

PRACTICES USED BY PEOPLE OF JUDEO-CHRISTIAN  
RELIGION TO RELATE TO GOD

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We hereby recommend that the \_\_\_\_\_ thesis \_\_\_\_\_ prepared under  
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## DEDICATION

This study is dedicated to the nurses of the Oncology Unit of Deaconess Hospital, St. Louis, Missouri, and the faculty of the Deaconess Hospital School of Nursing. Without the encouragement and stimulation of these coworkers and the loving support of my husband, this thesis could not have been completed.

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## CHAPTER 1

### INTRODUCTION

Cultural anthropologists have discovered some evidences of religion in all societies which have been studied (Hammond, 1964; Pentikainen, 1977). These findings indicate an apparently universal seeking by humanity for knowledge of and/or a relationship with a higher being. At one time the World Health Organization (cited in King, 1971) definition of health was:

Health encompasses the whole man--his total fitness for living; man, in a state of physical, emotional, spiritual, and social well-being, not merely the absence of disease. (p. 72)

However, the 1978 World Health Organization Constitution stated, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (p. 1). The spiritual component was no longer specified.

In nursing literature, clients are discussed as being holistic, the embodiment of physical, psychological, and sociocultural dimensions. The spiritual dimension, if it is identified, is categorized within the psychological or sociocultural dimensions. Being addressed as a subcategory, the spiritual dimension is

frequently not clearly delineated in the literature; and its importance within individuals and, hence, its relevance for nursing attention, is minimized.

Assuming the spiritual component is a legitimate dimension of holistic Man, then an investigation of the practices which individuals utilize within their spiritual dimension would be helpful to the nurse in approaching the spiritual dimensions of patients. Aware of the practices that individuals find spiritually meaningful, nurses could begin identifying relevant nursing diagnoses and nursing interventions which speak to the spiritual dimension of Man. A clearer definition of practices of people for whom the spiritual dimension is significant would provide this information. In times of crises, such as during hospitalization, a person's perception of God may become altered. The evaluation of practices in nonhospitalized individuals may provide valuable information that nurses could transfer to providing care for the health care client.

#### Statement of the Problem

The specific questions identified for study were:

What practices and what differences in practices do Catholics, Protestants, and Jews find meaningful in



establishing or maintaining a relationship with God?  
How do Catholics, Protestants, and Jews perceive a  
nurse as assisting them in establishing or maintain-  
ing a relationship with God?

### Justification of the Problem

Much nursing and health care literature addresses holistic care, but only in a few articles and books is the spiritual dimension of Man specifically mentioned. Evans (1979) discussed the need for holistic care by applying the conceptual framework of "depleted health potential" to nursing assessment. However, the spiritual dimension of Man was not identified in the nine criteria describing "depleted health potential."

In the literature, discussions relating the nurse to the spiritual dimension of the patient may be about either (a) knowing and respecting religious beliefs and practices of the patient, (b) being supportive to the patient through good communication and counseling skills, or (c) intervening through reading religious literature or praying with the patient.

Byrne and Thompson (1978) and Murray and Zentner (1979) authored books used in many schools of nursing. These books include sections discussing different tenets

and practices of various religions. These sections are helpful in directing nurses to learn and respect religious beliefs; however, neither book gives direction for nursing interventions for spiritual needs.

Several writers do give direction, however, for interventions in spiritual needs. Dickinson (1975) suggested empathy and nonjudgmental understanding; McGreevy and Van Heukelem (1976) suggested encouraging verbalization; and Gruendemann (1973) suggested listening. A few writers recommended interventions specifically spiritual in nature. These interventions include reading to patients from religious books or scripture (Paige & Looney, 1977; Shannon, 1980) and praying with the patient (Carson, 1980; Shannon, 1980).

Although there are articles encouraging spiritual interventions, there is a scarcity of articles from the patient's point of view as to what would be helpful spiritual interventions. There also is a scarcity of articles describing research that identifies what people, in or out of the health care system, find helpful in meeting their spiritual needs. Identification of practices used by individuals to establish and/or maintain a relationship with God would provide

the nurse with interventions which would be appropriate for patients. Practices which are common to Catholics, Protestants, and Jews for the Judeo-Christian religion would be appropriate for the nurse to utilize when working with these patients. As a result, after assessing and diagnosing a spiritual need in a patient, the nurse would have interventions available which would be appropriate to a large number of patients and which would not be a reflection of the nurse's specific religious affiliation.

