, right?

Kevin speaks to the vulnerability of the client and the nurse when addressing the spiritual and then shares his experience of being vulnerable.

> And it's going there, and not feeling uncomfortable going there. Because I think a lot of people guard their spirituality. And with good reason, I mean, there's lots of people out there that would almost attack the spiritual dimension. For example, that friend that I mentioned earlier who's always criticizing people who aren't Christian, just on the basis that they weren't Christian, not based on their deeds, actions, or their connectivity to them. And other people go there almost I think maybe not even going there; it looks like they're going to the spiritual dimension of conversation, but they're actually just putting out a line between you and their spirituality. Because if you're not willing to talk openly and share ideas and be accepting of the other person's spirituality, then you're not really going there with them, because if they don't feel safe, or if you don't feel safe, then you're not really communicating on that level... It was draining. I think that was a major reason for my decision to change. I was having dreams about him. It was affecting me. I told my manager that I had had a couple of dreams where I'd walked in the room and he'd passed away. There was no reason for him to not be breathing, but in my dreams, he was dead. And he didn't have a DNR (*Do Not Resuscitate*). And the doctors wanted him to have a DNR (*Do Not Resuscitate*), because his quality of life was zero. But for some reason, some part of him was still clinging to that, and he refused repeatedly to do one. I began having nightmares that I had to resuscitate him, even though I didn't want to. It was very challenging for me, almost on a soul level, because I felt like we were not only not connecting with him, but we weren't furthering his connection to anything, because his life was the same every day. The same amount of suffering, maybe with small annoying interviews with nurses. Yeah, it was very frustrating.

Alice shares an experience of her vulnerability:

> Then when I went home, I sat in my car and shook. But I didn't cry, didn't cry. I wanted to, but I couldn't. 'Cause I think if I would have started, I probably wouldn't have stopped! It really affected me on so many levels.

Due to the difficult emotional and relational work that nurses often carry out, they sometimes learn how to protect themselves. Jada talks about how nurses are afraid of things that do not fit within their comfort zone and how they protect themselves from vulnerability,

> It's also where our comfort zones are, because sometimes the things we're most afraid of are the things that we mock, because that keeps it at a distance, it's not personal, I don't have to look at myself and do any thinking and straightening within myself in order to be able to deal with this person on a kinder level.

Ahisma also talks about protecting oneself during times of crisis by going into the "nurse's mode". Her first reference to the "nurse's mode" is through a personal experience with a dear friend who died in the past year.

> From the very beginning, from the time she entered the hospital, all the way through the time that there were surgeries and family members around, and dealing with the whole situation, when you have to pull in your strength, probably from the foundation of your own religion and spirituality, but also take a look at what's the best way to approach, and how do you deal with this situation with all the family members, and how do you help them with regards to pulling things together. I'm so close to the family but you put yourself in the nurse mode with regards to spirituality aspect, and being there and listening and helping any way you can.

The second time she referred to the "nurses mode" was when she was describing an incident where she responded to an accident.

> Out in the back yard, and some young man on a bike comes speeding down the back alleyway and runs into a fence... You know, you're going out there to help, of course, and that's when you flip right into your nurse's mode, in the sense that you're there to do something to help and to assist... and you're not thinking about anything else, other than the immediate care. You hear comments like, well, there she is! She's in nurse's mode... It's not thinking about the emotional aspect at the time; you're functioning in the professional role of getting some help and getting things done.

Vulnerability is a paradoxical trait of both the nurse and the client. Being open to one's vulnerability can lead to healing, but closing off one's vulnerability can lead to woundedness.

Having discussed the common narrative threads that weave through each story and having shared the unique differences within each story, the next chapter will be exploration of the spiritual experiences of the nurses in the labyrinth of life and concepts related to the "everydayness of spirituality".

CHAPTER 6

INTERPRETATION, CONCLUSION AND RECOMMENDATIONS

Spirituality is seeded, germinates, sprouts, and blossoms in the mundane. It is to be found and nurtured in the smallest of daily activities... The spirituality that feeds the soul and ultimately heals our psychological wounds may be found in those sacred objects that dress themselves in the accoutrements of the ordinary.

Moore, (1992 p. 219)

The awareness of the "everydayness" of spirituality can feed one's soul, creating meaning to the experiences in our everyday lives. The "everydayness" of spirituality is embedded within ourselves and our connections to others. Thus, healing moments between clients and nurses arise in the sacred moments of shared vulnerability. The participants of this study shared their perspectives and experiences of spirituality amongst the richness of their lives. It is in the richness of their stories that the threads of their spiritual journeys unfolded. Having identified and discussed the common narrative threads in the previous chapter I will now share an interpretative understanding conveyed through the participants' stories. This will be accomplished by examining the spiritual journeys, through the concepts of the "everydayness of spirituality, spiritual activities, the "connectiveness" of being human, sacred spaces, and the exposure of our vulnerabilities. In a circuitous manner "healing moments return us to the everydayness of spirituality". These concepts will be lifted out of the stories with the conscious and unconscious movement toward healing and with the implications that healing has for nurses, both personally and professionally, being front and center in this analysis and interpretation. The strengths and the limitations of this study will be discussed, followed by the

conclusion and recommendations for further research. At times throughout this chapter I will be using my reflective voice and it will appear in italics.

Spiritual Journey: Walking The Labyrinth of Life

Life described as a journey towards wholeness is a common concept in both the professional and popular literature (Malinski, 2002). When one reflects on life there are two things that are constant, that one is born into life, and that death closes the door to life as humans experience it. Once born, the life journey begins and woven into one's life journey is the spiritual journey which allows one to discover one's authentic self and to find purpose and meaning in life. The spiritual journey calls one into relationship (Burkhardt & Nagai-Jacobson, 2002). It is through relationships that one connects to oneself, others, God (however defined) and to the environment. Buber (1958) states that the spiritual is between individuals as in the I-thou relationship. The journey is not an easy one and often the question that is asked is "are we spiritual beings on a human journey or are we human beings on a spiritual journey?" Alice, Ahisma, Kevin and Jada refer to their spiritual journeys.

Alice shared: "I really do think that we're all spiritual beings, and that we all have the capacity to pass it along, whether we do it overtly or not. I think we're spiritual beings on a human journey."

