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Christian nurses' experience of spiritual care

An interview study conducted at a Christian hospital in Myanmar

Kristna sjuksköterskors erfarenheter av andlig/existentiell omvårdnad

En intervjustudie utförd på ett kristet sjukhus i Myanmar

Abstract

Background: It has been argued that nursing care shall be provided with a holistic approach where the human being is seen as one unit that contains body, mind, soul and spirit. The International Council of Nurses (ICN) states that patients' spirituality shall be respected and that nurses therefore have to involve the spiritual dimension when caring for patients. Spirituality is subjective and by meeting patients' spiritual needs and providing spiritual care interventions according to these needs, nurses can support patients and help them to find motivation in their sickness.

Aim: To describe Christian nurses' experiences of spiritual care at a Christian hospital in Myanmar.

Method: A qualitative interview study with semi-structured interviews. Four Christian nurses with experience of spiritual care participated and in total six individual interviews were conducted. The data was analyzed using a qualitative content analysis, as described by Graneheim and Lundman.

Result: The result was divided into two categories: nurses' view on spirituality and spiritual care and nurses' experiences of spiritual care.

Discussion: The result is discussed using Lundmark's definition of spiritual care as framework. The main focus is the religious approach to spiritual care. Both ethical dilemmas and positive outcomes of this approach are discussed.

Keywords: Myanmar, spiritual care, spirituality, Christianity, nurse, religion.

Sammanfattning

- Bakgrund:** Det har argumenterats för att omvårdnad ska ges utifrån ett holistiskt perspektiv där människan ses som en enhet som innefattar kropp, sinne, själ och ande. Internationella rådet för sjuksköterskor (ICN) har slagit fast att patienters andlighet ska respekteras och att sjuksköterskor därför måste involvera den andliga dimensionen i vården av patienter. Andlighet är något subjektivt och genom att möta patienters andliga behov samt ge andlig omvårdnad i enlighet med dessa behov, kan sjuksköterskor ge stöd åt patienter och hjälpa dem att hitta motivation i deras sjukdom.
- Syfte:** Att beskriva kristna sjuksköterskors erfarenheter av andlig/existentiell omvårdnad på ett kristet sjukhus i Myanmar.
- Metod:** Kvalitativ intervjustudie med semi-strukturerade intervjuer. Fyra kristna sjuksköterskor med erfarenhet av andlig/existentiell omvårdnad deltog och totalt genomfördes sex individuella intervjuer. Datamaterialet analyserades genom en kvalitativ innehållsanalys som beskrivs av Graneheim och Lundman.
- Resultat:** Resultatet delades upp i två kategorier; sjuksköterskors syn på andlighet och andlig/existentiell omvårdnad och sjuksköterskors erfarenheter av andlig/existentiell omvårdnad.
- Diskussion:** Resultatet diskuteras med Lundmarks definition av andlig/existentiell omvårdnad som referensram. Störst fokus ligger på det religiösa förhållningssättet till andlig/existentiell omvårdnad. Både etiska dilemman och positiva aspekter av detta förhållningssätt diskuteras.
- Nyckelord:** Myanmar, andlig/existentiell omvårdnad, andlighet, kristendom, sjuksköterska, religion.

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1 Introduction

During our nurse education, focus has been to care for the whole patient. We have studied the human being as a physical, psychological and social being. We have also studied ethical aspects in caring for patients and different views of life. Through this we have gained an interest in spirituality related to patient care. Thus, we saw this as an opportunity for us to deepen our knowledge about the subject.

The Republic of the Union of Myanmar (henceforth referred to as Myanmar) is an emerging country economically, politically as well as socially (Ministry of Health, 2012). Because Sweden is a secular country we found it interesting to see how spiritual care is practiced in an explicit religious context, like Myanmar. There are few research articles from Myanmar available. When searching in CINAHL complete, we only found 91 peer reviewed studies available that were conducted in Myanmar with subjects regarding to health. None of these concern spiritual care.

2 Background

2.1 Myanmar

Myanmar is one of the largest countries in Southeast Asia and has an estimated population of 51.4 million with over a hundred languages and dialects (The United Nations Development Programme [UNDP], 2012a). There are many challenges regarding health care in Myanmar, particularly when it comes to providing health care to all citizens, especially in the rural areas (Ministry of Health, 2012). The health care system contains of governmental and private hospitals (Ministry of Health, 2014). The private sector is both profit and non-profit and mainly run by community and religious based organizations. Reliable statistics regarding the health care system is however difficult to find.

The greatest health problem in Myanmar is tuberculosis, with an estimated number of 180 000 new cases each year (UNDP, 2012b). One of the Millennium Development Goals (MDG) was to decrease tuberculosis to 447 cases per 100 000 inhabitants in 2015. Myanmar is on the right track but more has to be done. The prevalence of HIV/Aids is decreasing and is now below 1% in the general population (ages 15-49). Despite this, there are still locations where the prevalence is high. As for the HIV treatments only about 30% of those in need receives it, thus continued work is necessary. Malaria has been a big issue, but mortality and morbidity has since 2007 decreased by 50%.

The government budget for health care has increased and life expectancy has improved. However, in comparison to other countries in the region the overall health in Myanmar is still weak (Ministry of Health, 2012). In the effort to improve the provision of health care and the health status of the population, the Ministry of Health in Myanmar has formulated two main goals: “Enabling every citizen to attain full life expectancy and enjoy longevity of life” and “ensuring that every citizen is free from diseases” (Ministry of Health, 2011).

In 2011, the total number of health care workers was estimated to be 88,975, which include around 25,000 nurses (Ministry of Health, 2012). This concludes to 1,49 health workers per 1,000 inhabitants but according to the source, World Health Organization (WHO) recommends 2,3 health workers per 1,000 inhabitants.