#### Theoretical Framework

The theoretical framework for this study was the axiomatic form of theory (Reynolds, 1971) developed by Stallwood and Stoll (1975). There are three basic concepts to the theory: (a) the nature of Man, (b) the nature of the relationship between Man and God, and (c) a concept of growth.

The nature of the individual being, Man, relates to three components. The first, the biologic component, is the component through which the individual is aware of and responds to the environment. Through the utilization of the sensory system of the body, the individual determines and interacts with the external world.

Stallwood and Stoll conceived this component as the outermost of three concentric circles. The second component is psychosocial, the individual's consciousness of self which is achieved through four mechanisms: (a) the intellect or thought processes; (b) emotions or feelings, likes versus dislikes; (c) the will or the power to choose; and (d) the moral sense or the sense of right versus wrong, ought versus ought not. The core of the individual is conceived as the spirit or God-consciousness. Conceptually, the spirit is the innermost of the three concentric circles representing the nature of Man. Spirit, as the core of the individual, can be expressed through the psychosocial and/or the biological components of the being. Disturbance in the God-consciousness will affect the psychosocial and the biological components of the individual. Also, illness in the biologic component can affect thoughts, feelings, will, and moral sense, which then may affect God-consciousness.

The second concept of the theory identifies the relationship between Man and God. Stallwood and Stoll indicated this relationship as having five components: (a) forgiveness--from God, self, and others;

(b) love--not conditional, not based upon what the individual has or has not done, will or will not do, but "in spite of" those actions, from God, self, and others; (c) hope; (d) trust--faith in someone outside of self; and (e) meaning and purpose in life. Individuals seek to achieve these within their lives as they establish and maintain their relationships with God.

Stallwood and Stoll conceived growth, the third concept, as increased openness and expression of positive spirit responses to negative and positive life experiences. Through this concept of growth, they illustrated the relationship between spirit and the other two components of the nature of the individual. Life experiences can evoke biologic responses and/or responses of the intellect, emotions, will, or moral sense. Thus, disruption in the biologic or psychosocial components may penetrate to the core or spirit of the individual and evoke increased God-consciousness. Stallwood and Stoll indicated that when life events are crises, the penetration to spirit may be deep. The reverse can also occur. Disturbance in spirit can evoke responses from the biologic and the psychosocial

components and may result in illness and/or confrontation with the individual's value system. If the experience causes the individual to question the value system, religious and spiritual resources may also be questioned, penetrating the core of the individual.

A prediction based upon this theory is that the nurse can assist the individual in identifying spiritual needs and resources. According to Stallwood and Stoll, some interventions which may be used are: therapeutic communication skills, praying for and with the client, reading scripture or literature which the client or the nurse has identified as being relevant, and contacting the spiritual advisor who is significant to the client. Although Stallwood and Stoll identified these responses as assisting the individual, there is a dearth of research to support their prediction that these practices are indeed the spiritual resources that individuals find helpful in response to their penetrated God-consciousness. In this study, spirit and God-consciousness were contemplated as the spiritual dimension of Man. Responses to God-consciousness are defined as practices the individual utilizes in establishing or maintaining a relationship

between Man and God and this study attempted to identify practices individuals found helpful in establishing and maintaining a relationship with God.

### Assumptions

For the purposes of this study, the following assumptions were made:

1. The spiritual dimension of Man is as significant as the biological and the psychosocial dimensions.
2. It is possible to establish and maintain a personal relationship between the spirit of the individual and God.
3. There are practices utilized by people of various religious affiliations which are helpful to them in establishing or maintaining a relationship with God.
4. Spiritually meaningful practices can be identified by individuals who use them.

### Research Questions

The research questions of this study were:

1. What are the practices which Catholics, Protestants, and Jews identify as being meaningful in establishing and/or maintaining a relationship with God?

2. Is there a difference in the practices identified by Catholics, Protestants, and Jews which are meaningful in establishing and/or maintaining a relationship with God?

3. Is a nurse someone who could help a hospitalized patient establish or maintain a relationship with God? Of those subjects who answer "yes," what nursing interventions do the Catholics, Protestants, and Jews identify as being helpful to a hospital patient in establishing or maintaining a relationship with God?

4. Is there a difference in the nursing interventions identified by Catholics, Protestants, and Jews which are helpful in establishing or maintaining a relationship with God?

5. Would the nurse's religious affiliation be important in deciding to accept or reject nursing intervention to help establish or maintain a relationship with God?