> I took Religious Studies, and it was fascinating. It really exposed me to a lot of different other religions, so it opened up my eyes to the fact that, you know, some particular religions may not have the answers for certain individuals, and it really showed you that there are other ways of thinking and other ways that you approach life in regards to the religion and spirituality... Then my husband, having his Eastern philosophies and background, it's been an interesting ride, a journey."(Ahisma)

> I'm on the spiritual journey, and I'm taking classes on world religions, and I'd sort of begun my search then...I think, honestly, spirituality is definitely a

> journey.... Since my sister's baptism, I've noticed that I've noticed or opened the door to exploring spirituality with more people since embarking on my own journey. (Kevin)
>
> My own spiritual journey is, what most people would experience, alternative at this point. I've been in the Pentecostal Church, the Presbyterian Church and now actually, I don't go to any church at all. I may again at some point, but I know right now, it doesn't fit. (Jada)

The renaissance philosophers believed that it was the soul that made one human and yet when one is most human we have the greatest access to our soul (Moore, 1992). To be spiritual means paradoxically to become fully human (Long, 1997). The complexity of the answer to the question leads to the understanding of the difficulty of the spiritual journey. Also this demonstrates that the spiritual journey is part of the life journey and cannot be separated out as a solitude experience. As the participants shared their personal and professional stories about relationships, it became apparent that their spiritual journeys were threaded throughout these relationships. It is through stories of relationships that one speaks of spirituality as it is through relationship that the full human experience is played out (Burkhardt & Nagai-Jacobson, 2002). Spirituality is often thought of as experienced through the times filled with love and support. It is important to remember that spirituality is equally present at painful times and times of struggle (Burkhardt & Nagai-Jacobson, 2002). In fact Thomas Merton (1989, p. 18) states that the real journey in life is interior and that all people suffer, so it is how one chooses to move through the suffering that makes the difference. At some point in life, everyone suffers, thus making all of us wounded storytellers which Frank (1995) described as one aspect of the wounded healer.

The metaphor that can be used for the journey of life is that of the labyrinth. The labyrinth has one way onto a meandering purposeful path from the entrance at the edge to

the center and back out again. "The labyrinth is an archetype of wholeness, a sacred place that helps us rediscover the depth of the soul" (Artress, 1995, p. 3). One comes into relationship as one journeys on the labyrinth of life. Jada speaks about her experience with the labyrinth:

> A labyrinth is a very ancient tool. It's similar to a maze, but in a maze, you have to make choices; in a labyrinth, there's only one path in and one path out. In some ways, it's a symbol of the divine feminine, because there is only one very important path in, and one very important path out for most life. But in other ways, it's a journey to the center of your being, your soul, and your spirit. And it can be a very, very slow progress, or you can do it fast. You can zip in, zip out. But if you always go with good intent for yourself, or even for someone else, because maybe you're checking out something that you did or they did to you, you'll always find something. My first experience walking the labyrinth was superficial, but it was a way to start learning. It was just neat. It was neat to be there, it was neat to share it with the people. (Jada)

After thinking about a conversation with my husband the light came on for me about the use of the labyrinth as the metaphor to describe life, in which the spiritual journey is intertwined. As each of us walks the labyrinth of life, the spiritual journey weaves in where we connect with ourselves, others, God (however defined) and the environment so that we can find meaning and purpose in our lives. Thus the labyrinth continues for me to be a metaphor for life.

During the journey on the labyrinth, life experiences and one's thinking about spirituality can lead to the movement through the spiritual pathways that can awaken one or bring one to consciousness of her/his spiritual journey. This spiritual pathway can be like a labyrinth experience as one journeys inward and then back out again. Alternatively it may lead one to repress the information, with the risk of becoming stagnant or disconnected. Life experiences or life changing (events) can act as a catalyst leading to spiritual awakenings that can hinder or facilitate the spiritual journey. Part of the outcome

of the spiritual journey is growth and change (Burkhardt & Nagai-Jacobson, 2002). Movement along the spiritual journey can be referred to as spiritual growth or spiritual maturity. This can then lead to being a spiritual seeker or hinder our spiritual growth, leading to disease in our physical, emotional, spiritual, and social dimensions. These life experiences can be mountain top experiences, painful dark experiences, or somewhere in between the two extremes. It is often said that it is through the painful dark experiences that we do our most growth. The soul needs chaos to grow (Moore, 1995).

Alice, Ahisma, Jada, Suzie and Kevin speak about the past and ongoing struggles on their spiritual journeys. These experiences create labyrinth experiences, whether they were suffering or experiencing joy; they can be considered opportunities to be awakened to one's spiritual journey. Kevin is the only participant that gave voice to experiencing both a mountaintop and a valley experience. He spoke of the profound experience of connection in the following way: "I remember feeling intensely connected to God at that time, and connected to all the people that were there. It was this incredible connectedness. Feelings like that, it transcended happiness." Then again at his sister's baptism, "I could feel the energy in the room, and it was just such a really joyful feeling that went with that. It was, like, it was that connectedness to a higher power." He briefly mentioned his valley experience:

> And that was after a long period of feeling disconnected. I went through a period of not being religious at all. I actually thought I'd become an atheist, like my father, because I was sort of against religion and I didn't feel like I fit into any group. It was very hard. And there was a period of depression and everything that went with that.

Some individuals have the opportunity to experience or to hear about a near death experience. Alice shared her son's near death experience and her reaction to hearing it:

> I have some bad news for you. Pete died today. He went to Heaven, and he's with God now. Do you know what that means?" And Jeremy nodded. "So that means that we're not going to see Peter again." "Yes, we will." I said, "No, honey, when you go to Heaven, you don't come back." "But I did...I went to Heaven, and I came back... So after that, I said, "If you knew what it was going to be like when you came back, would you still have come back?" And he looked at me and he said, "No." I had to take him out of the tub and leave the room! "Okay, we're just going to put you on the rug. Mommy has to go in the bedroom and cry for a while." So if he had known how much work it was going to be, and how long he was going to be in the hospital, and how hard he was going to have to fight to get to be the way he is, he wouldn't have come back.

Jada experienced depression that has led her to do her own healing work:

> I've worked on what I would call personal issues ...And because of the mixed-up messages, and there was a lot of emotional suffering. I think what tipped it off into depression for me was the intensity of the schooling and the push and the push and the push, and then going into the hospital. It was just extremely draining.

For Ahisma the topic of spirituality had been coming up in class with her students and she also was on a grief journey. At the time of our first meeting she was nearing the first anniversary of the death of her dear friend, which is often a time that sends one in the direction of seeking the spiritual. She also had a bad car accident a few years earlier combined with the death of her mentor, and now the death of her dear friend. She talked about these matters briefly but it was difficult for her to discuss. It was apparent that these life experiences were sending her into spiritual pathways, thus the opportunity to talk about the spiritual at this moment in time for her was very timely.

For Suzie, spirituality is all encompassing; everything she does is related to God and she lives by a Christian code. Living by that code, and the experiences that she shared as a participant of this study leads her into being in a constant struggle.

While working on my thesis I had the opportunity to be part of a spiritual journey group and the minister that facilitated the group referred to the awakening to our

spiritual journey as that of the experience of grace. This awakening is the coming to awareness of who we truly are and our purpose in this life. With the grace of coming to consciousness or awakening we become conscious spiritual seekers searching for the answers to questions that are spiritual in nature. Often these spiritual questions can be about our purpose here on this earth and what gifts we have to offer (Artress, 1995). To seek answers to these spiritual questions one is said to be seeking a spiritual path.

