Research Proposal

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February 18, 2013

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Specific Aims/Purpose

Spiritual care is often overlooked, neglected, or deemed less important than other aspects of care (Tanyi, McKenzie, & Chapek, 2008). Spiritual needs that are important to patients should be assessed and addressed by nurses. It has been suggested that nurses need a personal spiritual perspective in order to provide spiritual care (Chung, Wong, & Chan, 2007). Literature shows a significant link between health, well-being, and spirituality (Carron & Cumbie, 2011).

The American Nurses Association (ANA) states that faith, religion, and spirituality are distinct components of health that aid individuals in making sense of life experiences, including illness, health, and well-being (ANA, 2013). Furthermore, the ANA believes that attention must be paid to these areas when responding to health and illness. *Healthy People 2020* (2013) has also committed to ongoing efforts to evaluate measures for health related quality of life, and included this as a new topic of interest for 2013. The initiative stresses the importance of measuring health through multidimensional concepts of well-being that realize relationships, personal satisfaction, and contentment with life; through the experience of positive emotions.

Nursing is a caring science. Nurses strive to care for their patients to the best of their ability, and to meet all of the needs of the patient. That is why spirituality is such a critical area of significance to nursing practice. Spirituality is a dynamic, integrating force; that often defines a person from the core (Dunn, Handley, & Dunkin, 2009). In fact, studies support that most patients want their caregivers to address spiritual needs (Tanyi et al., 2008).

Spiritual care is an important part of holistic nursing care. The purpose of this study is to investigate personal aspects of spirituality and beliefs among emergency room nurses. This will provide perspective in regards to the provision of spiritual care among emergency room nurses. This descriptive-correlational study will be accomplished by utilizing the Spiritual Involvement and Beliefs Scale (SIBS), and the Health Professional's Spiritual Role Scale (HPSRS). This study will address whether there a significant relationship between emergency nurses' involvement and beliefs in spirituality and their attitudes toward providing spiritual care, and predicts that nurses with a higher level of spiritual involvement and personal spiritual beliefs will be more likely to embrace spirituality as an important aspect of nursing care.

Background and Significance/Literature Review

Health is a holistic concept incorporating many dimensions of care. Of these dimensions, spirituality is often misunderstood and often contested as an integral part of nursing care (Tiew, Creedy, & Chan, 2012). Spirituality can be defined as an integrating force or multidimensional concept that includes the meaning, value, and beliefs of self, others, and at times; of a higher entity (Chung et al., 2007). Spirituality is subjective, and represents views from all walks of life.

The concept of spiritual care has become increasingly important as evidence shows that it has a positive effect on health, health outcomes, and health potential (Dunn et al., 2009). Spiritual care has also been defined by Chung et al (2007), and can be viewed as the acknowledgement, acceptance, or delivery of care; realizing the many dimensions of spirituality. While medical and advanced nursing practice bodies continue to advocate for spiritual care provisions, more and more patients expect their healthcare providers to address their spiritual needs (Tanyi et al., 2008). These needs are defined as the need for meaning in life, to love and be loved, to forgive and be forgiven, to develop relationships, and to be strengthened (Tanyi et al., 2008). Spiritual care is no longer just an expectation from a few providers on a fundamental level; it is a mandate by regulatory and professional organizations (Dunn et al., 2009).

Many studies have shown that nurses are much more likely to provide spiritual care when they are aware of their own spirituality and perspectives and beliefs regarding spirituality (Dunn et al., 2009). Due to the abstract and phenomenological nature of spirituality, most studies are qualitative and descriptive in nature (Chung et al., 2007). The review of literature focuses on the perspectives of spirituality and spiritual care by nurses or nursing students, the relationship of nurses' spirituality to the understanding and practice of spiritual care, personal barriers in the provision of spiritual care, and the role of the nurse in assessing and providing spiritual care (see Literature Review Grid, Appendix A). Few studies have shown the perspectives of spirituality and the provision of spiritual care, in acute care settings.