#### Definition of Terms

For the purposes of this study, the following definitions were employed:

1. God--a higher being as defined by the individual person, in the Judeo-Christian context.



2. Judeo-Christian religion--a system of defined beliefs and practices related to knowledge about God based upon the teaching within the Old Testament of the Bible, the Talmud, and the New Testament.

3. Practices--mental activities and/or overt behaviors which are related to establishing or maintaining a relationship with God.

4. Spiritual dimension of Man--need and desire for knowledge of and a relationship with God.

#### Limitations

The following may have limited the conclusions of the study:

1. There are wide variations of practices within the three branches of the Judeo-Christian religion.

2. The influence of socioeconomic status, sex, age, and education on the subjects, and the practices to establish and maintain a relationship with God, may have varied.

#### Summary

The purpose of this study was to determine what practices individuals in the three branches of the Judeo-Christian religion utilize to establish or

or maintain a relationship with God. According to the theory of Stallwood and Stoll (1975), when the God-consciousness of Man is penetrated, spiritual needs develop and resources to meet those needs include talking with a counselor, praying, reading religious literature, and talking with spiritual advisors. There is a lack of research to validate that these practices are indeed what individuals actually do in response to spiritual needs. This study investigated practices which can be utilized by individuals without requiring the presence of spiritual advisors or the clergy.

## CHAPTER 2

### REVIEW OF LITERATURE

Articles in health care literature that discuss the spiritual dimension of Man and helping patients meet spiritual needs can be classified in one of three categories. One category reviews the differences between religions and religious practices and encourages the nurse to respect the religious needs that patients may demonstrate. A second category of articles notes the chaplain as a member of the health team and encourages the nurse to work with the chaplain and other clergy as they minister to spiritual needs of patients. A third category of articles related to nurses meeting spiritual needs of patients. In this category, the authors encouraged the nurse to meet patients' spiritual needs through the use of general counseling techniques such as active listening. Other authors indicated that nurses should meet the patient's spiritual needs by reading scripture to them or by praying for them.

### Relationship of God to Man

Stallwood and Stoll (1975) discussed the relationship between God and Man in their second concept of their theory of the spiritual dimensions of nursing practice. These authors stated that the relationship between God and Man is based upon five components: forgiveness, love, hope, trust, and meaning and purpose in life. They indicated that if an individual does not perceive any one of these components, such as during a crisis, the individual will have difficulty maintaining a relationship with God and will experience a spiritual need.

Stallwood and Stoll gave suggestions for assessing if a spiritual need is present. Some behaviors which may indicate a spiritual need are fear, joking about Heaven, hell, death; expression of guilt, worthlessness; withdrawal and silence; anxiety and restlessness; and a request of "nurse, pray for me." Stallwood and Stoll suggested that a nurse can intervene when a patient has a spiritual need through one of three routes: as a counselor, using prayer, and using Scripture or religious literature. Through these interventions it may be possible to assist a patient to reestablish to maintain a relationship with God.

Differences in Religious  
Practices

Some nursing writers addressed the spiritual dimension of patients by focusing on the differences between formal religions. Byrne and Thompson (1978) stated that because religion is a structural variable of Man, nurses should be familiar with the prescribed practices of different religions that directly relate to health care. In seeming agreement, Murray and Zentner (1979) discussed the major tenets of the world religions, and provided a synopsis of different religious practices related to health care. In addition, the article, "Recognizing Your Patient's Spiritual Needs" (1975), devoted several pages to delineating religious practices not only of the major world religions, but also differing practices among denominations found in the United States. These descriptions of the formal tenets and practices give the nurse information about how these formal religions differ. Beyond calling upon a chaplain or other resource person, the articles did not, however, give the nurse direction for identifying spiritual needs or patients and appropriate nursing interventions.

Role of the Nurse in Identifying  
Spiritual Needs

The role of the chaplain in the health team is described in several articles and some direction is given to nurses regarding sensitivity to spiritual needs of patients. McGilloway and Donnelly (1977), in discussing the role of the chaplain, stated that the nurse must be aware to "appreciate the importance" of spiritual needs of patients at all times, not just when the patient is dying, being born, considering sterilization, or transplantation. McGilloway and Donnelly indicated that spiritual needs also are present for the "ordinary ill person." As these authors stated, nurses do need to consider spiritual needs of patients because nurses are instrumental in obtaining a chaplain in times of crisis and in times of more covert needs. Travelbee (1971), however, reflected that "there is probably not a single function of nursing that is not shared to some extent or degree by other health workers" (p. 22). Thus, although the spiritual dimension is primarily the responsibility of the chaplain, nurses should also share this responsibility.