Often while journeying on the labyrinth of life, the realization comes that we are being guided by something greater than ourselves. "Yeah, that's sort of what my sense of spirituality is, is that there is someone or something guiding us..." (Alice). Often this understanding comes after reflection back on our lives, following a crisis, challenge, change, and or transition time in one's life. People speak of the outstretched hand of God (however defined), "although I have to say that I think I have felt the hand of God" (Alice), or people saying I don't know where the answer or words came from (Artress, 1995). Ahisma and Jada spoke to the idea that they didn't know where the words came from or the sense to be silent comes from in different situations, "It's interesting, 'cause I really don't know where it came from; I just talked to her"(Jada). "I don't know how to say this, other than sometimes innately you know that you shouldn't say something, or it's not the right place to say anything at this time"(Ahisma).

All the participants come to their nursing experiences as the wounded storyteller. Each was at a different stage of being the wounded healer and at a different place and awareness of their unique spiritual journey.

"Everydayness" of Spirituality

The spiritual journey is woven into our journey of life, thus it is a part of one's day and cannot be separated. Spirituality affects and is a part of all that we are and do (Grovier, 2000). It is seen as an integrating force not as a separate dimension (Ellison, 1983). Spirituality is often given a place outside of oneself that someone else has to look after, as if it is separate. Such thinking leads a person to believe that only one who has studied in the area of theology can help another with spiritual issues or provide spiritual care. It is often the in-between of mountaintop and valley experiences where we live most of the time that the spiritual experiences can go unnoticed, thus the opportunity for daily healing moments are lost. It is the awareness of this that can lead to daily healing in one's life. Kevin, having had both a mountaintop and valley experience, speaks to the need of seeking spirituality every day.

> I've often struggled, because I've had these experiences where I felt so connected, and so I don't even know how to describe it, but when it passes, you have to, like, I've had to really struggle to just appreciate that I experienced that. Because afterwards, sometimes the everyday seems so mundane and just not connected. And that happens often in the hospital for me. I'll find a client that I can reach that level with, and we'll be having a really good interaction, and a bell rings, or an IV alarms, or something happens, and you're, like, "I'll be right back!" But when you come back, it's never the same. It's gone. And you do have to appreciate that.

Nurses may not provide all the spiritual care that a client needs but they provide spiritual care in a broader sense (Sheldon, 2000). The term "everydayish-ness" of spiritual care captures the concept that spirituality is a part of the everyday of our lives. This term was coined by one of the critical care nurses in a research study by (Kociszewski, 2004). In fact this concept emerged in all the stories within their research describing the experiences of providing spiritual care to critically ill clients and families.

Spiritual care does not take extra time, as it is part of what a nurse does; ordinary tasks when done mindfully, is providing spiritual care (Balzer-Riley, 1996). Spiritual care infiltrates all the aspects of nursing care (Carroll, 2001).

Spiritual care is most often thought of as the use of prayer, meditation, religious rituals, or providing pastoral care or other spiritual support people. The most readily available resource that is often left out is the giving of ourselves (Burkhardt & Nagai-Jacobson, 2002). It is through one's presence with another person bringing all of who one is and how one is with another that spirituality is brought into caring for another. "It is how we touch, listen, hear, see, sense, speak, sit with, and do all the tasks that are part of our care with another" (Burkhardt & Nagai-Jacobson, 2002, p. 86).

As I embarked on the journey of listening to nurses' stories of their experiences of addressing the spiritual, they all spoke about the "everydayness" of spiritual care, they did not name it as such but it was evident in their stories. Alice, Jada and Kevin shared their stories about providing spiritual care to clients as part of their every day nursing care through, listening, talking, touch, and being with.

> I could tell that the mom was feeling quite torn. She didn't know how to make the decision, she didn't know what she needed to consider in making the decision: "What do I do? How do I make this decision?" I could see that she was really struggling with it, and so I sort of asked her if there was something troubling her, and did she want to talk. It was Sunday, it was quiet on the unit, and the bed next to us was empty. Her little fellow was fine for a while, and I sat down on the chair. She said, "How do people make decisions like this? I don't know how to do this." So I told her that most people never have to do that in their lives... (Alice)

> I took care of her for 2 days... and when I had extra time, I spent it with her. I would just sit with her; I would just be there. Sometimes I would touch her on her hand or hold it...And really when I look back now, I didn't have to do anything; all I needed to do was be there for her. (Jada)

> We talked about dying and we talked about a lot of things. She talked about how her husband had passed away, and things that had happened; her health had gone downhill, and she ended up in long-term care because she couldn't walk any more. But she was with it enough to talk about these things with me, and we talked and talked. She said, "You know, I am waiting to die. I actually can't wait to die, because I want to be with my husband again in Heaven. (Kevin)

In the "everydayness" of spiritual care, nurses provide spiritual care not only to the clients but also to the other staff they work with. Suzie uses prayer in the following:

> And yet, there's got to be a role for that, too, because now we're having troubles. These crisis, that seem to never end, I can say to somebody, "I'm going to be praying for you," and then afterwards, them coming to me and saying, "Were you praying for me?" 'cause it worked. It's very positive. I could say that to just about anybody here now, and they could tease me about it, but they would respect me for it anyways... I believe that I've been given this role, to be here in this world where I am, in my little corner, and let my light shine.

Ahisma talks about spiritual issues being embedded in the every day work of nurses:

> And are we really aware that we're dealing with a spiritual issue. I don't think people are aware. Its just part of the nature of what we're dealing with. We're dealing with people and we're dealing with the humanistic aspect of what's going on in our lives. It's happening, and they don't even realize it. One of the things, too, when we're looking at curriculum and curriculum development, spirituality is one aspect that really isn't touched on that much at all, in regards to how you prepare yourself for that area being apart of the everyday caring of a nurse although many nurses are not aware of the spiritual care they are giving and that it is not really in the curriculum today ...There's a lot of discomfort in how to deal with some of the very heavy issues that you deal with in nursing, that's just embedded in our day-to-day work. I think that's spirituality there; I think we just don't even realize we're doing it, although we spread it throughout what we practice in some way, shape, or form. I bet you in every single nurse's day, there's some spirituality aspect. How they deal with it and how they're prepared for it is, that's the big question. It's such a complex issue.

Spiritual Activities

As the spiritual journey is woven into the life journey, spiritual activities are occurring in each individual. The spiritual activities are occurring in both the client and

the nurse as they come together in relationship. Lane (1987) developed a framework that could be used by all nurses no matter what her/his beliefs or spiritual formation to provide spiritual care. She names four activities that suggest that the spirit is active in an individual: inward turning, surrendering, committing and struggling (Lane, 1987). These activities could occur alone or in some combination. This would allow a nurse to identify the spirit at work in her/his clients and her/himself. The participants shared evidence of activity of the spirit through their stories.

The first activity of the spirit is that of inward turning which leads one to move toward wholeness and ultimately attain wisdom. This activity can lead to the ability to transcend the here and now. By inward turning, the human spirit is able to find meaning in life as it has the ability to look at the past, live in the present, and project into the future. It is through inward turning or self-reflection that a nurse comes to her/his own woundedness (Lane, 1987).