According to official statistics from the Myanmar government around 90% of the population practice Buddhism (Association of Religion Data Archives [ARDA], n.d.). However, Myanmar is an ethnically and religious diverse country and some claim that the government underestimates the non-Buddhist population which might be up to 30%. There is some correlation between ethnicity and religion, for example Christianity is mainly practiced amongst the Kachin and Karen ethnic group.

The government of Myanmar has in the last few years taken steps towards democracy, by for example releasing political and religious prisoners (United States Commission on International Religious Freedom [USCIRF], 2014). Despite this, religious minorities are still facing discrimination and violence. Religious publications are being censored, religious sites are being destroyed and violence against religious minorities has in the last few years resulted in thousands of deaths.

2.2 Holistic care

Looking at an individual with a holistic perspective means looking at her as a unit where the parts reflect the whole (Norberg, Engström & Nilsson, 1994). It means that the whole is greater than the sum of its parts. In Health Care Science the human being is seen as one unit that contains body, mind, soul and spirit (Dahlberg, Segesten, Nyström, Suserud & Fagerberg, 2003). The Swedish National Board of Health and Welfare (2005) embraces this view and states that nurses should have the ability to meet patient’s physical, psychosocial, cultural and spiritual needs. It has also been stated by the International Council of Nurses (ICN) (2006) in the Code of Ethics for Nurses that, patients’ spiritual beliefs shall be respected when providing care.

2.3 Spirituality

Spirituality is subjective and can contain aspects of religion, culture, values, beliefs and existential questions (McSherry, 2006; McSherry & Cash, 2003; Harrison & Burnard, 1993). According to Sand and Strang (2013) the phenomena of religion and spirituality can be seen as overlapping. Spirituality however, is considered to be a bigger concept than religion.

Chaplin and Mitchell (2005) state that each individual experience and express spirituality in a unique way. It's the core and essence of being human (Miner-Williams, 2006) and can be looked upon as both a conscious and unconscious dimension of the individual (Harrison & Burnard, 1993). With this approach spirituality includes all individuals, even agnostics and atheists (Miner-Williams, 2006).

McSherry (2006) claims that spirituality can be found in the simplest things in life. Human beings' spirituality is connected with the routines of daily living and it's within these routines and rituals we find purpose and meaning. When illness interferes with our lives, the daily routines are disturbed and may be causing life to lose its meaning. Thus, it is important to acknowledge and emphasize that spirituality doesn't only concern religious and existential issues. However, McSherry also states that a too wide interpretation of spirituality can diminish its meaning and relevance for health care.

2.4 Nurses view on spiritual care

Many nurses believe spiritual care to be an essential part of providing holistic care (McSherry & Jaimeson, 2013; Strang, Strang & Ternerstedt, 2002; Wong, Lee & Lee, 2008). In a study by McSherry and Jamieson, nurses perceived spiritual care as a fundamental aspect of nursing care. Spiritual care aims to provide support (McSherry & Jaimeson, 2013) and to help patients find motivation and purpose (Cavendish et al., 2003).

In a study by Narayanasamy and Owens (2001), nurses who had been providing spiritual care claimed it had a positive and therapeutic effect on patients. It eased distress and gave patients strength to cope better with their illness. A study by Lundberg and Kerdonfag (2010) show that also family members were given spiritual care. They received comfort and support from the nurses when a family member was in a critical condition or terminally ill. The nurses also experienced that giving spiritual care had a positive effect on themselves. They considered it to be satisfying and rewarding. However, a study with Swedish nurses showed that they rarely provided spiritual care although they found it important (Strang et al., 2002).

2.5 Spiritual needs

Spiritual needs can be developed from different aspects of an individual's life, whether it be psychological, physiological or social (McSherry, 2006). Spiritual needs mostly concern purpose and meaning, value and fulfilment in life. This can for example be a need for hope and strength or a need to express beliefs or values. McSherry claims that spiritual needs often are connected with each other, and therefore, a holistic approach to health care is a prerequisite in order to understand an individual's needs.

Some examples of how spiritual needs arise are through loss of purpose, meaning or fulfillment (McSherry, 2006). In times of crisis, like losing a loved one, some might argue that the individual is going through a natural grieving process. McSherry argues that in this process there might also be a deeper search for meaning and purpose to regain stability. Individuals who have a belief in a God or deity may express spiritual needs developed from a religious context and act accordingly to these ideologies.

For nurses to be able to meet patients' spiritual needs, they first need to be aware of them (Narayanasamy & Owens, 2001). In a study by Narayanasamy and Owens (2001), nurses explained that they became aware of patients' spiritual needs when they recognized the patients religious background, if they shared religious background with the patients and during spiritually loaded conversations with the patients. They also stated that the patients' diagnoses acted as indicators for spiritual care.

Narayanasamy and Owens (2001) suggest that a positive nurse-patient-relationship affiliates spiritual care. Nurses who invest in establishing a relationship with the patients can more easily become aware of their spiritual needs and as a result, they more often initiate spiritual care interventions.

2.6 Spiritual care interventions

In recent research, nurses have explained spiritual care interventions as assessing spiritual needs, giving support, communicating with patients and their families and creating an inviting environment for spirituality (Cavendish et al., 2003; Lundberg and Kerdonfag, 2010). Some examples of spiritual care interventions are holding patients' hands, listening to patients and talking with them about their feelings or diseases (Cavendish et al., 2003). Interventions of religious affiliation have also been reported, such as nurses praying with patients or singing hymns for them (Lundberg & Kerdonfag, 2010; Taylor, Park and Pfeiffer, 2014). Nurses have

stated that it is important to facilitate and allow patients to practice religious rituals or cultural beliefs. Nurses believe that this can help them to cope better with crisis.