In a study by Tiew et al. (2008), senior level nursing students were surveyed. The participants believed spirituality to be an important aspect of people, and that it often provides hope. The participants felt that spiritual care is a necessary process in holistic nursing care. However, the students were inclined to rely on their own personal feelings and experiences regarding spirituality and how it should be applied to practice. As spiritual care was conceptualized from a student nurse perspective, these responses may provide guidance for educational programs and learning strategies in nursing curriculum.

Other literature explores the spirituality of nurses and its relationship in the provision of spiritual nursing care. One particular study employed the Nurses' Spirituality and Delivery of Spiritual Care (NSDSC) scale. The study hypothesized a high degree of spiritual self as a predictor of a high degree of spiritual care. The results showed a highly significant, positive correlation among these two variables. A similar study explored the spirituality and provision of spiritual care by nurses on a maternal-infant unit. The study was predicated on the belief that nurses perform physical assessments and interventions to better physical well-being, while being hesitant to address spiritual needs. The study employed the Spiritual Perspective Scale (SPS) and the Spiritual Well-Being Scale (SWBS). The findings indicate that RNs with a higher degree of spiritual wellness were more inclined to provide spiritual care (Dunn et al., 2009).

Other research focuses barriers to spiritual care, as well as methods to meet the spiritual needs of patients. In a descriptive, phenomenological study researchers investigated barriers to spiritual care, and some of the methods used by providers to incorporate spiritual care (Tanyi et al., 2008). The study utilized structured recorded interviews and Colaizzi's methodology of data analysis. The study findings show the importance of perceiving the patient's needs, displaying a good attitude and demeanor, encouraging spiritual practices, documenting these practices, and managing barriers through open communication. Despite real or perceived barriers, providers can and should incorporate spirituality into their practice settings (Tanyi et al., 2008), and methods to provide this care have been shown successful.

Willis (2001) investigated the relationship of nurses' involvement and beliefs in spirituality, and the effect of these variables on the nurses' attitudes toward providing spiritual care. The correlational, descriptive study utilized the Health Professional's Spiritual Role Scale (HPSR), and the Spiritual Involvement and Beliefs Scale, (SIBS). The study yielded a strong relationship between the two components on each instrument. Although this is an older study conducted for a master's thesis; the purpose, concepts, and tools of measurement are very relevant to this proposal.

A common recommendation throughout the literature review is the need for further studies regarding the concepts of spiritual care in various clinical settings. According to Dunn et al. (2009), there must be a greater emphasis on examining and cultivating a nurse's spirituality, to create a culture that promotes spiritual care. Very few studies have been conducted that investigate the beliefs of nurses and the effect of these beliefs on providing spiritual care as a role of the nurse. Even fewer studies were found, that investigated these variables in an acute care setting. In fact, no recent studies were found in the literature review that specifically investigated these concepts and variables among emergency room nurses. This study seeks to investigate the personal aspects of spirituality and spiritual beliefs among emergency room nurses and the correlation of these beliefs in the provision of spiritual care as a role of the nurse.

Theoretical/Conceptual Framework

The concept of spirituality is abstract, subjective, experiential, and phenomenological in nature (Chung et al., 2007). Jean Watson's Theory of Human Caring is also abstract and continually evolving. An assumption of this theory is an acknowledgement of a spiritual dimension within all people. In Watson's theory, caring is the essence of nursing practice requiring personal, social, moral, and spiritual engagement of the nurse. Chung et al. (2007), reiterates that Watson's theory focuses on nurse and patient interactions, and the belief that caring is in itself a spiritual act. This framework provides a way to understand how spiritual care delivery is possible through the experiences and beliefs of self, an awareness of the needs of others, and the intentionality and consciousness to provide for those needs as a role of nursing.