> Very much. You have to; it's essential. You can be religious, very religious and very good, but you cannot be spiritual, you can't heal without actually taking a real good hard look at yourself, and being sometimes very brutally honest... But you do have to do it; you have to go inwards before you can go outwards, and it's like a labyrinth. (Jada)

Surrendering is the second activity of the human spirit. It is the ability to let go and by letting go achieve growth. This also leads to the ability to transcend the here and now. This is not an easy task, as often the human spirit wants to control his or her destiny in this world.

> So you can feel from me I mean, I'm telling you these things, and that doesn't affect your research, that much, but yes, it does, because you see, the issues of justice and mercy, conflicting, *Suzie pauses,* that's very spiritual to me. That's, I guess, the first part is the morality of it. Okay, justice and mercy. The other part is the struggle of walk humbly with your God. "Oh, how about I do something here?" So yes, and then it seems like

> you can't do anything right, and you get hopeless. .... but it's one of those growth things, where you know again when you come out of the hopelessness... Letting go. Being able to let go. (Suzie)

The third activity of the human spirit is commitment that allows the characteristics of the spirit of giving life and being free to come forth. Commitment is the ability to attach or bond to something outside of oneself. An example of commitment is spoken about in Kevin and Alice's stories.

> At the end of that placement, one of our clients passed away, and she was with me for a long time; I had her for 2 weeks or so. I just loved this old lady, she was so nice.... After that, I got a letter from her family that was expressing their gratitude. That totally revitalized me in nursing, because I felt like I'd made a difference for that lady, especially in the sort of last moments, you know. .... So that revitalized me. I went back to nursing with a really strong passion. (Kevin)

> So many of the nurses that I've come in contact with through Jeremy's lifetime have been so special and so supportive and so wonderful that I wanted to be them. I wanted to take all of the things that were good about all of those people, and put them in me, and take it to work. That's why I do what I do. I want to be that for somebody. (Alice)

The fourth activity of the human spirit is that of struggling. The act of struggling is when we pull pieces of our lives together to find meaning and a part of this is to come to the understanding of our own limitations.

> So I'm not looking at a world view; this is my story of dealing with the world that I've been put in, and then dealing with myself and my reactions to that, and trying to find ways that the Lord wants me to live. I walked through the vale of tears; I walked on the seashore with only one set of footprints for a long time. Never lost the knowledge and the surety, but the emotions were of hopelessness for a long time. It was just persevere and keep going, and I'm still sort of into that mode, but it's been a little bit better. (Suzie)

What awakens an individual to his or her own spiritual activity and brings one to be conscious of their spiritual journey? For some it can be a loud call like an illness, a

death, a mountain top experience. For some, the awakening is subtle, for others it is somewhere in between (Brehony, 1966). When I think of embarking on the spiritual journey through the spiritual activities, the "Hero's Journey" comes to mind (Campbell, 1949). The hero's journey has been written about in many cultures and from all periods in history. The hero's journey follows a pattern: the call to adventure, separation, an initiation (adventure), and the return. Upon the return, it is apparent that the hero has experienced a transformation that leaves her/him changed forever.

The activities of the spirit on the spiritual journey are much like the hero's journey, the call to adventure is the same as the life changing experience that occurs. The separation is the turning inward. The adventure can be the same as the struggle and the return is the same as the surrender and commitment. Transformation occurs as one moves about in the spiritual activities, which is like a labyrinth experience. One is changed by the experience of going inward to one's core and back out again.

Lane's (1987) framework for nurses regarding spiritual care considers the activity of the spirit, but does not identify the process as linear. Rather, she implies a linear process when she states that commitment comes before surrender. I would like to expand on her work and suggest that depending on our personalities and experiences in life, we enter into the spiritual process at different points. I would like to suggest that life changing experiences call one to the spiritual journey, by awakening one to one's spiritual activities, and allowing one to enter into the process at the point that works for each individual person. This call can happen at any point in our life, as age does not seem to be a factor in the awakening to the spiritual journey (Brehony, 1966).

In exploring the spiritual journey and the need to not look at it as a linear process, I am reminded of the work that has been done in the area of death, dying and grief. Kubler- Ross's (1969) linear model gives the illusion that one must process through the stages of grief and then you are done. Yet grief can be ongoing and individuals can move back and forth between the stages so there is not a linear process that moves in one direction. Since Kubler-Ross's work, other cyclic models have been proposed to describe the process of grief.

The spiritual activities do not occur in a linear process, thus I would like to use a cyclic model to describe the spiritual activities. The model is a figure eight or if you put it on it's side if is the sign of infinity. I would like to use the figure eight and place the spiritual activities within it, as I believe that spiritual activities are going on constantly within each of us. Life events are catalysts for these spiritual activities. One side of the figure eight would be reflection and struggle and the other would be surrender and commitment. Depending on the person, each person enters into the activities in the area that has meaning for them. This model is very spiritual in how it is unique to each individual and allows the unfettered freedom to move backwards, forwards, and side to side.

Lane (1987) also speaks about the nurse developing a sense of hospitality toward a client. This includes being present, open, and warm with a client. This allows the nurse to walk along side the client in compassion, allowing the nurse to listen to the array of clients emotions that could include: pain, suffering, anger, joy, fear, and loneliness. These times of connection in a shared sacred moment can lead to healing for the client and the nurse.

The "Connectiveness" of Being Human

The spiritual journey calls one into relationship where one encounters the full experience of the human experience (Burkhardt & Nagai-Jacobson, 2002). It is through being connected to self, others, God (however defined) and the environment that spirituality is experienced. One of the spiritual needs of a human being is to feel connected and this is an important aspect of spiritual health (Sherwood, 2000). The spiritual journey on the labyrinth of life can appear as a solo journey. It is when one reflects on their spiritual journey that it becomes apparent that it is not a solo journey but a very complex and connected journey.

The term, connection, implies there is a joining together of two or more elements and a relationship forms between them (Golberg, 1998). The relationship does not have to be permanent. It can be brief or long term depending on the circumstances. Buber (1958) talks about two different types of relationships, one being the I-It and the I-Thou. The I-It relationship is one of experiencing and is set in the context of space, time and the past. The I-Thou is one of relation and is not bound by space or time and is in the present where the spiritual is present. He states that relation is mutual and arises in the following three spheres: nature, men and spiritual beings. The I-It relationship can be seen as nurses do their routine nursing care and moving into the I-thou relationship as the nurse does her nursing care being fully present to the moment.

Nurses come into relationship with individuals on their spiritual journeys. Sometimes nurses encounter clients during their times of suffering, struggle, uncertainty, and when people feel vulnerable and afraid. Sometimes nurses encounter clients in their times of joy and accomplishment (Burkhardt & Nagai-Jacobson, 2002). The concept of

connection and its importance was apparent in all the participants' stories as they described connections with self, others, the environment, and God (however defined).

The sense of being connected was extremely important to Kevin and was a theme that threaded throughout his story.