In a study by Cavendish et al. (2003), nurses stated that spiritual care interventions were given with the motivation to provide comfort as well as emotional and physical reinforcement to patients. Thus, spiritual care interventions aim to decrease both spiritual and physical suffering. Moreover, spiritual care interventions are seen as therapeutic and aims to strengthen patients' own and inner resources for healing (Ramezani, Ahmadi, Mohammadi, Kazemnejad, 2014). To facilitate the patients' healing process and spiritual development Ramezani et al. argues that an encouraging atmosphere is necessary. They suggest nurses can create this by respecting patients' beliefs and values of spiritual, cultural or religious affiliation.

2.7 Prerequisites for spiritual care

McSherry (2006) argues that in order to address patients' spiritual needs, nurses requires certain skills such as sensitivity, good communication, being able to develop trust, being honest and open etc. These can be considered as "human skills" which goes beyond the nursing profession (Chaplin & Mitchell, 2005). Researchers also stress the importance of spiritual self-awareness to be able to provide spiritual care (McSherry, 2006; McSherry & Cash, 2003; Harrison & Burnard, 1993; Chaplin & Mitchell, 2005). If nurses are unaware of their own spirituality and beliefs it may be difficult for them to help others (Harrison & Burnard, 1993). McSherry claims that lack of self-awareness is one of the biggest hindrances for spiritual care. This argument is strengthened by a study by Wong et al. (2008) that indicates that nurses with a religious belief seem to be more sensitive and perceptive towards patients' spiritual needs.

Several studies indicate insecurity amongst nurses regarding how to provide spiritual care (Lundberg and Kerdonfag, 2010; McSherry & Jaimeson, 2013). Due to this, many nurses express a wish for more education. Education is an important factor and seems to have a positive effect on how nurses perceive and provide spiritual care (Wong et. al, 2008). To facilitate provision of spiritual care nurses have to receive education about religion, religious practices and spirituality (Lundberg & Kerdonfag, 2010). Education can strengthen nurses' spiritual development and give them tools to help patients with their spiritual needs. Through continued reflection and exploration, professionals can develop their spiritual self-awareness, which can be seen as a prerequisite for nurses' provision of spiritual care (Chaplin & Mitchell, 2005).

However, the nurses' spiritual self-awareness and their skills are not the only factors important for the provision of spiritual care (Narayanasamy & Owens, 2001). Lack of support and guidelines from management as well as resources and time might be other reasons that prevents nurses from providing spiritual care and meeting the needs of the patients. Nurses have expressed a wish for clear policies in order to provide consistent spiritual care (Lundberg & Kerdonfag, 2010).

2.8 Problem statement

As part of holistic care, spiritual care is acknowledged as an important aspect. This has been established both in guidelines for nurses and by nurses in several studies. Despite this, some nurses have trouble implementing it in their daily work. If nurses don't provide spiritual care, patients may not be given the opportunity to ventilate existential questions or live out their spirituality. This may affect the experience and quality of nursing care.

There knowledge about the subject in religious contexts is insufficient and when searching in CINAHL complete for previous studies conducted in Myanmar, the authors found few concerning health and none regarding spiritual care. Due to this, the authors are hopeful that this study can be valuable and contribute to the understanding of, and knowledge about spiritual care. It may also provide increased awareness of how spiritual care is provided in an explicit religious context, like Myanmar.

3 Aim

The aim of the study was to describe Christian nurses' experience of spiritual care at a Christian hospital in Myanmar.

4 Theoretical framework

4.1 A definition of spiritual care

Previous research of spiritual care has been presented in the sections above, but there is still no complete agreement on what it constitutes of (McShery, 2006; Ross, 1995). To clarify the meaning of spiritual care in this study, a definition presented by Lundmark (2005) was chosen as theoretical framework. Furthermore, thoughts from Krook (2007) and Stifoss-Hanssen and Kallenberg (1996) will complement the definition. The discussion of the result will be based on this framework.

Lundmark's (2005) definition of spiritual care is based on a study with nurses and it states that; spiritual care strives to, with appropriate nursing interventions, enable or facilitate the patients to ventilate existential questions and live out their spirituality. This can be done through the practice of a specific religion and also through activities that don't have to be of religious nature. Such nursing interventions are characterized by an ambition to create space for spirituality and/or an atmosphere of humanity and security around the patients.

In this study, the term existential questions do not only concern questions of philosophical nature. The authors agree with Krook (2007), a Swedish researcher, who states that the use of existential questions as explained by existentialists is not inclusive enough, limiting it to issues regarding death, freedom, meaninglessness and responsibility. Instead, the definition of existential questions by Stifoss-Hanssen and Kallenberg (1996) is used. They state that existential questions include aspects of both religious and non-religious beliefs and practices, values and attitudes to life as well as more philosophical questions. These questions derive from the individual's perception of the world and also depend on the existing context (Krook, 2007). Existential questions are present in every stage of life but become more evident when something unexpected happens, for example becoming ill. As humans we try to understand and create meaning in life and it is through this, existential questions can emerge. Stifoss-Hanssen and Kallenberg argues that it's within our nature as humans to ask these existential questions and that our view of life can provide the answers.

According to Lundmark (2005), spiritual care involves seeing all aspect of the individual, and thus, acknowledging his or her spiritual dimension. Spiritual care means to enable patients to practice their religion during their hospital stay and also to discuss and express any existential question they might have. It is important that nurses have the courage to ask patients about spirituality but they also need to be cautious not to impose their own beliefs on patients. Spiritual care should enable patients to live out their spirituality, and such interventions can for example involve supporting those who want to worship, sing or read etc. It can also include connecting patients with the hospital church, a priest or a psychologist. Nurses who provide spiritual care must be present and available for patients as well as perceptive to their needs. Spiritual care also involves giving comfort and support, which requires empathy as well as respect, and the intention to always do what is best for the patients.