Carey (1974) surveyed terminally ill patients to determine their sources of help. Of the four sources cited, religious faith was cited most frequently. Carey utilized an emotional adjustment scale and a revision of Allport's (cited in Carey, 1974) religious orientation scale. Carey found that formal religious affiliation of the patient was of lesser importance than the quality of the patient's religious orientation in predicting positive emotional adjustment to dying. Carey, a priest, indicated that the role of the nurse in meeting spiritual needs becomes more important for patients who do not have close relatives and/or who do not have a close relationship with a physician or the local clergy. Carey indicated that nurses are especially important when pastoral care is inadequate or unavailable, such as at night or at times of crisis and depression.

Hubert (1963) indicated that nurses not only have a role in identifying spiritual needs, but also they must be taught to do this. Hubert stated that nursing students should be taught to understand basic spiritual needs of patients just as the student is taught basic physical, social, and psychological needs of patients.

Piepgras (1968) questioned if diagnosing and intervening regarding spiritual needs are beyond the scope of nursing and if spiritual needs should be left to the clergy. However, Piepgras stated that even though a nurse may belong to a different organized religious group than the patient, so long as the nurse is deeply committed to a personal relationship with a higher being, then the nurse will be able to grasp spiritual needs in a patient.

Carey (1974), Hubert (1963), McGilloway and Donnelly (1977), Piepgras (1968), and Travelbee (1971) all discussed the need for nurses to be aware of the spiritual dimension of patients and place the identification of spiritual needs within the scope of nursing. Hubert (1963) stressed the importance of teaching nurses to identify spiritual needs. The other authors cited noted the importance of the chaplain, but they all indicated that nurses should have a role in identifying when a spiritual need exists and when a chaplain should be called.

#### Role of the Nurse in Meeting Spiritual Needs of Patients

Some writers referred to the need for nurses to intervene with patients with spiritual needs; however,



the nursing actions they suggested focus upon counseling more than spiritual sensitivity. Dickinson (1975) and Proulx (1975) stated that the nurse must have self-awareness and good communication skills before intervening in spiritual needs with empathy and nonjudgmental understanding. McGreevy and Van Heukelem (1976) stated spiritual needs may be expressed through crying, fear, worthlessness, and guilt. These authors suggested that nursing interventions should encourage the crying and verbalization. Similarly, Gruendemann (1973) indicated that total patient care involves assisting the patient to maintain feelings of worth. However, nurses many times do not have time for listening, and Gruendemann recommended that the chaplain be utilized for listening. She stated that the nurse's role is treating the whole person with humanness regardless of religious affiliation.

Simone (1971) stressed the need for a strong nurse-patient relationship to help a patient be at home with aloneness with himself and aloneness with God. Simone stated that a strong nurse-patient relationship would help the patient believe in the continuing presence of God and enhance the patient's self-image, enabling him

to face life or death with inner peace, security, and strength.

Fichter (1980) sent three questionnaires to one-half of the hospitals listed in the 1978 Official Catholic Directory; 325 (92.3%) of the hospitals responded. The first hypothesis being tested was "the more religious a person is or has been, the more likely the person will turn to God in times of serious illness." The health professionals (nurses and chaplains) who responded tended to confirm this. The second hypothesis, "strong religious faith helps a patient to endure pain" was not confirmed. Fichter noted that the respondents were not a representative sample of Catholic hospital personnel and that all responses were subjective. Fichter also noted that respondents indicated that sickness and suffering drive some people away from God.

There are several suggestions in the literature for interventions which are specific to spiritual versus psychological and emotional needs. Such interventions are for the nurse to suggest private meditation or prayer to the patient ("Recognizing Your Patient's Spiritual Needs," 1975); reading scripture or reciting

the 23rd Psalm and the Lord's Prayer (Gray, 1973); offering to read the patient's favorite meditation booklet, being present when anointing services are conducted by the chaplain (Paige & Looney, 1977); arranging for solitude or privacy for prayer, meditation or other practices, and being open to cues that indicate a desire to discuss spiritual concerns (Ellis, 1980). Shannon (1980) repeated several of the interventions suggested by other authors, including praying with the patient, reading to the patient from religious books, and allowing the patient to meditate.

Carson and Huss (1979) described a pilot study in which selected scripture readings and prayer plus "spiritual aspects of support, empathy, and nonjudgmental understanding" (p. 36) were used by nursing students when caring for chronic schizophrenics. After 10 weeks, although the students subjectively reported no behavioral changes in their patients, the researchers found (via pretests and posttests) that some behavior changes had occurred in the patients, generally toward being less inappropriate and more articulate. The prayers and scripture had focused on God's love and concern for individuals and the worth of each individual to God.