> That what it comes down to, is how connected you feel to something bigger than yourself. For me, at least, that's what it is. Because with Buddhism, I don't do a lot of the ritual stuff that goes with it. I do meditate, I do try and think about nothingness and those things, but for me, what it really comes down to is feeling connected to the rest of humanity and wanting to do something to improve their suffering, or wanting to lessen my own suffering by helping to lessen the suffering of others... But for me, spirituality is definitely about the connection that you feel to others, to the earth, to, yes, to God, 'cause I think it's sort of present. I say I always translate God as everything: God is in everyone, God is in trees, God is in buildings, and everything is because of God. But I don't think I really, until recently, realized what that meant in terms of your actions and your attitude and things. So I think when you really start to feel like you might feel connected to God, you start to realize that everything you do relates back to that connection and how you maintain that connection with other people, with your environment...

Kevin also spoke about disconnection and holding the tension between feeling connected and disconnected.

> Being a person who had experienced a period of depression directly related to that disconnected feeling, like, not feeling like I was a part of the universe I can see it reflected back at me in so many of these people... That's why Buddhism fits for me so well, is because the teaching is every day, every morning, especially, to do a certain number of mediations... It really helps me feel connected to the rest of humanity and the earth. It's on those days where I wake up late, or my alarm doesn't go off, and I don't get to do that, that I really notice myself getting caught up in the jumble and not paying any attention to anything, and then feeling crappier because of it. Then the next day when I wake up and I have time to do it, and I do it, it just makes me that much more present, you know, and finding that thing for, if every individual, I think, could find something that helps them to stay centered, I can't even imagine how much more wonderful things would be.

Connected to Others

Connecting to others was woven through out all of the participant's stories. They shared stories professionally of connecting or trying to connect with clients, family, and colleagues. As well they shared stories of connecting to others in their personal lives. Kevin spoke about the importance for himself and the clients to be connected but also the struggle that arises for him when he is not feeling connected:

> There are certain times at work for me where, with certain clients, you feel that connection, that they want to talk about it, you feel comfortable talking about it, and you can say, "How are you feeling? Do you want to talk about dying? Do you want to talk about God? Would you like to talk to a priest?" And it's going there, and not feeling uncomfortable going there.

He also spoke about an experience with a client who he did not feel he was connecting with and how it was affecting him personally to the point he thought of leaving his position. In fact, he feels that it has had an impact on his decision to move from this country and move on further in his education.

> Like, the client who was in the hospital for over 9 months, and we weren't doing anything; we tried many things, but we weren't doing anything really medically that was helping him. Being in a hospital for that long furthered his psychological depression. He came in depressed, but after day in and day out of losing his independence and losing his dignity and losing various aspects of his personality, just through the mindlessness of watching television all day, 'cause there was nothing to do but lay in bed, it was very difficult for me to I never felt connected to him in spite of 9 months seeing him on a regular basis. Even though in the end, I was probably more connected with him than many of the staff, because many of the staff just considered him a write-off, and never spent any time with him. It was sort of draining sometimes.

Jada speaks about it not always being easy when connecting with people and yet connecting with them in some way, as the need to be connected is so important. "Without those points of connection with people, nursing becomes empty to me."

> But to deal with the whole person, because they need to know why are you doing while you're doing it, you can talk to them and joke with them. Some people by nature just have a way of drawing people and making connections, and other people like the abrasive lady, you have to reach in. I think it's good that we have many different kinds of nurses, because it takes many different kinds of people to be able to connect with more clients. I can't connect with everybody; I won't. Some people, I will rub them the wrong way without even trying, and it's just the way it is. But another nurse may be able to make that connection with them. But it is very important, but personal attitudes and prejudices have a lot to do with it, especially psychiatric clients. I've done a little bit of psychiatry, mostly on peds, and I know, I remember sitting in report, and the other nurses giggling and rolling their eyes over the description of the teenage girl who tried to commit suicide because she feels so horrible about herself, and there is just no understanding. (Jada)

Connected to the Environment

Alice, Jada, and Kevin speak about being connected to the environment. Alice spoke about being connected to the environment as she started her story about her walks outside with her dog. Jada also speaks about walking her dogs and choosing to connect with the environment as she walks. Kevin talks about his experience of connecting with the environment. "I've had peak experiences where it was just me and the leaves blowing, and I felt more connected to God and the universe and everything."

Connected to God (however defined)

Alice describes talking with God at times when her son was very ill. Jada connected with her God during times of prayer for others. Suzie's connection to God is very strong as it oversees all that she does and creates the constant struggle she lives with day in and out.

> It's everywhere, because our world belongs to God, and it means everything, it's in everything, in every action, every business interaction. It's just everywhere: it's morality, but it's more than that if you're willing to worship in every form. So that makes everything you do, there's no higher ground.

Kevin speaks to the connection with God as all encompassing.

> But for me, spirituality is definitely about the connection that you feel to others, to the earth, to, yes, to God, 'cause I think it's sort of present. I say I always translate God as everything: God is in everyone, God is in trees, God is in buildings, and everything is because of God. But I don't think I really, until recently, realized what that meant in terms of your actions and your attitude and things. So I think when you really start to feel like you might feel connected to God, you start to realize that everything you do relates back to that connection and how you maintain that connection with other people, with your environment.

Feeling connected can be a struggle for individuals and yet the importance of connection cannot be denied, as it seems to have a role in the health and healing of both the nurses and clients.

Sacred Spaces

The concept, "sacred spaces," can refer to one's inner being and also to the environment. It is the presence that one brings to an encounter, that creates the sacred space, where the spiritual is evident in every thought, word or act (Burkhardt & Nagai-Jacobson, 2002). The inner sacred space is created by being consciously present to the moment. "Creating a sacred space for spirituality to be expressed is a very important element of taking care of one's spirit," (Burkhardt & Nagai-Jacobson, 2002, p.327). Lane (1987 p. 335) describes the human spirit in the following quote" The human spirit is a fragile vessel holding the essence of who we are. It is a sacred place." She also states because the human spirit is a sacred place, when working with a client and their spirit, that the nurse must approach the client with a sense of awe and deep humility. I would

expand upon this, as one cannot separate the spiritual care from all of nursing care and that one should approach all clients with a sense of awe, deep humility and reverence. The word "sacred", means to be holy, to hold something in reverence (The New Lexicon Webster's Encyclopedic Dictionary, 1988, p 876). Nurses are often in this sacred space in the most private and intimate areas of a client's life, allowing for the opportunity of listening for clients spiritual needs (Sellers & Hagg, 1998). Nurses create a safe and sacred place through listening, dialogue, and presence that allows clients to feel safe to express their spiritual issues and spiritual needs (Van Dover & Bacon, 2001; Burkhardt & Nagai-Jacobson, 2002).