The authors believe that this definition of spiritual care is consistent with how nursing science describe the concept of caring (Dahlberg & Segesten, 2010). Thus, the concept of caring permeates this study.

5 Method

5.1 Design

A qualitative design was used to gain an understanding of the participants' experiences of the phenomenon studied (Polit & Tatano Beck, 2014). Semi-structured interviews were used for the data collection in order to let the participants speak freely about their experiences. The data material was analyzed using qualitative content analysis with an inductive approach, as described by Graneheim and Lundman (2003).

5.2 Participants

Due to the political situation and the degree of government control in Myanmar, the authors chose to conduct the study at a private hospital. Through personal connections, the authors came in contact with a Christian hospital. To conduct studies in health care settings, like hospitals, authorization is often required (Polit & Tatano Beck, 2012). A local contact, serving as a gatekeeper, gave the authors the necessary approval and also handed out written information about the study to all nurses prior to the authors' first visitation (see appendix 1).

To answer the aim of the study, a convenience sampling was used to recruit participants. Convenience sampling is beneficial when a study needs to be conducted in a particular setting or specific organization (Polit & Tatano Beck, 2012). During the authors' first visitation three nurses were recruited using this approach. All three nurses were matrons. A fourth participant was recruited through snowball sampling. This method, sometimes called network sampling, is a version of convenience sampling where previous participants recommend others who meet the criteria of the study (Polit & Tatano Beck, 2012). Even though the fourth participant was a retired nurse, she was recruited due to her vast experience of the phenomena studied.

The criteria for participating in the study were to have worked as a registered nurse for a minimum of 10 years and with experiences of spiritual care. All of the participants were female, Christians and had been working as nurses with a range from 10 to 34 years.

5.3 Data collection

Semi-structured interviews were conducted for the data collection. An interview guide (see appendix 2) was used since it is beneficial when researchers have broad questions or certain topics that needs to be covered during the interview (Polit & Tatano Beck, 2014). The interviews were conducted in a conference room at the hospital and were recorded with consent from the participants. The use of a tape recorder enabled the interviewers to listen attentively and also ensured that the data material consisted of the participants' verbatim response (Polit & Tatano Beck, 2014).

Both authors were present during the interviews where one acted as the interviewer and the other was in charge of the recording device. Three of the participants did not speak English and therefore an interpreter was used. The fourth participant wanted to do the interview in English and turned to the interpreter only for a few words. The interviews lasted between 10-30 minutes.

The material from these interviews was insufficient and to gain a richer material for the analysis and to clarify some statements, the participants were asked to partake in a second interview. Due to their workload, only two of the participants were able to participate. These interviews were conducted one week after the first session and the authors used a second interview guide (see appendix 3). A few questions from the first interview guide were used again, however, these were rephrased due to difficulties linked to language. New questions were also added in order to gain a richer material. The interviews took place in an office space and lasted 11 and 24 minutes. An interpreter was present during both interviews.

5.4 Data analysis

All interviews were transcribed to facilitate the analysis. The authors transcribed three interviews each but to avoid errors and ensure that the transcriptions were accurate both authors listened to all six interviews while cross-checking the transcription. Since an interpreter was used, no sighs, verbalized emotions or pauses were included in the transcription.

A qualitative content analysis as described by Graneheim and Lundman (2003) was used to analyze the material. Both authors read the transcribed texts several times in order to gain a deeper understanding of the content. Throughout the analyzing process the authors always kept the aim of the study in mind as guidance. First, both authors identified meaning units separately. Meaning units are words, phrases or sentences that have related content

(Graneheim & Lundman, 2003). The material were then compared and discussed between the authors and meaning units that didn't answer to the aim of the study were removed. The meaning units were then condensed to facilitate further analysis. This means shortening the text while still maintaining the core (Graneheim & Lundman, 2003). The meaning units were then labeled with codes. Similarities and differences between the codes were discussed and then sorted into sub-categories and categories. When creating these, the authors always related to the whole content of the interviews to avoid misinterpretation. The analyzing process generated seven sub-categories and two categories.

6 Ethical considerations

When conducting research it is always important to address ethical issues such as possible risks and benefits, confidentiality and informed consent (Polit & Tatano Beck, 2014). In order to justify the study, the authors did an assessment concerning the possible risks and benefits of the study. The benefits of a study should be maximized and the harm should be minimized for the participants or for the society at large (Polit & Tatano Beck, 2014). The authors assessed that the risks of participating were few. However, the authors were sensitive and perceptive to the possibility that the subject of the study could be of sensitive nature for the participants.

To secure the participants confidentiality, no names were written down and all of the recordings, as well as the transcriptions, were kept on a password protected memory card (CODEX, 2015). Both written and verbal information about the study were given to the participants before the interviews (see appendix 1). This information said that participation were voluntary, that the participants at any given time could withdraw from the study without any further explanation and that the material would be handled confidentially.

The present study was approved by the Research Ethical Committee at the Department of Healthcare Sciences, Ersta Sköndal University College in Stockholm, Sweden (Dnr: 1502/A).

7 Result

The analysis resulted in two categories with the total of seven sub-categories (see table 1). In the following section, all sub-categories will be presented and exemplified with quotes. In the translations, the interpreter used "she" when referring to the nurse that was interviewed. In the quotes presented in the result, the authors chose to change this to "I" in order to reflect the voice of the nurse interviewed. Some clarification about the use of the word "non-believers"

is necessary. When the nurses used the term non-believers they referred to patients who are not Christian.