Research Design

This study aims to investigate personal aspects of spirituality and beliefs among emergency room nurses. This will provide perspective in regards to the provision of spiritual care among these nurses. In seeking to establish a correlational relationship between variables that will not be manipulated, a nonexperimental quantitative design is prudent for this study (Polit & Beck, 2012). This study design will also employ descriptive statistics that will allow for the possibilities of emerging data that may suggest relevant comparisons (Polit & Beck, 2012). In addition, this methodology can yield additional direction, questions, and hypotheses that may provide insight to the under-researched area of spirituality and spiritual care; as major aspects in holistic nursing (Tanyi, McKenzie, & Chapek, 2009).

Research Method

To investigate personal aspects of spirituality and beliefs among emergency room nurses, in order to provide perspective in the regards to the provision of spiritual care; a convenience sample of 30 rural emergency room nurses in one emergency room in Ohio will be recruited for the study. According to Polit and Beck (2012), convenience sampling works well with participants that need to be recruited from a particular setting. This sample will allow for a small, intensive correlational study; that will provide a wealth of data (Polit & Beck, 2012). Subjects will be recruited on a volunteer basis. Questionnaires and a demographic sheet will be placed in the mail boxes of all eligible participants. The inclusion criteria are that all participants must be registered nurses that are home-based employees of the emergency room.

Ethical Considerations

The hospital administrative committee and emergency department manager of this facility have approved this study. In addition, all participants will be recruited on a volunteer basis. Informed consent will be provided to all participants within a participation letter (see Appendix B) that explains the nature of the study, the procedures, and the potential significance of the study. By completing the demographic sheet and the questionnaires, participants indicate their consent to participate.

The study method is based on the ethical principle of nonmaleficence. Although the study makes every effort to minimize harm, and potential risks to the participants are negligible; physical risks may include fatigue or boredom with the questionnaires. Potential psychological stressors may arise from self-disclosure or introspection, in reference to the types of questions being asked (Polit & Beck, 2012). Therefore, participants maintain self-determination, and reserve the right to withdrawal from the study at any time.

The principle of justice is also maintained in the study, as all registered nurses within the emergency room are equally eligible for the study (Polit & Beck, 2012). In addition, demographic details (Appendix C) will be used solely for the purpose of description and correlation; as no information will be used for the purpose of identification. Therefore, anonymity and confidentiality will be maintained. In addition, there will be no remuneration or incentives for participation.

There are several potential benefits to the participants of the study. Through self-disclosure and introspection, one may increase self-knowledge. The study may provide the unique opportunity to investigate one's own thoughts and beliefs related to the provision of spiritual care. One may also experience an escape from normal routine, simply by participating in the study.

Data Instruments

Several reliable and validated tools have been employed in past research studies addressing the spiritual beliefs of nurses, and the provision of spiritual care. These include the Spiritual Care-Giving Scale (SCGS) (Tiew et al., 2012), the Nurses' Spirituality and Delivery of Spiritual Care (NSDSC) scale (Chung, Wong, & Chan, 2007), the Spiritual Perspective Scale (SPS), and Spiritual Well-Being (SWB) scale (Dunn, Handley, & Dunkin, 2009).

However, the purpose of this study is to investigate personal aspects of spirituality and beliefs among emergency room nurses, and the correlation these beliefs may have on embracing the role of a nurse as a spiritual provider. In this regard, an older thesis by Willis (2001) provides the most useful, reliable, and

validated instruments for this particular study. These tools were the Spiritual Involvement and Belief Scale (SIBS), and the Health Professional Spiritual Role scale (HPSR).

In comparative reliability testing, the test-retest reliability measures for the SIBS yielded a coefficient of stability of .92 when correlating total scores with total scores on the validated Spiritual Well-Being Scale (SWBS). The HPSR scale also correlated positively with several validate tools, including the Spiritual Well-Being scale (SWB) and the Religious Well-Being Subscale (RWBS), also through test-retest reliability measures (Willis, 2001).

Therefore, the Spiritual Involvement and Belief Scale (SIBS) will be used to measure the nurse's spiritual involvement and beliefs. The SIBS contains 26 items in a modified Likert format. The first component, spiritual beliefs, contains 19 items (Appendix D). The second component, spiritual involvement, contains seven items (Appendix E). According to Willis (2001), the scale was designed to be widely applicable across religious traditions. The instrument measures assessment of actions as well as beliefs.