The creating of sacred space between participants and their clients was evident in Kevin, Jada, and Alice's stories. They took the time to create moments of connection, a sacred space that allowed the clients and families to feel safe and to express how they were feeling about all that was happening. These moments occurred in the "everydayness" of nursing, whenever the clients were feeling vulnerable such as, facing death, after birth and during crisis. Ahisma and Suzie speak about these moments as facilitating the time of connection between family members by creating the sacred space for healing to begin. Ahisma also speaks about having to take the time to work with a student who has an experience with a client, who questions her about whether she is really listening to what he is saying. The client was asking, "are you present with me?" Had she created the sacred space?

> I'm thinking of one situation where a nursing student was in a room with a client, and she was really beside herself because she didn't seem to be getting through, is what she told me, in discussing certain things with the client. I went in the room with her at one point, and I was just checking to see what was going on for the day, and the client just had this outburst, and said, "Are you really listening to me? Are you really listening?

Nurses as healers can facilitate healing in many ways. The following two ways are the most accessible and the most powerful: creating a space for healing to happen and the power of intention in the therapeutic relationship (Quinn, 2000). I would like to expand upon the space for healing as being a sacred space where healing can occur for the nurse and the client. The nature of the nurse–client relationship is sacred as the nurse and client both bring their spirituality to the relationship. This can lead them in the direction of search for the meaning in life (Balzer-Riley, 1996). For these sacred spaces to occur, it is important for the nurses to be aware of the spiritual process that goes on intrapersonally and interpersonally.

The Exposure of Our Vulnerability

In the health caring professions, the concept of vulnerability is most often used to identify individuals or populations at risk (Sveindsottir & Rehnsfeldt, 2005). Vulnerability as a concept can also be viewed as a trait that is present in both the caregiver and their client. To be vulnerable is to open one self to be hurt or wounded as (The New Lexicon Webster's Encyclopedic Dictionary, 1988, p 1104). To view vulnerability as mutual and part of the human experience allows both individuals to grow (Sveindsottir & Rehnsfeldt, 2005). Nurses often connect with clients when they are most vulnerable. If the nurse is able to be open and be vulnerable, then there is an opportunity for a healing moment to occur for both the nurse and the client. In the literature there is much written about the vulnerability of the client but not as much written about the vulnerability of the nurse. Carson (1989) states that a nurse is most effective when a nurse listens, empathizes, and is available and vulnerable.

Kevin speaks to the vulnerability of clients with regards to sharing their spirituality:

> Because I think a lot of people guard their spirituality. And with good reason, I mean, there's lots of people out there that would almost attack the spiritual dimension, I think. For example, that friend that I mentioned earlier who's always criticizing people who aren't Christian, just on the basis that they weren't Christian, not based on their deeds or their actions or their connectivity to them...And other people go there almost I think maybe not even going there; it looks like they're going to the spiritual dimension of conversation, but they're actually just putting out a line between you and their spirituality. Because if you're not willing to talk openly and share ideas and be accepting of the other person's spirituality, then you're not really going there with them, because if they don't feel safe, or if you don't feel safe, then you're not really communicating on that level.

It is in sharing of one's individual and unique stories that a connection with other individuals occurs, creating an awareness that we are not alone on our spiritual journey on the labyrinth of life. It is at the moment of connection that the vulnerability of what it means to be human comes to light. It is through listening and sharing of stories that vulnerability can occur as one connects to their soul and spiritual journey, allowing another individual to do the same.

To provide spiritual care, the nurse is able to meet the client in a shared vulnerable moment by being self reflective and compassionate. It is through the contact of a nurse with her own woundedness that she/he can connect with clients through common threads that can include: pain, suffering, anger, joy, fear, and loneliness. The participants shared their vulnerability in their stories, which is evident through their own woundedness. Kevin and Jada spoke openly about their depression. Kevin shared how this had affected him greatly and how aware he was when his clients felt disconnected. Jada shared about her depression and how it has allowed her to be more understanding of

what clients are experiencing. Jada also stated," Spirituality is also, I think, sometimes about taking a risk, being vulnerable." Suzie did not directly speak of depression but spoke of her great struggle to follow God's word in all that she did. She spoke slowly and deliberately, choosing every word she spoke. She also shared her thoughts on the nurses' and clients' vulnerability in the following:

> Nurses are walking around between time bombs waiting to go off, because people are dealing with these times of transition and very vulnerable, so the vulnerability of the nurse might just be the target. That's part of it's easier to become task-oriented, I think.

Ahisma was vulnerable during the first conversation with the researcher because of the nearness to the first anniversary of a dear friend's death. Even before we started the interview she shared about her friend with tears in her eyes, asking if anyone else had cried while sharing their story. Ahisma mentioned her woundedness after her car accident and the death of her mentor. She had difficulty speaking of her own accident and the death of her mentor .She chose words that might distance her from her vulnerability such as "you" instead of "I" and the ideas of both seemed to be intermingled. The researcher had to ask questions to clarify what was going on. Ahisma would have to pause as her own woundedness surfaced through.

Alice shared the story of her son's illness journey. She wanted to help others through their experiences as she had been helped through her experience. She chose to work with babies and their families that were facing life and death experiences as she had experienced with her son. She opens herself to her vulnerability every day as she connects with the vulnerability of others. The following is a beautiful example of Alice's own vulnerability:

> There were more reasons why that was a hard day for me than just what happened with the baby because I was feeling quite upset by the fact that, although we knew at noon that this child was not going to survive, they were reluctant to talk to the family...But at the same time, the boy in the next bed is 17 years old, and he's been in the unit for 4 or 5 days, and his family has made the decision consciously to let him go. I had not really seen this boy up close, and I hadn't seen him without any tracheal tubes. So when they extubated him and they pulled the curtain back, I glanced at him over my shoulder, and in that split second instant that I looked at him, *Alice stopped mid sentence* I'll show you what I saw. *She got up and walks away and comes back with a picture of Jeremy.*
> His coloring was the same; he had several days' growth, the facial hair. He had the same kind of high cheekbones; he was very physically similar to Jeremy. And that is what I saw when I looked over my shoulder; I saw Jeremy in that bed, and it just freaked me out. "Oh, my God, I have to leave. I can't do this." I said to my team leader, "I have to leave." She said, "Okay, go." So I went down and sat in the staff room and shook for a little while. I didn't cry, but I shook. And here's this boy that looks like Jeremy who's dying. And my brain just closed off for a little while."

All of the participants have experienced their own woundedness and vulnerability. It is through doing one's own healing work that one is able to connect with others in a shared vulnerability. Kevin and Alice speak to doing their own healing work. They suggest that this has allowed them to give back to their clients in the work they do. Jada speaks about doing her own healing work and that she continues to do it. Suzie shares her vulnerability and the things that have helped her through tough times. Overall, she struggles daily to live by God's word, and speaks loud and clear about this in her story. Ahisma's vulnerability was evident as she shared parts of her story. Her interest in spirituality seemed to have been brought to consciousness by her own life experiences and also the experiences her students were having.

Healing Moments in the "Everydayness" of Spirituality

The importance of spirituality and healing is not a new concept but is being brought back into the light over the last few years. The focus of nursing is healing.