Table 1

Categories	Sub-categories
Nurses' view on spirituality and spiritual care	<ul style="list-style-type: none"> - Importance of spirituality - Requirements for spiritual care - Respecting patients' spirituality and spiritual needs
Nurses' experiences of spiritual care	<ul style="list-style-type: none"> - Spiritual activities initiated by nurses - Helping patients to perform spiritual activities - Spiritual and existential questions - Hindrances for spiritual care

7.1 Nurses' view on spirituality and spiritual care

7.1.1 Importance of spirituality

When asked about what spirituality means, one nurse expressed that it is something difficult to explain but of great importance for every person. Another nurse stated that, to her, spirituality is strength from God:

Spirituality is strength for me. for by If I'm alone, I'm nothing but by the strength that's given from God I could achieve things, do things. That's what spirituality means (3)

Moreover, the nurses explained that they receive guidance from God when caring for patients. In situations where they feel insecure they usually pray and through this, some of the nurses said that they get support. During the interviews, they also talked about what spirituality might mean to the patients. They expressed that spirituality can support patients when they are sick. One nurse explained spirituality as a way of coping with disease:

With spirituality, the patients can bare their disease and the pains then they will not much complain and then they resist that, the pains and the disease through the spirituality. (6)

The nurses expressed that they always try to give the best care and as much they can, ease the patients' pain and suffering. However, their perception was that only God has the power to heal. One nurse said:

I would tend his wound but only God can do the healing. We would help them to whatever ease the pain but only God is the has the power to heal, not us. (4)

The nurses also explained that by giving the best care to the patients, they are doing something good for God.

7.1.2 Requirements for spiritual care

Several nurses believed that they must meet certain requirements in order to provide spiritual care. The nurses explained that spirituality is an important part of a person and in order to meet a patient's spiritual needs, nurses must have a holistic approach. Another requirement is giving care with love and one nurse emphasized that nurses need to show patients love. She also explained that with love as motivation for care, nurses are able to listen more attentively and through this, they can acknowledge patients and their needs. The same nurse continued:

You need to have loving motivation. Without loving motivation we cannot talk to the patients wisely or tenderly like that and [...] with a gentle touch. If you don't have loving motivation you cannot touch the patient gently. (2)

Moreover, she also believed that in order to give care with love nurses have to follow the footsteps of Jesus and read the bible.

7.1.3 Respecting patients' spirituality and spiritual needs

During the interviews, some of the nurses acknowledged that patients express faith and spirituality in various ways and have different rituals depending on religion.

As Christians, the nurses expressed a wish to share to the patients about God and what he is capable of doing. However, they stressed that they didn't force the patients to have faith:

I don't force the patients to have faith everything but I would definitely try to explain like you know what I said before who our god is and what he is capable of doing and I could only explain that so far but I wouldn't force the patient to have faith in him in situations (1)

Before telling about God or praying for the patients, the nurses said that they always would ask for permission.

Furthermore, they talked about how they adjust the spiritual care to the needs and wishes of the patients. Some nurses stated that spiritual needs might arise when patients have trouble coping with their diseases or if they are suffering from pain. These needs can also arise when patients are afraid and have doubts about getting well. One nurse, however, defined spiritual needs in patients as a need for salvation from God and further explained:

Spiritual needs mean they should know the lord as a personal savior (5)

She also said that patients who are not Christian have the same needs, that they should know who could give them salvation.

7.2 Nurses' experiences of spiritual care

7.2.1 Spiritual activities initiated by nurses

The nurses initiated and performed several activities that they considered to serve as spiritual care interventions. These activities derived from the nurses' Christian faith. The activity that was mentioned the most was praying. The nurses explained that they prayed for many patients, both Christians and non-Christians. Sympathy for the patients was mentioned as a reason for praying. According to the nurses, they prayed faithfully and enthusiastically and considered this a way to support the patients. Besides giving support through praying, the nurses also stated that it is important to comfort, encourage and reassure the patients. One way of doing this is with body language, for examples by holding a patients hand and showing love without words.

The nurses talked about spiritual care activities that they did only for Christian patients. Some examples of this were reading the bible or singing songs for them. The nurses considered reading verses or telling stories from the bible as a way of giving comfort.

One activity that was of great importance to the nurses was telling about God to the patients. They would talk about what God is capable of doing and also what it is like to be a Christian.

Whenever the patients come in to this hospital then I would pray for them, support them and encourage them and explain about god who he is that what he can do (1)

One nurse believed that the patients cannot know about God and spirituality if the nurses don't explain it to them. Another nurse described that they have to be careful and approach the subject gently when talking with the non-Christian patients:

[...] you know some of the patients are very, especially like terminally ill patients, we cannot ask them if you die where will you go we cannot say like that so we have to be careful so we have to step one step at the time like that to tell them the love of Jesus Christ (5)

By building relationships and trust, the nurses could slowly introduce the Christian God to the non-Christian patients. Aside from talking about God and Christianity, they also shared the gospel through their deeds and actions. However, it is important to emphasize that not all the nurses shared about God. One of the nurses stated that she doesn't talk about faith or spirituality with the patients.

7.2.2 Helping patients to perform spiritual activities

During the interviews, the nurses described different ways in which they help patients to perform spiritual activities. For Christian patients they play tapes of hymns or preaching. If patients are able and want to engage in prayer the nurses pray together with them. However, the patients have different abilities to participate in prayer and one nurse explained the following:

I have prayed with a patient, many patients, but some of the patients could only say amen by the end of the prayer, but they just listen, basically they just listen to the prayer. (1)

The nurses also described how they help Buddhist patients to perform rituals. Some example of this was playing tapes of enchantments softly beside the patients' beds. They also let the patients meditate with beads. The nurses mentioned that some patients have rituals not directly connected to religion. One example of this was that some patients want to express their faith by playing music. By providing a special room for this, the nurses enable the patients' spiritual expression.