The Health Professional Spiritual Role Scale (HPSR) will be instrument number two. This Likert scale contains 25 attitudinal statements (Appendix F) in the first component, scored in the same manner as the SIBS instrument. A second component contains 13 items (Appendix G) dealing with activities and behaviors rated as appropriate or inappropriate actions in providing spiritual care. With this component, participants will be asked to indicate the appropriateness of the stated behavior on a 1-4 point scale (Willis, 2001). This will provide data and insight, relevant to emergency room nurses' attitudes, actions, and behaviors in regards to spiritual care.

Data Collection

In addition to the SIBS and HPSR scales, a letter of participation with informed consent and a demographic sheet will be provided. All of this information will be placed in the mailboxes of all eligible participants. Those that elect to participate will have four weeks to complete the questionnaires. Participants are to deposit the letter of participation with informed consent, the questionnaires, and demographic details, into a secured and locked collection box located in the emergency room break area.

Data Analysis

Information from the demographic data will be collected and analyzed using descriptive statistics for the sample. The mean score on the Likert scales will be derived as well as standard deviation measurements, using statistical software. Statistical software will also be used to evaluate internal consistency, or Cronbach's alpha (Polit & Beck, 2012). Correlational analysis will then be employed, investigating whether there is a significant relationship between emergency room nurses' involvement and beliefs in spirituality, and their attitude in providing spiritual care in the emergency room; as a role of the nurse. According to Polit and Beck (2012), the most widely used correlation index is the product-moment correlation coefficient, or Pearson's (r) coefficient. As with the study by Willis (2001), the Pearson product moment correlation coefficient will be calculated to determine the relationships between the components of each questionnaire. The coefficient will then be used to calculate the significance of the relationship between nurses' involvement and beliefs in spirituality, and their attitudes toward providing spiritual care.

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Willis, W. (2001). The relationship of nurses' involvement and beliefs in spirituality and their attitudes toward providing spiritual care (Master's Thesis, the University of South Florida). Retrieved from http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA387304 *Original thesis study>10 years old, discussed and cleared for use on January 22, 2013.

Appendix A

Literature Review Grid:

	Literature Review 1	Literature Review 2	Literature Review 3	Literature Review 4	Literature Review 5
Title of work	Student nurses' perspectives of spirituality and spiritual care.	Relationship of nurses' spirituality to their understanding and practice of spiritual care.	The Provision of Spiritual Care by Registered Nurses on a Maternal–Infant Unit.	How family practice physicians, nurse practitioners, and physician assistants incorporate spiritual care in practice.	The relationship of nurses' involvement and beliefs in spirituality and their attitudes toward providing spiritual care.
Authors	Lay Hwa Tiew, Debra K. Creedy, Moon Fai Chan.	Loretta Yuet Foon Chung, PhD, RN, Frances Kam Yuet Wong, PhD, RN & Moon Fai Chan, PhD.	Linda L. Dunn, DSN, RN, Marilyn C. Handley, PhD, RN, & Jeri W. Dunkin, PhD, RN.	Ruth Tanyi, RN, MSN, FNP, Monica McKenzie D.Ph., RN, & Cynthia Chapek RN, MSN, FNP.	Wanda Frances Willis, RN
Purpose/Aims	Investigate nursing students' perceptions of spirituality and spiritual care.	A study to examine the relationship of nurses' spirituality to their understanding and practice of spiritual care.	To explore the spirituality, spiritual well-being (SWB), and spiritual care provisions of registered nurses on a maternal–infant unit.	To investigate how primary practice providers incorporate spirituality into their practices despite barriers.	The purpose was to determine if a relationship existed between graduate nursing student's involvement and beliefs in spirituality and their attitudes toward providing spiritual care.
Concepts or Variables	Spiritual awareness and spiritual care provisions.	The spiritual self and the delivery of spiritual care.	Spirituality, health, and spiritual provisions.	Spiritual assessment, attitudes, spiritual practices, and managing barriers.	Spiritual involvement and beliefs. The role of the health professional regarding spiritual care.
Questions or Hypothesis	Spiritual views shape attitudes toward care.	To recognize that a spiritual self correlates with the provision of spiritual care.	Higher levels of spirituality and SWB correlate with the provision of spiritual care.	How to incorporate spiritual care into practices in spite of perceived barriers.	Does a relationship exist between spiritual involvement/beliefs, and the role of providing spiritual care.
Background or Framework	Spirituality is an essential part of holistic care but often neglected. Barriers	Debate highlights the complexity and importance of	Nurses perform physical assessments and interventions	Spirituality is a multidimensional, subjective, and	Extensive Review of Literature, regarding the influence of spirituality

