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### Making Room for Faith: Art of Spiritual Care in an Islamic Country

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#### Abstract

This study explored the perception of spirituality in nursing among Muslim nurses and their provision of spiritual care to patients. To have an in-depth understanding of the phenomenon the researchers utilized a qualitative descriptive phenomenology with eight (8) professional nurses from adult cardiac units at Prince Sultan Cardiac Center, Riyadh Kingdom of Saudi Arabia. The imperative data were requisite to develop themes from the conducted semi-structured guide interviews, recorded and rigorously transcribed.

The nurse participants shared experiences and personal testimonies. Seven major themes emerged: *One's Context of Spirituality, Spiritual Awareness, Attributes of Spirituality, Nurse's Intervention, Professional Competency, Spiritual Vitality, and Care towards Spirituality*. The researcher

concluded that nurse's perception of spirituality in nursing plays important role in providing spiritual care. As a result, nurses' awareness, spiritual and professional characteristics, and nursing interventions are contributing factors to identify, acknowledge, and integrate spiritual care in nursing care delivery which facilitates positive outcomes to patient's condition. Further, it leads the nurses to provide holistic nursing care, professional development, and promote nursing excellence services in PSCC.

The findings of the research empowered the researchers to formulate a program, and recommendations that are significant in the provision of spiritual care which are to be institutionalized in nursing practice, and nursing education that focus on the support, and reinforcement of nurses in Prince Sultan Cardiac Center.

**Keywords:** Perception, Spirituality, Spirituality in Nursing, Spiritual Care

#### Introduction

Spiritual care is considered an essential part of holistic care provided to improve the quality of life for patients and their families (Bredle JM, Salsman JM, Debb SM, *et al.* 2011) <sup>[1]</sup>. Nurses are caring with the human spirit by building of relationships (Watson 2012). Through participating, understanding, and being aware with patient and their family's religious and spiritual beliefs and practices, nurses can assist them to reinforce and improve their coping mechanism (Weathers, E., McCarthy, G., Coffey, A. 2016). However, it is frequently overlooked owing to difficulty conceptualizing spirituality and confusion about how to integrate into nursing care. (Aksoy and Coban 2017) <sup>[2]</sup>.

The ability of nurses to provide spiritual nursing care to meet patients' spiritual needs depends on the understanding of what is meant by these terms (Carr, T. J. (2010) <sup>[21]</sup>. Moreover, despite the benefits of integrating spiritual nursing care into practice, nurses are limited to provide spiritual care to their patients as they focus more on the physical needs and lack of advance training in addressing spiritual concerns (Candy, *et al.* 2012) <sup>[20]</sup>. The researchers conducted this study with the aim to identified key contributing factors affect nurse's perception of spirituality in nursing and integration of spiritual care into practice.

#### Methodology

The research study acknowledged the Muslim nurse's perception of spirituality in nursing and their experiences in providing spiritual care among patients. To accomplish the aim of this study, the researchers utilized a Qualitative Descriptive Phenomenology to gain an in-depth understanding of subjective experiences and insights of the participants on a certain phenomenon. 8 nurses as participants were selected purposively and interviewed using a semi-structured interview guide question. Further, a data was analyzed using thematic analysis particularly Colaizzi's phenomenological methodology.

**Results**

Through Colaizzi’s phenomenological methodology of data analysis that was utilized in this study, subthemes and seven (7) emergent themes were formulated such as *One’s Context of Spirituality*, *Spiritual Awareness*, *Attributes of Spirituality*, *Nurse’s Intervention*, *Professional Competency*, *Spiritual Vitality*, and *Care Towards Spirituality*.



**Fig 1:** Thematic Map for Spirituality in Nursing Care

This study aimed to explore the perception of spirituality in nursing care among Muslim nurses and their provision of spiritual care to patients. Based on the participants’ experiences, and personal testimonies reflected in this study, their perception of spirituality in nursing helped them to discern the need to acknowledge and support the patient’s spiritual needs which facilitated a positive impact on the patient’s recovery process. In this study, participants shared the significance of care toward spirituality.