7.2.3 Spiritual and existential questions

The nurses said that most of the patients don't initiate questions about spirituality or existential questions, especially not the non-Christians. Although, when questions about spirituality do arise, it is mostly from patients who are severely ill and in the final stage of life. Furthermore, one nurse said:

There are questions, not from the nonbelievers but only between Christians. Like they sometimes ask each other: do you get spiritual empowerment through bible reading and praying? (6)

According to her, Christian patients are more interested in questions about God. These patients also ask each other question about spirituality.

7.2.4 Hindrances for spiritual care

In the interviews, the nurses described that there are both personal and external hindrances for spiritual care. These sometimes prevented the nurses from providing the spiritual care that they thought the patients needed. The external circumstances perceived as a hindrance were lack of time due to heavy workload. One nurse described that when there were not enough time for spiritual care interventions, she could only use body language. With body language and gentle care she tried to show love to the patients.

For spiritual as a nurse I pray for them if I have time but during when I worked at traumatology I only show with the body language because we are busy all the time... (2)

Another hindrance for providing spiritual care was due to personal reasons. The nurses expressed that working with non-Christians were difficult for them. One nurse explained:

Because at that time I was not happy to, what you call, work with the nonbelievers. There are so many difficulties for us is we are, we want to be faithful, on the other side they are not faithful so I was not happy. (2)

As Christians, the nurses wanted to be faithful and share the love of God to patients. This was considered to be difficult when caring for patients with a different faith. Because of this the nurses couldn't provide the spiritual care they thought necessary, which made them unhappy.

8 Discussion

8.1 Discussion of the method

The authors purposively choose to conduct the study at a Christian hospital in order to answer the aim of the study. Therefore, participants were recruited using convenience sampling. Even though convenience sampling is beneficial when a particular setting or organization is preferred, it also has limits (Polit & Tatano Beck, 2012). It can be questioned if the interviews with the participants are a description of the phenomena studied or in fact only a depiction of the organization.

The method of semi-structured interviews was proven well suited for the study. The interview guide consisted of open formulated questions. This ensured that every important aspect of the subject were covered and also stimulated the participants to talk freely about their experiences (Polit & Tatano Beck, 2012).

The authors decided to use an interpreter after consulting the gatekeeper. With an interpreter the participants were able to talk without hindrance in their own language. However the use of an interpreter may have resulted in other limitations to the study. The interpreter had no previous experience of translating in a health care context, which caused some misunderstandings and the interviewer having to repeat and rephrase some of the questions. This may have affected the interview session negatively by disturbing the interviewees' narration.

Since the aim of the study was to describe nurses' experiences of spiritual care, a qualitative content analysis was an appropriate method. With this method the authors need to be entirely familiar with the data material to be able to understand the underlying meaning of

the content (Polit & Tatano Beck, 2012). Therefore the authors read the transcribed interviews several times. The authors read the material and did the initial analysis separately. Thereafter, the coding and categorization were conducted together. To ensure trustworthiness and reduce the risk of potential misinterpretations, the authors went back to the data material throughout the analyzing process and reworked the codes and categories (Graneheim & Lundman, 2003). A risk for misinterpretation is the researchers' lack of self-awareness regarding their own preconceived perceptions (Polit & Tatano Beck, 2012). Coming from a rather secular country with no experience of a Christian hospital, the authors had to uphold reflexivity and self-awareness in order to not let their preconceived perceptions affect the interviews nor the analysis. The authors discussed their own view of spirituality as well as their view on religion in health care, both with each other and with their supervisor. The context of the study differed a lot from the health care context in Sweden, where religion is not prominent in the same way. Therefore, the authors continuously discussed their perceptions of the subject in order not to let them affect the result.

Many studies on the subject have been conducted in the western part of the world, in countries that are relatively secular (Strang et al., 2002; Carlén & Nilsson, 2008; Narayanasamy & Owens, 2001; McSherry & Jaimesson, 2013). The definition of spiritual care used as theoretical framework in this study derives from that context (Lundmark, 2005). However, this definition may not be entirely applicable in a different cultural setting and might be a weakness of this study.

The authors had the intention to use literature and research articles published later than year 2000. However, some literature and research articles published earlier than that were used due to their remaining relevance for the subject.

8.2 Discussion of the result

The aim of the study was to describe Christian nurses' experience of spiritual care at a Christian hospital in Myanmar. In this section, the result will be discussed using Lundmark's (2005) definition of spiritual care and other scientific articles as framework. The definition provides four key aspects of spiritual care; by appropriate nursing interventions enable and facilitate patients to ventilate existential questions and live out their spirituality. These interventions are characterized by an ambition to create space for spirituality and an atmosphere of humanity and security around the patients. Findings that differ from Lundmark's definition will also be discussed.

The result of the present study shows that nurses' perception of spirituality and spiritual care are profoundly interrelated with faith in a deity. In other words, to them, spirituality is considered equivalent to religiosity. The nurses' faith in God is strongly present when caring for patients and they believe that by giving care, they are following God's will. The result shows that the nurses turn to God for guidance regarding how to care for patients. They explained that in situations when they feel insecure they get strength and support from God through praying. Similar findings are presented in a study by Taylor et al. (2014) where the nurses found praying to be of help when dealing with the stress of patient care. This is also mentioned in Lundmark's (2005) study as a theme, which concerns the involvement of nurses' private spiritual dimension in the care of patients. This includes the idea that nurses' own faith can work as a tool when providing care. However, Lundmark chose not to include this aspect in his definition of spiritual care with the argument that the theme was based only on one nurse's narration.