	to spiritual care include limited educational preparation, attitudes towards spirituality, and confusion about nurses' role.	understanding spirituality/ spiritual care. Framework includes aspects of Watson, Roy, Parse, Henderson, and Nightingale.	to enhance physical well-being; yet are hesitant to conduct spiritual assessments. Nurses in practice seldom provide spiritual care. Stoll's Model of vertical and horizontal dimensions.	personal concept that is invaluable to a person's being; and must be assessed regardless of perceived barriers.	of caregivers; and the provision of spiritual care. The study framework includes concepts from the models of Neuman, Newman, Parse and Watson.
Research Design	Descriptive, cross-sectional	Correlational design	Descriptive, correlational study	Qualitative, descriptive phenomenological.	Descriptive, correlational study
Setting	Universities. Researcher addressed each student cohort at the end of a class. In Singapore.	A university recess. Questionnaires were distributed with the request to return them to a designated mail box, during a class recess.	Questionnaires in the break room of a maternal-infant unit, in a southeastern state in the U.S.	8 interviews at the provider's office and 2 interviews at an outside setting per provider request.	Nursing students were contacted in class. Questionnaires were collected immediately after they were completed.
Subjects or Participants	Final-year nursing students undertaking a diploma or degree leading to nursing registration.	61 students in a BSN program at a university in Hong Kong.	102 RNs employed in the selected unit were invited to participate. The participant pool consisted of 14 full-time RNs and 88 part-time RNs.	10 primary providers. -3 MDs, 5 NPs, and 2 PAs.	A convenience sample of 60 registered nurses participated. Criteria for inclusion were: (a) 25 years of age or older; (b) a minimal of two years of nursing experience; and (c) willingness to participate in the study.
Recruitment for the study	Convenience sampling from three educational institutions (two polytechnics and a university).	A convenience sample of 61 students.	Recruitment was initiated through posted flyers throughout the selected unit.	Selected in a nonrandom fashion, by word of mouth.	The participants were graduate nursing students enrolled at a college of nursing in the Southeastern United States.
Ethical Issues or	Participants informed of	A university human	Approved by an	Institutional Review	Institutional Review

Remuneration	their right not to participate and withdraw at any time. Approval granted by the National University of Singapore Institutional Review Board (IRB) and the three institutions.	ethics committee approved the study. An explanation of the nature, procedures and potential significance of the study were discussed, as well as assurances of confidentiality and the right to withdraw, all 61 participants signed consent forms.	institutional review board (IRB) and the selected hospital. There were no anticipated risks to the participants. There was no monetary compensation; however, a coupon for a yogurt waffle cone was given to each participant.	Board (IRB) approval from the clinics. Formal written consents and audio-taped interviews transcribed verbatim.	Board (IRB) from the University of South Florida. No remuneration.
Instruments of Measurement	The survey consisted of a demographic form and Spiritual Care-Giving Scale (SCGS).	A 27-item Likert scale questionnaire, about the Nurses' Spirituality and Delivery of Spiritual Care (NSDSC) scale, developed for the study.	Data collection instruments included a demographic and spiritual care form, Spiritual Perspective Scale (SPS), and Spiritual Well-Being Scale (SWBS) to address the study's research questions.	Face-to-face semi-structured interviews, with the goal of attaining rich narratives about the phenomena.	The Health Professional's Spiritual Role Scale (HPSR), and the Spiritual Involvement and Beliefs Scale, (SIBS). Demographic form.
Collection Methods/Data Analysis	Data collection occurred between April and August 2010. The researcher addressed each cohort at the end of a class. Participants submitted the completed survey into a locked box located in their school administration office. Descriptive statistics were used to explore the	Questionnaires were distributed with the request to return them to a designated mail box, during a class recess; within 2 weeks in 2002. The study used multiple linear regression analyses to determine the contribution of the self and beyond	Completion of the questionnaires took 20 minutes. Participants deposited the questionnaires and one copy of the informed consent separately in a secure collection box conveniently located on the unit. The period of data	Audio-taped interviews that were transcribed verbatim. Data management and analysis based on Colaizzi's phenomenological methodology.	Hand collected after class. Pearson Product Moment Correlation coefficient was used to calculate the significance of the relationship between nurses' involvement and beliefs in spirituality, and their attitudes toward providing spiritual care.