Carson (1980) described a study in which group prayer was conducted in a chronic psychiatric ward. The chronically ill patients demonstrated some positive behavioral changes and increased participation in reading the prayer. Carson (1980) concluded that "praying enhances hopefulness by reducing the sense of being alone and abandoned" (p. 18) experienced by the chronic schizophrenic patients studied.

In a book regarding spiritual care by nurses, Fish and Shelly (1978) discussed three primary interventions: the use of self, the use of prayer, and the use of scripture. These authors devoted a chapter to discussing each of these interventions. Fish and Shelly stated that the use of self includes skills such as listening, empathy, and commitment. Praying for and with a patient, the authors indicated, may help a patient who is overwhelmed by his present situation and cannot perceive love and concern of people or of God. Hearing others express the patient's needs in prayer can assure the patient that people are aware and that he/she is not alone. These authors directed that if the nurse is to pray, it is important to consider the type of prayers which have been meaningful to

the patient in the past and to pray as the patient would pray if he/she were able. In the chapter on scripture, Fish and Shelly cautioned nurses to share in response to needs expressed by the patient and not in response to needs of the nurse. The two chapters relating to prayer and scripture each contained several case examples of these interventions being used; however, the interventions have not been empirically tested.

#### Summary

In conclusion, the nursing literature reflects a need for nurses to become more familiar with and comfortable in assessing, diagnosing, and intervening in the spiritual dimension of the patient. Formal religious practices were delineated in the article "Recognizing Your Patient's Spiritual Needs" (1975), and by Byrne and Thompson (1978), as well as by Murray and Zentner (1979). In addition to knowing and respecting various religious practices, nurses are encouraged by other authors, Piepgras (1968) and McGilloway and Donnelly (1977), to be sensitive to spiritual needs and to utilize chaplains to meet spiritual needs of patients. Hubert (1963) indicated nurses would not be sensitive to spiritual needs unless they were taught how to identify

spiritual needs in patients. Other authors, Dickinson (1975), Gruendemann (1973), McGreevy and Van Heukelem (1976), Proulx (1975), and Simone (1971) indicated nurses could identify and meet spiritual needs of patients if the nurse had good communication skills and was psychologically supportive to the patient. Interventions more specific to spiritual needs were discussed by Carson and Huss (1979), Ellis (1980), Fish and Shelly (1978), Gray (1973), Paige & Looney (1977), Shannon (1980), and Stallwood and Stoll (1975).

There was only a scant number of articles (Carey, 1974; Carson, 1980; Carson & Huss, 1979) which reflected research into spiritual needs and spiritual interventions. Research delineating what the patient perceives as helpful interventions in meeting spiritual needs was not available.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Polit and Hungler (1978) stated that exploratory research focuses on factors which may influence, affect, cause, or relate to a phenomenon. This explorative study was designed to identify and compare the practices perceived by individuals as influencing and affecting the establishment and/or maintenance of a relationship with God.

#### Setting

The agencies utilized for the collection of data were located in a metropolitan area in the central part of the United States. The agencies initially selected were five Catholic churches, five Jewish synagogues, and five Protestant churches randomly chosen from the city Yellow Pages of the telephone company. Selection was made utilizing a table of random numbers. The priest of the first Catholic church agreed to participate in the study. The rabbi of the first Jewish synagogue selected initially agreed to participate, but

later withdrew before subjects were approached. The rabbi of the second Jewish synagogue, an Orthodox synagogue, agreed to participate. The minister of the first Protestant church, a Pentacostal church, agreed to participate. Each agency leader stated that his church or synagogue could provide at least 30 subjects. Therefore, the additional agencies were not contacted.

The priest, rabbi, or minister was requested to choose the setting (such as meeting room or classroom) which would be appropriate within that agency for approaching the subjects and administering the questionnaire. The agency leader was also given the option of choosing the date and time. The Catholic subjects completed the questionnaire in a large meeting room of the church basement, in November 1981, on a Tuesday evening. The setting was a monthly business meeting. The Protestant subjects completed the questionnaire in the auditorium of the church, on a Saturday night, in February 1982. The setting was a weekly class. The Jewish subjects completed the questionnaire in an auditorium within the synagogue, in March 1982, on a Wednesday afternoon. The setting was a monthly luncheon meeting.