The interviews revealed that spiritual care is provided from a Christian perspective and that praying is an important activity. The nurses expressed that through praying they could provide comfort and support to patients. This is in accordance with the findings of Taylor et al. (2014), which show that praying, together with or in front of patients, is an activity highly valued by Christian nurses. As in the present study, Taylor et al. also concludes that nurses often pray privately for patients as an act of spiritual care. Other overtly religious activities, such as singing hymns and reading the bible to patients, were also considered spiritual care. Moreover, the nurses considered showing empathy and love to patient to be of great importance. This is in accordance with the aspect of Lundmark's (2005) definition, which states that spiritual care is characterized by an ambition to create an atmosphere of humanity and security around the patients. This atmosphere can be created through giving support and comfort as well as doing what is best for the patients and always thinking highly of them.

Furthermore, Lundmark (2005) states that spiritual care interventions aim to create space for spirituality, which includes enabling patients to practice their religion during their hospital stay. Lundmark's result suggests that this can be done through connecting patients with, for example, a pastor, priest or psychologist. In the present study, however, the nurses would create space for spirituality by helping patients to perform different rituals connected to the patients' faith. For both Christian and Buddhist patients they would, for example, play tapes of preaching.

The Christian perspective was also manifested by the fact that the nurses considered telling about God to patients to be of great importance when providing spiritual care. In the interviews, the nurses expressed that healing comes from God and one nurse expressed that patients have a need for salvation. They found it essential that patients know about God and what He is capable of doing. Similar findings have been presented by Narayanasamy and Owens (2001), where some nurses had a strong conviction that God can heal patients when medical interventions cannot. Due to this, they tried to impose their own beliefs on very ill patients. Narayanasamy and Owens refer to this as an evangelical approach to spiritual care. That the nurses in the present study prompted overtly religious activities as spiritual care is maybe not surprising, considering that they are openly Christians and work at a Christian hospital. Perhaps more interesting is the implication of an evangelical approach to spiritual care, which seems to derive from a belief that, God can heal sickness and ease suffering. Previous research has presented similar results, where nurses perceive nursing care as a ministry (Taylor et al., 2014). However, the result of the present study shows awareness that telling about God to patients needs to be done tactfully. By establishing relationships with the patients they could gain their trust and slowly start explaining to them about God's potentials. Pfeiffer, Gober and Taylor (2014) present similar result where nurses used certain strategies for talking about religion and telling about God to patients. By being a loving nurse and cautiously and gently initiate these, slightly, sensitive topics, the patients could get a sense of a loving God.

In accordance with previous research (Pfeiffer et al., 2014; Taylor et al., 2014), the nurses in the present study emphasized that they didn't force the patients to have faith and that they always would ask permission before telling about God to them. Even so, the result still shows how they persistently try to explain to the patients about Christianity. This approach raises ethical questions that need to be discussed. Despite nurses' good intentions, overtly religious interventions have been claimed to be potentially harmful to patients (French & Narayanasamy, 2011; Taylor et al., 2014; Narayanasamy & Owens, 2001). According to Lundmark (2005), nurses must be cautious not to influence patients with their own idea and perception of spirituality or religion. Spiritual care interventions should create an atmosphere of humanity and security, which requires showing respect to patients. Some argue that due to the uneven power within the nurse-patient-relationship it is inappropriate for nurses to promote their own religious beliefs to patients (Astrow, Puchalski & Sulmasy, 2001). This is considered a threat to the autonomy of the patients, which is an important ethical principle

within health care. It is also important to respect patients' integrity, in this case their moral integrity, which consists of the patients' ethical values, beliefs and principles (Sarvimäki & Stenbock-Hult, 2008). By evangelizing, nurses risk violating both the autonomy and integrity of patients. The potential harm have also been recognized by nursing ethical codes, which state that due to the vulnerability of patients, nurses shall not evangelize their own values or beliefs during care (Taylor et al., 2014; Nursing & Midwifery Council [NMC], 2015). Moreover, it can be questioned if and how an evangelical approach affects the care of the patients. Do health care workers omit to provide treatment due to their belief that God will heal the patient? Is prayer being prescribed instead of medical treatment? The result of this study had no such indications.

Still, it is important to emphasize that there may be times when nurses evangelizing can be appreciated by patients and help them in their healing process (Taylor et al., 2014). Therefore, it may be problematic and precipitous to dismiss this approach as solely unethical. Since the aim of this study was to describe nurses' experiences of spiritual care, it is unclear how the patients perceived this approach.

The result of the present study indicates that it is easier for the nurses to recognize the needs of Christian patients as the more active interventions were directed to these patients. This assumption is in accordance with a study by Narayanasamy and Owens (2001), which propose that mutual faith or similar religious background between nurses and patients are strong promptings for spiritual care. Studies (Lundmark, 2005; Narayanasamy & Owens, 2001) have shown that some nurses find it difficult to provide spiritual care to patients with a different faith or perception of spirituality. The present study shows similar indications. The nurses found it difficult to provide the spiritual care they believed necessary to patients who were not Christian.

As previously stated, for the nurses, spiritual care is strongly connected with religion, mainly Christianity. But accordingly to the definition used as theoretical framework in this study, spiritual care can contain more than religious aspects. Lundmark's (2005) definition includes existential question and based on his study, he states that spiritual care means to make it possible for patients to express or discuss these questions. In this aspect, the result of the present study differs somewhat from Lundmark's. The nurses' stated that they don't have any experience of patients initiating conversation about existential questions and that they don't discuss such issues. It can therefore be questioned if the nurses truly can apprehend the spiritual needs of the patients, if they have other strategies that were not revealed during the

interviews or if they do not include existential questions as part of the concept of spirituality. The indication that the nurses do not seem to acknowledge existential questions as part of spiritual care might also be due to the cultural context. As previously stated, Lundmark's definition derives from a study in Sweden and might therefore not be applicable in another context with a different cultural.