Choosing a career in the nursing profession, one is enveloped into the connecting with individuals and the frailty and strength of the human spirit. It is the connecting and the common human condition that is the basis of healing and spirituality (Burkhardt & Nagai-Jacobson, 2002). Individuals bring to each encounter with clients their own beliefs, values, and experiences of spirituality, and their own spiritual journey. The opportunity to create healing moments within the client-nurse relationship is always present in the "everydayness" of spirituality. Burkhardt & Nagai-Jacobson (2002) state that healing is a spiritual journey that involves the whole person and that it is a lifelong process that involves self-awareness, growth, and transformation. They also believe that when working with the whole person, one must be aware of their own spirituality and the spiritual in the person they are working with.

Thus healing includes the need to be able to recognize the spiritual in each person and within one's self. In considering that all healing comes from within and occurs within a caring relationship, when one connects with another individual and their common humanity, a relationship is formed and the sacred space for healing occurs. Even though most healing comes from within there often is the need for help to facilitate healing. This is where the concept of the nurse as healer fits in as she/he facilitates the healing process. The path of healing can be a spiritual journey for both the person in need of healing and the person facilitating the healing process. Thus it is very important the nurse be aware of her/his own spirituality and to have done one's own healing so that one can facilitate the healing process for a client. So it is not so much of what one does, as it is how one lives every moment that reflects one's integration of spirituality in one's own healing practice.

It is through one's presence that the sacred space is created. Thus every thought, word, or act brings the spiritual into every encounter (Burkhardt & Nagai-Jacobson, 2002).

The following is a very meaningful example of a healing moment, as described by Alice.

> I came on at 7 o'clock, and he had been extubated at 10 to, and was still breathing. So I went into the room, and one of our newer nurses was in there with him. "It's okay if you just go home. I'll hold him." I picked him up, and I sat down with my back to the monitor, I turned off all the lights in the room except for the nightlight, pulled the curtains, and I sat in the chair, and I told him all kinds of things. I told him, "It's cold out tonight. It's really cold out tonight, so it's a good thing we've got a blanket around you so you're not cold." And I told him that it was really dark because it's December now, and it's dark at this time of day, so "We'll just keep it dark in the room, too. We'll just pretend that we're outside. But we're warm." I told him that pretty soon, he was going to feel a lot better, and that I could see his little wings sprouting out of his shoulders, and that his halo was starting to shine, and I could see that, too. I described what Heaven was going to be like for him, and how much better he was going to feel, and that eventually; his mom and dad would feel happy, 'cause he was in Heaven. I sat in the chair, and I rocked him and rocked him. He breathed for a lot longer than I expected him to. He was warm, and he was snuggled up to my arms. And it really felt good to be able to hold him after all these weeks of seeing him dying by inches. I couldn't put him down. His heart stopped beating at 20 to 8:00, and I couldn't put him down. I just couldn't; part of me needed to hold him longer, so we sat in the rocking chair for probably another half hour. And I kept talking to him, even though he was gone. I apologized for my lousy singing voice, and sang him a little nursery rhyme.

Conclusion and Recommendations

This study explored nurses' experiences of addressing spirituality in their lives. With the concept of spirituality being viewed as a major healing force, it is imperative that nurses are aware of the "everydayness" of spirituality. Paying attention to the to the "everydayness" of spirituality can provide hope, healing, and overall health to individuals as they journey through the experience of the human condition.

Nurses have the privilege of coming along side of individuals during times of challenge and times of joy, where nurses are providing spiritual care without naming it as

such. Thus they have the opportunity through the "everydayness" of spirituality, to facilitate moments of connection that can create sacred moments in which the spirituality of both the client and the nurse are shared through their mutual vulnerability. These moments of connection have many different forms such as silence, physical contact, language, being present, listening and, eye contact.

As nurses come to work as whole individuals they too bring their challenges and joys of life with them. The greater awareness the nurse has of her/his own spirituality, the greater awareness she/he will have towards a client's spirituality, (Burkhardt & Nagai-Jacobson, 2002; Lane, 1987; Taylor et al., 1999; Thomas, 1989). Thus it is imperative that the nurses have an understanding of their own spirituality and are able to be sensitive to the spirituality in their clients in order to facilitate the healing moments for both clients and nurses.

Nurses are often exposed to the suffering, tragedy, and frailty of being human that lead to stress, burnout, compassion fatigue, and vicarious traumatization, (Kelly, 2004). Jackson (2004c) states that nurses need support to lessen the effects of the suffering that they see each day and that nurses are not taught ways to understand and deal with their response to the suffering they observe and encounter daily. Wright (2000 p. 3) states, "In my work for the Sacred Space Foundation, I have lost count of the number of nurses who have come into retreat, depressed and traumatized by their experience in nursing. It is a crisis of meaning and personhood-the very stuff of spirituality."

Therefore I conclude that the "everydayness" of spirituality needs to be addressed in nursing. We need an increased awareness of spirituality and a growing in our understanding of the role of spirituality in healing for both clients and nurses. As a result

this then would clearly have the potential to bring forth a sense of hope, an acceptance of healing taking place and an overall increase in the health and wellbeing of nurses and their clients. Nurses, as the largest group within the health care delivery system also need to play a part in increasing the awareness of the role of spirituality and health to the entire health care delivery system. In the last couple of years there have been several multidisciplinary conferences held, specifically to explore the relationship between spirituality and health. There also has been collaborative partnerships between disciplines to do research and to develop courses on spirituality (Clark & Olson, 2000).

Spirituality is embedded in the everyday events of our lives, thus there are many opportunities to address the spiritual in nurse-client interactions when the nurse is fully present to the moment, no matter what she/he is doing, there is potential for a healing moment to occur for the nurse the client or both. I recommend that the nursing profession is well placed to raise the awareness of the "everydayness" of spirituality through educational and work settings for health care professionals. This can occur though, articles addressing spirituality, nurses' stories about their experiences of spirituality in nursing publications, journal discussion groups, retreats, workshops, courses on spirituality, and conferences.

There is a need for healing for nurses and the clients as they work with and healing can occur though telling of one's story. I recommend that nurses have the opportunity to share their story and also to develop skills to encourage the telling and listening of stories of their clients.

One of the findings in the literature about nursing and spirituality is that nurses need to attend to their own spirituality so that they can become more sensitive to their

client's spirituality and spiritual needs. I recommend that nurses be encouraged to explore their own spirituality and spiritual journey when they enter into the world of nursing. This would require a course be added to the curriculum in first year that would explore spirituality and then spirituality would be woven throughout the curriculum.
To create comfort for existing nurse educators in addressing spirituality, workshops, retreats, courses, and conferences would most likely need to be provided.

With the importance of the relationship between spirituality and health, it is imperative that the nursing profession in partnership with other health care delivery disciplines, increase the awareness of the role of spirituality in hope, healing, and the overall health.