### Population and Sample

The population consisted of all individuals, 18 years of age or older, who attended the randomly selected agency at the time the study was conducted. A convenience sample was obtained within the agency and consisted of the subjects who agreed to participate and complete the questionnaire. A minimum of 30 subjects was obtained from each of the three groups: Catholic, Protestant, and Jewish.

Incomplete questionnaires were discarded. Of the 40 questionnaires returned by the Catholic subjects, one was rejected because the final page was not completed. None of the 50 questionnaires from the Protestant group was discarded. Three of the 30 Jewish questionnaires were rejected because they were incomplete. Of the remaining 116 questionnaires, occasional items were not answered. However, no pages were left blank. These questionnaires were not considered incomplete and were not rejected. Therefore, the final sample included 39 questionnaires from Catholic subjects, 50 from Protestant subjects, and 27 from Jewish subjects.

### Protection of Human Subjects

The human rights of the subjects agreeing to participate in this study were protected by the following measures:

1. Permission to conduct the study was secured from the Human Subjects Review Committee of the Texas Woman's University (Appendix A).

2. Written permission to conduct the study was received from the graduate school (Appendix B).

3. Permission to conduct the study was secured from the priest, rabbi, or minister of each agency in which the study was conducted (Appendix C).

4. Oral and written presentations regarding the completion of the questionnaire and the utilization of the questionnaires were given to the subjects and questions from the subjects were answered (Appendix D).

5. The names of the agency and the subjects did not appear on the questionnaires and were not identified in the study.

6. A subject's decision not to participate in the study or not to complete the questionnaire was respected.

7. Subjects were told they could withdraw from the study at any time, and that a questionnaire that was not complete would be discarded.

8. Subjects were informed that return of a completed questionnaire constituted informed consent to act as a subject in this research.

### Instrument

The instrument utilized in this study was a closed-ended questionnaire developed by the researcher with space available after each part for an optional open-ended response (Appendix E). The questionnaire had 19 items and was reviewed by a five-member panel of experts for content validity. The panel consisted of three clergymen (one Catholic, one Jewish, and one Protestant) and two nurses (one Catholic and one Jewish). Each reviewed the questionnaire and wrote comments. Panel members were verbally requested to evaluate if the:

- (a) terminology was appropriate, (b) questions were clear in meaning, (c) questions identified practices which were realistic and appropriate, and (d) questionnaire had deficiencies and did not fully cover areas which should be included. The panel members included additional suggestions and reactions to the questionnaire.

Suggestions by one panel member for deleting, rewording, or adding an item were reviewed by the other members. A change or addition was implemented when three of the five panel members concurred. The final form of the questionnaire had 23 items in four parts: (a) reading of religious literature--5 items; (b) praying alone and with others--7 items; (c) assistance from other people--4 items; and (d) assistance from a nurse--4 items. Scoring was with a checkmark (✓) indicating if the item was either "helpful or meaningful" or was "not helpful or not meaningful." The final form of the questionnaire is shown in Appendix F. Tests for reliability were not conducted. Each item was used to answer the research questions.

#### Data Collection

Subjects were seated in the designated area and each subject was given a copy of the questionnaire. The Catholic subjects, attending a monthly business meeting, were seated in a large meeting room of the church basement. The president of the group conducted the business meeting for approximately 15 minutes before introducing the researcher. The Protestant subjects, attending a weekly class, were seated in the church

sanctuary. The researcher was introduced by the minister before the class began. The Jewish subjects, attending a luncheon meeting, were seated in a large auditorium around a U-shaped table. As the subjects were finishing the meal, the president of the group introduced the researcher.\*

The verbal instructions were read to the subjects and the questionnaires were distributed. An offer was made to answer any questions. After answering questions from the subjects, the subjects were instructed to read the instructions on the first page of the questionnaire; then another offer to answer questions was made. The subjects were thanked as a group for their cooperation and for their time and then they were allowed to complete the questionnaires.

As the subjects were completing the questionnaire, two or three subjects in both the Protestant group and the Jewish group had individual questions which were answered. A clarification asked by individuals in both groups was what to check if the practice is sometimes helpful, but not always helpful. Subjects were instructed

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\*Four office workers also volunteered to complete questionnaires.

that if the practice had ever been helpful, to check "helpful." One Protestant subject questioned the phrase "silent prayer" saying that there is no such thing because God hears all prayer, so none are silent. The researcher clarified by saying silent prayer meant not spoken aloud. The subject did not seem accepting of the clarification and the researcher instructed him to put his answer in words in the open ended section if he preferred. There were no questions asked by the Catholic subjects. The questionnaires were collected by the researcher as they were completed. After collecting the questionnaires, the researcher left the agency.