9 Clinical implications

Nurses shall treat patients with a holistic approach, where spiritual aspects are included (The Swedish National Board of Health and Welfare, 2005). Sweden is a secular country, where a common perception amongst nurses is that spiritual care is more connected to existential questions, rather than religion (Lundmark, 2005). This study provides knowledge about how spirituality is perceived in a religious context and how spiritual care can be provided from a Christian perspective. It also gives insight into how nurses' personal faith can be of support for them in their profession. Furthermore, the result of this study raises awareness of important ethical aspects of a religious approach to spiritual care, such as respecting the autonomy and integrity of patients. Although the present study examined the phenomena of spiritual care in a special context, it has provided information for cross-cultural and international comparisons. Through this study, nurses' can learn that it's important to be perceptive to patients' need for spiritual care.

10 Further research

The result of the present study contributes to a preliminary understanding on Christian nurses' experience of spiritual care in Myanmar. Both this and several other studies focus on nurses' perception of spiritual care and therefore, an important question for future research is the patients' experience of it. Because the result implies an evangelical approach to spiritual care, some ethical aspects in using religion in health care has been discussed. The authors find further discussions about how this approach affects patients necessary. It would also be beneficial to do further studies on how nurses' faith or view of life affects the provision of care, especially if the patient have another faith or view of life.

11 Conclusion

The result shows that the nurses' perception of spirituality and spiritual care are profoundly connected to their Christian faith. The nurses' personal faith had a big influence on how they perceived their role as nurses and how they provided care. Their faith was both a motivation and a tool when providing spiritual care. Furthermore, the result implies an evangelical approach to spiritual care. This approach seems to derive from the nurses' belief that they can treat patients but only God can heal.

The result has similarities with previous research conducted in religious contexts and differs somewhat from Lundmark's (2005) definition of spiritual care, which is conducted in a secular context. Due to this, the result suggests that spiritual care is dependent on context and culture.

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Appendix 1. Request for study participation

Request for study participation

This study turns to nurses with the aim to study spiritual care. The goal of the study is to gain a deeper understanding of nurses' experience of providing spiritual care.

With this information you are asked if you would like to participate in the study.

If you would like to participate you will be interviewed. The interview is a regular conversation for about an hour and the interview will, with your consent, be recorded. The interviews will then be written down, in order to facilitate an analysis. Your personal information will be kept confidential. Madelene Eklöv and Isabel Sjögren (nursing students from Sweden) will be conducting the interviews. An interpreter will also be present. The recordings will be saved on an USB memory card and all the material will be kept locked up. When all the interviews are completed and a report is written all the recordings will be destroyed. The report will be available on paper as well as electronic via the library of Ersta Sköndal University College.

Your participation in this study is voluntary and you can, at any time, chose to cancel your participation without further explanation. If you have any questions concerning the study, feel free to contact any of the following persons.

If you are interested in participating we will contact you again soon.

Research Ethic Committee at Department of Health Care Sciences, Ersta Sköndal University College, Stockholm, Sweden, has approved the study 2015, Dnr: 1502/A.

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Appendix 2. Interview guide 1

Introductory questions:

For how long have you been working as a nurse?

Why did you decide to become a nurse?

Interview questions:

1. What does spirituality mean to you?
2. In what way have your own spirituality affected you as a nurse?
3. Can you tell us about a situation where a patient expressed their faith or other existential questions or needs that were important to the patient?
4. In what way do you support the patients to express their spirituality?
5. Can you tell us about a situation where a patient has practiced religious or non-religious rituals?
6. In what way does the Christian values of this hospital affect you as a nurse?
7. Finally, is there anything more you would like to talk about that hasn't been mentioned?

Appendix 3. Interview guide 2

1. In what way do you think that spirituality is important in the care of the patients?
2. What does spiritual needs mean to you?
3. Can you give us some examples of spiritual needs in patients?
4. In what way do patients talk about spiritual questions?
5. In what way do patients talk about existential questions?
6. What activities can you, as a nurse, do to support the patients' spiritual needs?

Appendix 4. Matrix with examples from the analysis

Meaning units	Condensed meaning units	Codes	Sub-categories	Categories
<i>Spirituality is strength for her, for by, if she 's alone she is nothing but by the strength that 's given from god she could achieve things, do things, that 's what spirituality means</i>	Spirituality means strength from God to achieve things.	Spirituality is strength from God	Importance of spirituality	Nurses' view on spirituality and spiritual care
<i>They would do this, tell this, there is an English saying it's in the bible [...] she would tend his wound but only god can do the healing, they would help them to whatever ease the pain but only god is the has the power to heal, not them</i>	She would explain to the patients that she can ease the pain but only God has the power to heal.	Can provide care but only God can heal		
<i>She doesn't force the patients to have faith everything but she would definitely try to explain like you know what she said before who our god is and what he is capable of doing and she could only explain that so far but she wouldn't force the patient to have faith in him in situations</i>	Doesn't force the patients to have faith but explains who God is and what he is capable of doing.	Telling about God without forcing patients	Respecting patients' spirituality and spiritual needs	
<i>Whenever the patients come in to this hospital then she would pray for them, support them and encourage them and explain about god who he is that what he can do</i>	Pray, support and encourage patients at the hospital.	Giving support, encourage and pray for patients.	Spiritual activities initiated by nurses	Nurses' experiences of spiritual care
<i>For the Christians patients they would play some sort of music, hymns, or even some preaching but softly right beside the patients and it would just help them to calm down</i>	Playing music, hymns or preaching for the Christian patients to help them calm down.	Playing music, hymns or preaching for the Christian patients to help them calm down.	Helping patients to perform spiritual activities	