	sample profile and scores they obtained for each item. Data were analyzed using the Statistical Package for the Social Sciences	dimensions to understanding and practice of spiritual care.	collection began in July 2007 and continued over a 4 week timeframe.		
Study Results or Findings	Participants believe spirituality is an important aspect of being human, providing hope; and that spiritual care is a necessary process in holistic care.	The study demonstrates correlations between nurses' self, spiritual dimension, understanding, and the practice of spiritual care.	There was a correlation between the Spiritual Perspective Scale (SPS) and the Spiritual Well-Being Scale (SWBS). The findings indicated that the RNs as a group were highly spiritual, spiritually well, and provided spiritual care.	The importance of: perceiving the patient's needs and comfort level, displaying a good attitude, encouraging the use of spiritual practices, documenting spiritual care practices, and managing perceived barriers through open communication.	This study indicated that nurses who scored high on spiritual involvement and beliefs had positive attitudes toward providing spiritual care. There was a significant relationship between the two components on each instrument.
Further study or recommendations	Leaders may consider using the SCGS or validated scales to determine the views of staff, address areas for development, and incorporate spirituality concepts. Nursing boards could encourage the inclusion of spiritual care as a core competency, and require explicit integration of spirituality in the nursing care delivery model.	For leaders to develop strategies that allow students and nurses to explore their own spirituality. and provide spiritual care, by building a curriculum that incorporates an appreciation of spirituality in different cultures and fosters a climate of spirituality.	The study recommends the inclusion of spiritual assessment of care within the nursing curriculum as well as through in-service programs for nurses in practice. Nurse educators must address the spiritual dimension of nursing practice that includes spiritual assessment as well as strategies to provide spiritual care.	Incorporate spiritual assessment into care. To manage spiritual barriers through open communication with patients. To provide spiritual care by maintaining a positive attitude and demeanor. Also recommends follow-up studies to this in order to build upon a grounded theory framework for the provision of spiritual care.	Study recommends a larger sample with a more diverse population, and replication of this study to compare results of nurses in a spiritual or religious work environment versus nurses in other settings. Also, sampling nurses in different clinical specialties is indicated.

Appendix B

Letter of Participation/Informed Consent

Dear Emergency Room Nurse,

I am requesting your participation in a research study involving registered nurses in a rural emergency room setting. The purpose of the study is to determine if a relationship exists between nurses' level of spiritual involvement and beliefs, and their attitudes toward the health professional's role in providing spiritual care.

As a participant, a demographic questionnaire will be completed. You will also be asked to complete two additional questionnaires. The first questionnaire is the Spiritual Involvement and Beliefs Scale, and the second is the Health Professional's Spiritual Role Scale. Each scale contains two separate components. The study time frame is 4 weeks, with all information to be available from March 1st through March 28th, 2013. The estimated time to complete both scales is 20-30 minutes.