Nurse participants’ perception of spirituality plays important role in the provision of spiritual care. Cruz *et al.* (2018) found that nurses’ perception of the patient’s spiritual needs allowed them to provide care for patients according to their spiritual values and beliefs. Further, Batstone *et al.* (2020)<sup>[6]</sup> also acknowledged that nurses’ beliefs helped them to meet their patient’s spiritual needs and give them spiritual care. As nurse, it is highly significant to have the knowledge, and understanding of the importance in acknowledging, promoting, and providing spiritual care among patients as one of the responsibilities of a nurse which indeed facilitates a positive impact on patient’s quality of life. In addition, another study showed that when a nurse prayed for a patient, they trusted in God’s plan for the patient’s future Farahani *et al.* (2020). Moreover, the nurse confirmed their spiritual and professional characteristics as contributing factors that lead them to promote and support patients’ spiritual needs. Based on the participants’ explored experiences, their spiritual and professional characteristics such as their personal beliefs and values, commitment, and vocation to support, encourage and respect patients’ religious practices, beliefs, and values affects nursing care delivery leading to the improvement of patients’ condition. Giving an emphasis on showing empathy, kindness, patience, promoting dignity, and

sympathizing with the patients and their families are important parts of the provision of spiritual care. In addition, nurse participants expressed their thoughts on providing spiritual care among patients: spiritual care is beyond nursing training, and their provisions were based on their personal understanding and clinical experiences which guided them to meet patient’s spiritual care. Some questions were raised is that enough? Or are they doing it correctly? Or aligned or based on the evidenced-based practice and concept in providing spiritual nursing care among patients? According to Ali, Snowden, Wattis, and Rogers' (2017) systematic review identified factors contributing to the difficulties in integrating spirituality in nursing education. These were: Lack of ontological integration; lack in phenomenological understanding; lack of support and environmental constraints; curriculum structure and unprepared faculty.

As stated by the participants they experienced to witnessed patients’ grief, difficulty in coping, acceptance, despair, and helplessness in their condition which influenced nurses’ awareness of the importance of integrating spiritual care into nursing care. A study showed that nurses’ attention to the mental states of patients and their families led them to find and address patients’ spiritual needs Ghorbani *et al.* (2021)<sup>[35]</sup>. For a nurse, it is very important to show their concern, and acknowledgment of the patient’s physical and psychological functions and their basic needs to identify and provide accurate therapeutic interventions which will meet the patient’s satisfaction, and improvement on their condition. Furthermore, nurse participants added that the nurse should be sensitive to identify and respond to the patient’s spiritual needs such as the need to provide meditation/inner peace, intercessions, promoting hope, strengthening relationship with God, and encouragement to submit to God’s Will, these provisions lead an impact to patients' recovery process improvement, stress response management, and strengthens therapeutic nurse-patient relationship.

**Reflexivity**

Spiritual care is one of the most overlooked aspects of patient care which affects patient’s health condition and providing holistic nursing care is being neglected. During the conduct of this study, the researcher’s objectives were met in account to explore Muslim nurses’ perception of spirituality in nursing and their experiences in the provision of spiritual care. These experiences shed light on the researcher’s viewpoint that in providing holistic care to the patient spiritual aspect is being neglected due to barriers such as perception of spirituality, and differences in beliefs. From the different experiences of the nurse participants, the researcher was able to understand how Muslim nurses value, respect, and support their patient’s religious beliefs, practices, and values. The researcher was able to put himself in the participants’ shoes by understanding and relating what they have witnessed with the patient’s difficult condition and the need to support spiritual needs, it is indeed a challenging trail that they encountered. Moreover, the journey of this research endeavor has made the researcher realized the vocation and commitment of clinical nurses in dealing and meeting with patients’ spiritual needs for the benefit of rendering and maintaining high-quality nursing care and provision of holistic care.

Furthermore, the need of support to nurses in providing holistic care preserves nursing principles and theories aligned with clinical practices are important in protecting the integrity of these nurses in clinical practice. The researcher opened her lens to different testimonies from her participants and set aside her biases by understanding the philosophical context of her research methodology. Moreover, the trustworthiness of data and ethical considerations were strictly observed.

Realizing how important spiritual care among patients affects nursing care delivery and patients' adaptation to their health condition. The recommended program is essential to support the reinforcement of the integration of spiritual care in nursing practice leading to the improvement of patient's recovery process, stress response, and building a harmonious therapeutic relationship between patient and nurse.

**Conclusion**

This research study was undertaken to have an in-depth understanding of the perception of Muslim nurses on spirituality in nursing and their provision of spiritual care by exploring their experiences.