#### Treatment of Data

Frequency of response and the chi-square statistic were utilized in this study. According to Polit and Hungler (1978),

the chi-square statistic is used when we have categories of data and hypotheses concerning the proportion of cases which fall into the various categories. (p. 559)

The research questions (hypotheses) in this study are concerned with the categories of Catholic, Protestant, and Jew and the proportion of each that identified a

specific religious practice as helpful in establishing or maintaining a relationship with God. In this study, each item on the questionnaire was considered a category and chi-square was calculated for each item. The chi-square statistic indicates if there is a statistically significant difference to the .05 level in the way the three groups rated each item.

## CHAPTER 4

### ANALYSIS OF DATA

To obtain data regarding how people maintain a relationship with God and meet spiritual needs, a total of 116 questionnaires were completed. Section I queried 16 practices related to reading, praying, and the assistance of others in helping establish or maintain a relationship with God. In Section II, subjects who had had contact with nurses in a clinical setting were asked to identify if they believed a nurse could be helpful to them in their relationship with God. If they did believe a nurse could be helpful, they were asked to rate five nursing interventions relating to spiritual needs. The final item asked the subjects if the nurse's religious affiliation would be important in deciding to accept or reject nursing intervention in spiritual needs. No demographic information was obtained from the subjects, therefore, the sample cannot be described. This chapter will outline the findings of the study.

#### Findings

The findings of the study will be discussed for each item on the questionnaire as answers to each research



question. The total number of responses per item may vary depending upon the number of persons answering the item.

#### Research Question 1

Research Question 1 stated: What are the practices which Catholics, Protestants, and Jews identify as being meaningful in establishing and/or maintaining a relationship with God? Frequency of response is reported for each item.

Category 1: Religious literature. The first category in Section I on the questionnaire contained five items related to reading and discussing religious printed literature. Table 1 indicates the number and percentage of subjects in each of the three groups that identified these practices as helpful or as not helpful in relating to God.

Thirty-one of the 39 Catholic subjects responded to the first item, "reading from the Bible by yourself." Twenty-one (68%) identified the practice as helpful and 10 (32%) as not helpful. In contrast in the Protestant group, 48 (98%) of the 49 respondents identified the practice as helpful. In the Jewish group, 23 (92%) of

Table 1  
Number and Percentage of Subjects Utilizing Religious  
Literature to Establish or Maintain a  
Relationship with God

Item	Catholics			Protestants			Jews			Total Number of Responses
	Helpful	Not Helpful <u>n</u> = 39	Total Responses	Helpful	Not Helpful <u>n</u> = 50	Total Responses	Helpful	Not Helpful <u>n</u> = 27	Total Responses	
Reading Bible alone	21 (68%)	10 (32%)	31	48 (98%)	1 (2%)	49	23 (92%)	2 (8%)	25	105
Reading Bible with others	18 (56%)	14 (44%)	32	48 (96%)	2 (4%)	50	20 (83%)	4 (17%)	24	106
Discussing Bible with others	21 (66%)	11 (34%)	32	50 (100%)	0 (0%)	50	23 (96%)	1 (4%)	24	106
Reading de- nomination literature	22 (71%)	9 (29%)	31	45 (92%)	4 (8%)	49	20 (87%)	3 (13%)	23	103
Reading other re- ligious literature	29 (83%)	6 (17%)	35	45 (92%)	4 (8%)	49	21 (88%)	3 (13%)	24	108

25 subjects identified the practice as helpful. The percentage of Protestants and Jews that identified the practice as helpful was greater than the percentage of Catholic respondents.

On the second item, "reading from the Bible with others," 48 (96%) of the Protestant respondents checked this practice as helpful. Twenty (38%) of the Jewish subjects indicated it was helpful, and only 18 (56%) of the Catholics checked it as helpful. These percentages are lower for all three groups than the percentages for reading the Bible alone.

"Discussing the Bible passages with others," the third item, was judged helpful by all 50 (100%) of the Protestant subjects and by 23 (96%) of the Jewish subjects. Only 21 (66%) of the Catholic subjects considered this practice helpful. Again, the percentage of Catholic subjects indicated that discussing the Bible with others as helpful was lower than for the Protestants or Jewish subjects.

The last two items in this category related to non-Biblical religious literature. "Reading from religious writings of people of your religious group or denomination" was rated helpful by 45 (92%) of the Protestant

subjects. Twenty or 87% of the Jewish subjects and 22 (71%) of the Catholic subjects rated the practice as helpful.