Participation in this study is on a voluntary basis, and you may withdraw from the study at any time. There are no penalties for not participating. You may also withdrawal from the study at any time. There are also no physical risks involved in participation. Any psychological stressors are negligible, and could possibly occur due to questions that may stimulate introspection or reflection.

Results of the study may be used for purposes of academia, curriculum construction, continuing education among organizations, and for additional research; to name a few. Participation may also allow for introspection and self-disclosure. This may increase self-knowledge, by stimulating thoughts regarding the degree of spirituality in your professional practice. The results of this study may also contribute to an increased awareness of one's spirituality in practice.

If you volunteer to participate, confidentiality and anonymity of all information is assured; as participants will deposit this letter of participation and consent, the demographic details, and the questionnaires (scales), into a secured and locked collection box located in the emergency room break area.

By completing the demographic sheet and the questionnaires, you are indicating your consent to participate. This also indicates your understanding of the general purpose of the study, risks, benefits, and that participation is completely voluntary.

Your participation would be appreciated. A copy of the study findings will be made available to you at your request. If you have further questions, please contact me.

Thank you,

Chad Boberg RN

Appendix C

Demographic Questionnaire

1. Age

   20-30 31-40 41-50 51-60 61-70

2. Sex

   Female Male

4. Years on nursing practice:

   1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46+

5. Years of emergency nursing:

   1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46+

6. The nursing school I attended was:

   Private Public

7. The nursing school I attended was associated with a religion:

   Yes No

8. I have received education on spiritual care from:

   Nursing School Workshops/Seminars Self-Instruction None

9. I would like more information or instruction on caring for patient's spiritual needs:

   Yes No

10. I do not need any instruction on caring for the patient's spiritual needs:

    Yes No

Appendix D

Component 1. *Spiritual Beliefs*

The Spiritual Involvement and Beliefs Scale

Please answer the following questions by checking your response.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. In the future, science will be able to explain everything.					
2. I can find meaning in times of hardship.					
3. A person can be fulfilled without pursuing an active spiritual life.					
4. I am thankful for all that has happened to me.					
5. Spiritual activities have not helped me become closer to other people.					
6. Some experiences can be understood Only through one's spiritual beliefs.					
7. A spiritual force influences the events in my life.					
8. My life has a purpose.					
9. Prayers do not really change what happens.					
10. Participating in spiritual activities helps me forgive other people.					
11. My spiritual beliefs continue to evolve.					
12. I believe there is a power greater than myself.					
13. I probably will not re-examine my spiritual belief					
14. My spiritual life fulfills me in ways that material possessions do not.					
15. Spiritual activities have not helped me develop my identity.					
16. Meditation does not help me feel more in touch with my inner spirit.					
17. I have a personal relationship with a power greater than myself.					
18. I have felt pressured to accept spiritual beliefs that I do not agree with.					
19. Spiritual activities help me draw closer to a power greater than myself.					

Appendix E

Component 2. *Spiritual Involvement*

	Always	Usually	Sometimes	Rarely	Never
20. When I wrong someone, I make an effort to apology.					
21. When I am ashamed of something I have done, I tell.					
22. I solve my problems without using spiritual resources.					
23. I examine my actions to see if they reflect my values.					
24. During the last WEEK, I prayed… (check one) ------- 10 or more times. ------- 7-9 times. ------- 4-6 times. ------- 1-3 times. ------- 0 times.					
25. During the last WEEK, I meditated (check one) ------- 10 or more times. ------- 7-9 times. ------- 4-6 times. ------- 1-3 times. ------- 0 times.					
26. Last MONTH, I participated in spiritual activities with at least one other person…(check one) ------- More than 15 times. -------11-15 times. -------6-10 times. -------1-5 times. -------0 times.					