Strengths and Limitations

In all research studies there are strengths and limitations. In this study the major strength is that the concept of spirituality as told through story, symbol, and metaphor of the nurses themselves. Each participant was able to share their unique experience of spirituality through their uninterrupted stories, as they chose to. The narrative method fits well with researching spirituality, as a sacred space is created between the participant and the researcher in the vulnerability of sharing and listening to stories. The fact that I am a nurse enhances my ability to listen to other nurse's stories. As a new researcher and seasoned nurse this method fit with my personal philosophy in peoples need to tell their stories and my belief in the healing power of being listened to.

In keeping with qualitative research, the findings of this research study are not generalisable but there is a strong likihood that it is confirmable with the experiences of

many nurses. Absent from the study were new nursing graduates and retired nurses which may be an important limitation of this study.

Recommendations for Further Research

This study has contributed to the body of knowledge about nurse's experience of addressing spirituality but there is a need for more studies. Also with narrative research the study process evolves with a true completion not to be reached but to be continued in further research. Thus I would recommend that the following further research into nursing and spirituality be done. This study raised the awareness of the "everydayness" of spirituality. I recommend that further study into the concept of spirituality, the everydayness of spirituality and the spiritual journey be done to continue with increasing the awareness of spirituality, and the role it plays in hope, healing and overall health for clients and nurses.

In addressing the concept of spirituality, further research needs to be done in how does a nurse view her/his own spirituality and how is it experienced in her/his own nursing practice. In the everydayness of spirituality, there needs to be further exploration of nurses' lived experiences in the everydayness of spirituality. In regards to the spiritual journey, further exploration of nurses understanding of their own spiritual journey in their lives, and how it affects their addressing spirituality with their clients.

Closing Reflections

On reflection of my own journey over this project I am keenly aware of how it has been a spiritual journey as I have had times of inward reflection, struggle, commitment and surrender. I have had the honor and privilege to have been able to enter the sacred spaces of the participant's lives as they shared their vulnerability with me through their

stories. As I listened to the stories and read them over and over I was very aware of my own story and how their stories connected with threads of my own.

This has only fueled the passion I feel for the need to continue listening and sharing stories to allow the spiritual to have voice and to allow the spiritual to be the strong force it is in hope and healing. This research project is one story that leads to other stories that need to be told in the form of narrative research. May the threads of stories continue…

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APPENDIX A

INFORMATION LETTER FOR PARTICIAPNTS IN RESEARCH CONVERSATIONS

Information Letter for Participants in Research Conversations

Title of Research Project
Conversations With Nurses About Their Experiences When Addressing the Spiritual Dimension

Investigator:	**Lynn J. Anderson RN, BScN, MN (Nursing) Candidate** **Faculty of Nursing, University of Alberta** **Phone: 1-(780) 983-6428**
Supervisor	**Joanne Olson, RN, PhD** **Faculty of Nursing, University of Alberta** **Phone: 1-(780) 492-4338**

PURPOSE OF THE STUDY: The purpose of this study is to explore the experiences of nurses when addressing the spiritual dimension in nursing. I want to hear **your stories** about your experiences of addressing the spiritual dimension in nursing. The need to further explore what nurses have to say, and have experienced, in addressing the spiritual dimension in nursing is necessary to guide nursing practice in the area of spirituality and nursing. Providing the opportunity for nurses to tell their stories about addressing the spiritual dimension in nursing could lead to a better understanding of the benefits and risks of addressing the spiritual dimension to both clients and nurse. Research in the area of spirituality and nursing is relatively recent so a base in this area needs to be established to guide awareness, education and practice regarding addressing the spiritual dimension in nursing.

PROCEDURE: The voice of spirituality in nursing has been long silenced. However, the literature suggests that nurses are addressing the spiritual dimension in nursing but are often unable to name it as spiritual. In this study I will ask you to describe your experiences of addressing the spiritual dimension in nursing by telling your story. You will have choice of location to tell your story. Our conversation will last from one to two hours, but may end at any time if you ask to stop the conversation. I may ask if we can meet for a second time for one hour, to talk if I need more information. It is your choice to say yes or no to a second meeting. I would like to tape record our conversations, but at your request will turn the tape off at any time you do not want what you are going to say recorded. You will have the opportunity to listen to the tape or read the copy of our conversation after it is typed. You can add or leave out parts of the typed story if you wish. By sharing your stories of addressing the spiritual dimension in nursing it will allow other nurses to tell their stories of how they have addressed the spiritual dimension in nursing.

VOLUNTARY PARTICIPATION: This is your choice to be in this study and at anytime you can choose to withdraw from the study.

BENEFITS AND RISKS: You may not get any direct benefits from this study and being in this study should not be harmful to you. You do not have to talk about anything that makes you uncomfortable or answer any question you chose not to answer. In sharing your story and feelings around the story emotions may surface during or after the interviews that need to be discussed further for you to deal with them. For this reason counseling and a referral process will be accessible to you. Due to the self-reflective process that you undertake in telling your story there is a possibility of major life changes occurring.

CONFIDENTIALITY: All information will be held confidential, except when professional codes of ethics or legislation requires reporting. The information will be kept in a secure area (i.e. locked filing cabinet). Your name or any other identifying information will not be attached to the information you gave. Your name will also never be used in any presentations or publications of the study results. At the beginning of our meeting you will choose another name that I will use to identify your material while doing the research and while writing the report. During this study, only members of my research committee, the person who types the records of our conversation and I will have access to the tapes and records. The tapes will be kept for at least five years in a secure area after the study is finished.

Contact Information: If you have any questions about this study, at any time, please feel free to call my supervisor or me. (See phone numbers at the top of page).

ADDITIONAL CONTACTS:

Dr. Marion Allen, Associate Dean, Research and Graduate Studies, Faculty of Nursing, University of Alberta: 780-492-6411

(The participant gets one copy and the researcher keeps one copy showing that they have reviewed this information sheet.)

APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH CONVERSATIONS

Consent to Participate in Research Conversations

Title of Research Project
Conversations With Nurses About Their Experiences
When Addressing The Spiritual Dimension

Investigator: **Lynn J. Anderson RN, BScN, MN (Nursing) Candidate**
Faculty of Nursing, University of Alberta
Phone: 1-(780) 983-6428

Supervisor **Joanne Olson, RN, PhD**
Faculty of Nursing, University of Alberta
Phone: 1-(780) 492-4338

The research procedures have been described to me to my satisfaction, my questions answered, and I have received a copy of the Information Letter. In taking part in this research study I understand there are no direct benefits to myself and that there is the possibility of major life changes due to the self-reflective process. I also understand that emotions may surface that I need to discuss further and that counseling and referrals will be available. I understand that all records relating to this study will be kept confidential and efforts will be made to safeguard my identity. I understand that I am free to refuse to participate or withdraw from the study at any given time, with no reason necessary.

I agree to take part in this study. YES NO

I agree that Lynn J. Anderson may keep typed
Copies of our talks for possible use in future studies. YES NO

_____ _____
Signature of participant Date

_____ _____
Signature of researcher Date

Please complete this section if you would like to receive a summary of the study when it is finished.

Name; _____

Address _____

_____

_____

_____