The study results showed that the nurse's perception of spirituality in nursing plays important role in the provision of spiritual care. As a result, nurses' awareness, spiritual and professional characteristics, and nursing interventions such as assessment, planning, implementation, and evaluation help to identify, acknowledge, and integrate spiritual care in nursing care delivery which facilitates positive outcomes, and meeting patient satisfaction. Further, it leads the nurses to provide holistic nursing care, professional development, and promote nursing excellence services in PSCC. Therefore, the researchers formulated a program and recommendations which are significant in the provision of spiritual care in which to be institutionalized in nursing practice, and nursing education that focus on the support, and reinforcement to nurses in PSCC. The Director of Nursing, Nurse Managers, and Nurse Clinicians should evaluate the nurse's competencies to find and eliminate the shortcomings of spiritual care provision.

The objective of this program is to be able to support and implement the integration of spiritual care into nursing practice at Prince Sultan Cardiac Center. As most of the nurses were aware of the positive impact of the provision of spiritual care among the patients thus, it is important to recognize and reinforce in nursing practice. Moreover, after being aware of its importance, salient strategies can be done to address and meet patient's needs highlighting spiritual needs. Further, the findings of this research support the main structure of how this program was created. The researcher will implement this program's core strategies specifically based on the data that she gathered and analyzed during the conduct of the study.

It has been concluded that bedside nurses have a significant contribution in providing spiritual care. With this, core strategies that will support bedside nurses are included in this program. The researcher will also suggest that the implementation of this program be included in the hospital's policy that will be used for maintaining routine implementation and evaluation processes.

In the aspect of time, the program can be implemented as a nurse development program since some of the activities enlisted as core strategies are symposiums, in-service education, and reinforcements on the integration of spiritual care in the nursing plan of care. These relevant activities are crucial in the professional development of nurses through gaining new knowledge, skills, and competence in providing spiritual care. The researcher suggests that there may be an assessment and evaluation before and after the implementation of this program to be able to conclude if objectives have been met.

**Recommendations**

The output from exploring Muslim nurses' perception of spirituality in nursing and their experiences in the provision of spiritual care is essential in creating a program that will lead to empowerment and development of nurses. Based on the findings, the following were recommended:

1. Based on the empirical findings, the researchers recommend the implementation of the designed program with the active involvement of all the department heads.
2. Since spiritual care positively influences a patient's health condition, the researcher highly recommended supporting nurses to integrate the provision of spiritual care into nursing practice.
3. In the light of maintaining the standards of quality nursing care, nurses may be aware of the effect and outcome of the provision of spiritual care among patients.
4. The institution may conduct a regular in-service education program specifically for nurses. Nursing managers and nurse clinicians may also establish support and reinforce to their subordinates the importance of integrating spiritual care into nursing practice.
5. The attributes of spirituality and spiritual vitality may be inculcated to maintain a harmonious nurse-patient relationship and promote quality nursing care delivery.
6. Accounting for policies and protocols of the health institution, will highly affect patients' well-being as well as the nurses. The support for the nurses given by the hospital administration is highly recommended.



**Fig 2:** Proposed Program for Integrating Spiritual Care into Nursing Practice

7. The Director of Nursing, Nurse Managers, and Nurse Clinicians may be aware of the progress and evaluation of the implementation of the program.