Appendix F

Component 1. *Attitudinal Statements*

Health Professional's Spiritual Role Scale

For each of the following indicate how much you agree or disagree with the statement. There are no right or wrong answers. We are merely interested in your opinion as reflected by the state. Please circle your response using the following code:

SA = Strongly Agree
MA = Moderately Agree
A = Agree
D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

1. Health professionals give spiritual care to their patients by being concerned and kind.	SA	MA	A	D	MD	SD
2. A health professional should ask every patient if he/she wants to see a clergyman. (person)	SA	MA	A	D	MD	SD
3. Most health professionals are not qualified to help patients with their spiritual needs.	SA	MA	A	D	MD	SD
4. A patient's religious beliefs are too personal to discuss with a health professional.	SA	MA	A	D	MD	SD
5. Health professionals are too busy to help patients with their spiritual needs.	SA	MA	A	D	MD	SD
6. Health professionals who talk with patients about religious beliefs are trying to convert them.	SA	MA	A	D	MD	SD
7. A health professional who listens to patient concerns and fears is providing spiritual care.	SA	MA	A	D	MD	SD
8. A health professional should have no preconceived ideas about a patient's relationship with God.	SA	MA	A	D	MD	SD
9. Using Scripture with a patient is appropriate for a health professional.	SA	MA	A	D	MD	SD

SA = Strongly Agree
MA = Moderately Agree
A = Agree
D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

10. Offering spiritual assistance to a patient is the clergyman's (person) role and not the health professional's role.	SA	MA	A	D	MD	SD
11. A health professional can assess a patient's spiritual needs by being observant.	SA	MA	A	D	MD	SD
12. Being able to assess a patient's spiritual needs requires special training.	SA	MA	A	D	MD	SD
13. Asking a patient his/her religious preference is sufficient for assessing the spiritual needs of the patient.	SA	MA	A	D	MD	SD
14. Most health professionals are uncomfortable discussing spiritual matters with their patients.	SA	MA	A	D	MD	SD
15. To be able to meet the spiritual needs of patients, a health professional needs to have a strong personal relationship with God.	SA	MA	A	D	MD	SD
16. Most health professionals are aware of the need to assess the spirituality of a patient.	SA	MA	A	D	MD	SD
17. If the health professional knows about a patient's religious values, he/she can offer better physical care.	SA	MA	A	D	MD	SD
18. Offering spiritual assistance to a patient can be the health professional's role as well as the clergyman's (person) role.	SA	MA	A	D	MD	SD
19. A health professional should pray with a patient only if the patient is of the same religious faith.	SA	MA	A	D	MD	SD
20. Many health professionals don't understand how important religion is in the lives of their patients.	SA	MA	A	D	MD	SD

SA = Strongly Agree
MA = Moderately Agree
A = Agree
D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

21. A health professional needs to be concerned about his/her own spiritual life before meeting the spiritual needs of patients.	SA	MA	A	D	MD	SD
22. The spiritual well-being of a patient is not as important as the physical well-being.	SA	MA	A	D	MD	SD
23. Responding to the spiritual needs of a patient is a responsibility of the health professional.	SA	MA	A	D	MD	SD
24. Understanding a patient's relationship with God is of little importance in providing physical care.	SA	MA	A	D	MD	SD
25. The emotional well-being of a patient is as important as the spiritual well-being.	SA	MA	A	D	MD	SD

Appendix G

Component 2. *Activities and Behaviors*

For each of the following activities or behaviors indicate how appropriate you feel it is for a health professional.

1 = Not appropriate
2 = Somewhat appropriate
3 = Appropriate
4 = Very appropriate

1. Refer patient to the clergy.	1	2	3	4
2. Pray with a patient.	1	2	3	4
3. Talk with a patient about God.	1	2	3	4
4. Read Scripture to a patient.	1	2	3	4
5. Show kindness and concern to a patient.	1	2	3	4
6. Listen to a patient talk about God.	1	2	3	4
7. Talk with a patient about religious beliefs	1	2	3	4
8. Obtain religious material for the patient.	1	2	3	4
9. Assist the patient to carry out religious practices and rituals.	1	2	3	4
10. Encourage the patient to talk about his/her fears and hopes.	1	2	3	4
11. Assure the patient of God's presence.	1	2	3	4
12. Arrange a visit from the clergy.	1	2	3	4
13. Pray for a patient.	1	2	3	4