## References

- Akram Sadat, Sadat Hoseini, Naghmeh Razaghi, Abdul Hosein Khosro Panah, Nahid Dehghan Nayeri. A Concept Analysis of Spiritual Health. *J Relig Health*. 2019; 58(4):1025-1046. Doi: 10.1007/s10943-017-0522-x
- Aksoy M, Coban GI. Nursing students' perceptions of spirituality and spiritual care. *International Journal of Caring Sciences*. 2017; 10(3):1136-1146.
- Alpert PT. Spirituality goes beyond religiosity: A much needed practice in, 2010.
- Balboni TA, Paulk ME, Balboni MJ, *et al*. Provision of spiritual care to patients with advanced cancer: Associations with medical care and quality of life near death. *Clinical Oncology*. 2010; 28(3):445-452.
- Baldacchino D. Spiritual care education of health care professionals. *Religions*. 2015; 6:594-613.
- Batstone E, Bailey C, Hallett N. Spiritual care provision to end-of-life patients: A systematic literature review. *J Clin Nurs*. 2020; 29(19-20):3609-3624. Doi: <https://doi.org/10.1111/jocn.15411>
- Beauregard M, O'Leary D. The spiritual brain: A neuroscientist's case for the existence of the soul. New York, NY: Harper One, 2007.
- Birks M, Chapman Y, Francis K. Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*. Sage Publications, 2008.
- Boswell C, Cannon SB, Miller J. Students' perceptions of holistic nursing care. *Nursing Education Perspectives*. 2013; 34(5):329-333.
- Bradshaw A. Teaching spiritual care to nurses an alternative approach. *Int J Palliat Nurs*. 1997; 3:51-57.
- Bredle JM, Salsman JM, Debb SM, *et al*. Spiritual well-being as a component of health-related quality of life: The functional assessment of chronic illness therapy-spiritual well-being scale (FACIT-Sp)[J]. *Religions*. 2011; 2(1):77-94.
- Brown K, Humphreys H, Whorley E, Bridge D. Ready to care? Student nurse perceptions of spiritual care education. *Journal of Christian Nursing*. 2019; 36(1):E5-E10. Doi: 10.1097/CNJ.0000000000000579
- Brown SJ. Evidence-based nursing: The research-practice connection. Jones & Bartlett Publishers, 2013.
- Bruce A, Shields L, Molzahn A. Language and the impossibilities of articulating earn spirituality. *Journal of Holistic Nursing*. 2011; 29(1):44-52.
- Bullington J, Fagerberg I. The fuzzy concept of 'holistic care': A critical examination. *Scand J Caring Sci*. 2013; 27:493-494.
- Burkhard L, Hogan N. An experiential theory of spiritual care in nursing practice. *Qualitative Health Research*. 2008; 18:928-938.
- Caldeira S, Carvalho EC, Vieira M. Spiritual Distress-Proposing a New Definition and Defining Characteristics. *International Journal of Nursing Knowledge*. 2013; 24:77-84. Doi: <http://dx.doi.org/10.1111/j.2047-3095.2013.01234.x>
- Caldera S, Simões Figueiredo A, Conceição A, Ermel C, Mendes J, Chaves E, *et al*. Spirituality in the undergraduate curricula of nursing schools in Portugal and São Paulo-Brazil. *Religions*. 2016; 7(11):1-9.
- Callahan AM. A qualitative exploration of spirituality sensitive Hospice care. *J Soc Serv Res*. 2012; 38:144-155.
- Candy B, Jones L, Varagunam M. Spiritual and religious interventions for well-being of adults in the terminal phase of disease. *Cochrane Database System Rev*. 2012; 5:CD007554.
- Carr TJ. Facing existential realities: Exploring barriers and challenges to spiritual nursing care. *Qualitative Health Research*. 2010; 20:1397-1392.
- Carson VB. (Ed.). Spirituality and the nursing process. In *Spiritual dimensions of nursing practice* (pp. 150-179). Philadelphia, PA: W. B. Saunders, 1989.
- Chan CLW, Ho PSY, Chow E. A Body-Mind-Spirit model in health: An Eastern approach. In A. C. Jackson & S. P. Segal (Eds.), *Social Work Health & Mental Health: Practice, Research and Programs*. (pp. 262-282). United States: The Haworth Press, Inc, 2002.
- Connerton CS, Moe CS. The essence of spiritual care. *Creative Nursing*. 2018; 24(1):36-41.
- Daaleman TP, Kuckelman CA, Frey BB. Spirituality and well-being: An exploratory study of the patient perspective. 2001; 53(11):1503-1511.
- Dhar N, Chaturvedi SK, Nandan D. Spiritual health scale 2011: Defining and measuring 4th dimension of health. *Indian J. Community Med*. 2011; 36:275-282. Doi: 10.4103/0970-0218.91329. PMID:
- Dossey BM. Nursing: Holistic, integral, and integrative-local to global. In Dossey, B. M., Keegan, L. (Eds.). *Holistic nursing, a handbook for practice* (6th ed., pp. 3-52). Burlington, MA: Jones & Bartlett Learning, 2016.
- Ellis HK, Narayanasamy A. An investigation into the role of spirituality in nursing. *British Journal of Nursing*. 2009; 18(14):886-890.
- Emblen JD. Religion and spirituality defined according to current use in nursing literature, 1992.
- Evangelista CB, Lopes MEL, Costa SFG, Abrão FMS, Batista PSS, Oliveira RC. Spirituality in patient care under palliative care: A study with nurses. *Escola Anna Nery*. 2016; 20(1):176-182.
- Farahani AS, Rassouli M, Salmani N, Mojen LK, Sajjadi M, Heidarzadeh M, *et al*. Evaluation of health-care providers' perception of spiritual care and the obstacles to its implementation. *Asia-Pacific J Oncol Nurs*. 2019; 6(2):122-129. Doi: [https://doi.org/10.4103/apjon.apjon\\_69\\_18](https://doi.org/10.4103/apjon.apjon_69_18)
- Fitch MI, Bartlett R. Patient Perspectives about spirituality and spiritual care. *Asia Pacific Journal of Oncology Nursing*. 2019; 6:111-121. Doi: 10.4103/apjon.apjon\_62\_18
- Garrison C, Overcash J, McMillan SC. Predictors of Quality of Life in Elderly Hospice Patients with Cancer. *Journal of Hospice and Palliative Nursing*. 2011; 13(5):288-297.
- Gilbertson-White S, Aouizerat BE, Jahan T, Miaskowski C. A review of the literature on multiple symptoms, their predictors, and associated outcomes with advanced cancer. *Palliative and Supportive Care*. 2011; 9(1):81-102.
- Ghorbani M, Mohammadi E, Aghabozorgi R, Ramezani M. Spiritual care interventions in nursing: An integrative literature review. *Support Care Cancer*.

- 2021; 29(3):1165-81. Doi: <https://doi.org/10.1007/s00520-020-05747-9>
36. Gomez R, Fisher JW. Domains of Spiritual Well-Being and Development and Validation of the Spiritual Well-Being Questionnaire. *Personality and Individual Differences*. 2003; 35:1975-1991.
  37. Gouveia M, Marques M, Pais-Ribeiro J. Versão Portuguesa do Questionário de Bem-Estar Espiritual (SWBQ): Análise confirmatória da sua estrutura factorial. *Psicologia Saúde E Doenças*. 2009; 10(2):285-293.
  38. Grant D. Spiritual interventions: How, when, and why nurses use them. *Holistic Nursing Practice*. 2004; 18(1):36-41.
  39. Guimarães HP, Avezum Á. O impacto da espiritualidade na saúde física. *Rev. Psiquiatr. Clin.* 2007; 34:88-94. Doi: 10.1590/S0101-60832007000700012
  40. Kroning M. Student perceptions of spirituality and spiritual care. *Journal of Christian Nursing*. 2018; 35(2):E17-E20. Doi: 10.1097/CNJ.000000000000490Ku
  41. Kutner JS, Bryant LL, Beaty BL, Fairclough DL. Time course and characteristics of symptom distress and quality of life at the end of life. *Journal of Pain and Symptom Management*. 2007; 34(3):227-236.
  42. Lephherd L. Spirituality: Everyone has it, but what is it? *International Journal of Nursing Practice*. 2015; 21(5):566-574.
  43. Keegan L, Kolkmeier LG, Guzzetta CE (Eds.). *Holistic health promotion: A guide for practice* (pp. 23-35). Rockville, MD: Aspen.
  44. Lopez V, Fischer, I, Leigh M, Larkin D, Webster S. Spirituality, religiosity, and personal beliefs of Australian undergraduate nursing students. *Journal of Transcultural Nursing*. 2014; 25(4):395-402. Doi: 10.1177/1043659614523469
  45. Lo R, Brown R. Holistic care and spirituality: Potential for increasing spiritual dimensions of nursing. *Australian Journal of Holistic Nursing*. 1999; 6(2):4-9.
  46. McClain CS, Rosenfeld B, Breitbart W. Effect of spiritual well-being on end-of-life despair in terminally ill cancer patients. *Lancet*. 2003; 361:1603-1607. Doi: 10.1016/s0140-6736(03)13310-7
  47. McMillan SC, Small B. Symptom distress and quality of life in hospice patients with cancer. *Oncology Nursing Forum*. 2002; 29(10):1421-1428.
  48. McSherry Wilfred. *RCN Spirituality Survey 2010: A Report by the Royal College of Nursing on Members' Views on Spirituality and Spiritual Care in Nursing Practice*. London: Royal College of Nursing, 2010.
  49. McSherry Wilfred, Steve Jamieson. The qualitative findings from an online survey investigating nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing*. 2013; 22:3170-3182.
  50. Noble A, Jones C. Getting it right: Oncology nurses' understanding of spirituality. *International Journal of Palliative Nursing*. 2011; 16(11):565-569.
  51. O'Brien ME. The need for spiritual integrity. In H. Yura & M. Walsh (Eds.), *Human needs and the nursing process* (Vol. 2, pp. 82-115). Norwalk, CT: Appleton-Century-Crofts, 1982.
  52. O'Brien ME. *Spirituality in nursing*. Burlington, MA: Jones & Bartlett Learning, 2017.
  53. O'Connor CI. Characteristics of spirituality, assessment, and prayer in holistic nursing. *Nursing Clinics of North America*. 2001; 36(1):33-16.
  54. Pesut B. A conversation on diverse perspectives of spirituality in nursing literature. *Nursing Philosophy*. 2008; 9:98-109.
  55. Pesut B. Nursings' need for the idea of spirituality. *Nursing Inquiry*. 2012; 20(1):5-10.
  56. Pike J. Spirituality in nursing: A systematic review of the literature from 2006-2010. *British Journal of Nursing*. 2011; 20(12):743-749.
  57. Prince Sultan Cardiac Center Riyadh, Kingdom of Saudi Arabia. About PSCC. PSCC.com <https://www.psc.med.sa/En/AboutPSCC/Pages/RoulesandRegulations.aspx>
  58. Puchalski CM. Spirituality in the cancer trajectory. *Ann. Oncology*. 2012; 23:49-55.
  59. Ramezani M, Ahmadi F, Mohammadi E, Kazemnejad A. Spiritual care in nursing: A concept analysis. *International Nursing Review*. 2014; 61:211-219.
  60. Rassool G Hussein. The crescent and Islam: Healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *Journal of Advanced Nursing*. 2000; 32:1476-1484.
  61. Ravari A, Vanaki Z, Houmann H, Kazemnejad A. Spiritual job satisfaction in an Iranian nursing context. *Nurs Ethics*. 2009; 16:19-30.
  62. Sawatzky R, Pesut B. 'Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing*. 2005; 23(1):19-33. Doi: <http://dx.doi.org/10.1177/0898010104272010> PMID:15665264
  63. Schwich Kathie Bender, Reverend FACHE. Respecting Spiritual Beliefs Is Part of Whole-Person Care. *Journal of Healthcare Management*. 2019; 64(3):133-136. Doi: 10.1097/JHM-D-19-00059
  64. Shattuck EC, Muehlenbein MP. Religiosity/spirituality and physiological markers of health. *Journal of Religion and Health*, 2018, 1-20.
  65. Shattuck EC, Muehlenbein MP. Religiosity/spirituality and physiological markers of health. *J Relig Health*. 2020; 59(2):1035-1054. Doi: 1007/s10943-018-0663-6
  66. Speziale HJ, Carpenter DR. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, (4th ed.). Philadelphia. Lippincott, Williams and Wilkins, 2007.
  67. Southard ME. Spirituality: The Missing Link for Holistic Health Care, April 2020. Doi: <https://doi.org/10.1177/0898010119880361>
  68. Stark L, Tofthagen C, Visovsky C, McMillan SC. The symptom experience of patients with cancer. *Journal of Hospice & Palliative Nursing*. 2012; 14(1):61-70.
  69. Thornton L. *Holistic Nursing: A Way of Being, a Way of Living, a Way of Practice*. Article, 34, 2008.
  70. Timmins F, McSherry W. Spirituality: The Holy Grail of contemporary nursing practice. *Journal of Nursing Management*. 2012; 20:951-957.
  71. Timmins F, Caldeira S. Understanding spirituality and spiritual care in nursing. *Nursing Standard*. 2017; 31:50-57. Doi: <http://dx.doi.org/10.7748/ns.2017.e10311>

72. Walton J. Spirituality of patients recovering from an acute myocardial infarction a grounded theory study. *J Holist Nurs.* 1999; 17:34-72.
73. Wasner M, Longaker C, Fegg MJ, Borasio GD. Effects of spiritual care training for palliative care professionals. *Palliative Medicine.* 2005; 19(2):99-104.