The last item, "reading religious books, magazines, and/or religious newspapers," was identified as being helpful by 45 (92%) of the Protestant subjects, 21 (88%) of the Jewish subjects, and 29 (83%) of the Catholic subjects.

In conclusion, all five of the items related to practices involving written materials were rated as helpful by at least 56% of the subjects in each of the three groups, indicating that for the majority of these subjects these practices are meaningful in establishing and/or maintaining a relationship with God. Ninety-two to 100% of Protestants rated all five of these practices helpful, a percentage greater than in the other two groups. Eighty-three to 92% of the Jewish subjects rated these five practices as helpful. However, less Catholic subjects rated each of these five practices as helpful, with percentages ranging from 56% to 83%.

Category 2: Prayer. The second category on the questionnaire related to prayer, and contained seven

items (Table 2). Subjects in all three groups indicated that praying silently, in their own words, were very meaningful and helpful. All of the Catholic and all of the Jewish subjects, and all except two of the Protestant subjects, rated this practice as helpful. A comment written on one of the questionnaires where the subject rated this practice "not helpful" indicated that because all prayer is heard by God, there is no such thing as "silent prayer."

Response to the next item, "praying silently to God using written or memorized prayers," was very different from the response to praying using one's own words. Here 36 (95%) of the Catholic subjects indicated that this practice was helpful. However, 11 (69%) of the Jewish subjects and only 7 (14%) of the Protestant subjects indicated it was helpful.

The next five items relate to praying aloud. "Praying aloud when with your religious leader," and "praying aloud to God when a group of people of your faith is listening and praying with you," were rated similarly by the three groups. Eighty-five percent to 91% of all the subjects rated prayer with their religious leader as helpful and 84% to 94% of the

Table 2  
Number and Percentage of Subjects Utilizing Prayer to  
Establish or Maintain a Relationship with God

Item	Catholics			Protestants			Jews			Total Number of Responses
	Helpful	Not Helpful <u>n</u> = 39	Total Responses	Helpful	Not Helpful <u>n</u> = 50	Total Responses	Helpful	Not Helpful <u>n</u> = 27	Total Responses	
Praying silently using your own words	37 (100%)	0 (0%)	37	48 (96%)	2 (4%)	50	25 (100%)	0 (0%)	25	112
Silently using written or memorized prayers	36 (95%)	2 (5%)	38	7 (14%)	42 (86%)	49	11 (69%)	5 (31%)	16	103
Praying aloud with your re- ligious leader	31 (91%)	3 (9%)	34	44 (90%)	5 (10%)	49	23 (85%)	4 (15%)	27	110
Aloud with a group of your faith present	29 (85%)	5 (15%)	34	46 (94%)	3 (6%)	49	21 (84%)	4 (16%)	25	108
Praying aloud when you are alone	31 (84%)	6 (16%)	37	48 (98%)	1 (2%)	49	16 (64%)	9 (36%)	25	111
Praying aloud with one or two others present	22 (65%)	12 (35%)	34	46 (94%)	3 (6%)	49	12 (48%)	13 (52%)	25	108
Aloud when people not of your faith can hear	10 (33%)	20 (67%)	30	35 (73%)	13 (27%)	48	8 (33%)	16 (67%)	24	102

subjects rated praying when with others of the same faith as helpful.

There was more variation in the responses to the remaining three items. "Praying aloud to God when you are alone" was rated helpful by only 16 (64%) of the Jewish subjects. However, 48 (98%) of the Protestant subjects rated it as helpful. The Catholic subjects were between these, with 31 (84%) of the subjects indicating praying aloud when alone as helpful.

The differences between the three groups were even greater for the item, "praying aloud to God when one or two others are listening and praying with you." Forty-six (94%) of the Protestants considered this practice as helpful, but 22 (65%) of the Catholics and only 12 (48%) of the Jewish subjects rated this as helpful. Thirty-four Catholic subjects responded to the two items, "praying aloud with one or two people present" and "praying aloud with a group present," but 85% rated praying with the group as helpful and only 65% rated praying with one or two present as helpful. Similarly, there were 25 Jewish respondents to these two items, and 84% rated prayer with the group as helpful and only 48% rated prayer with one or two present as helpful.

There was a negative response to the next practice, "praying aloud when people not of your faith are in the vicinity and may overhear you." Only 10 (33%) of the Catholics and 8 (33%) of the Jewish subjects rated this practice as helpful. But, 35 (73%) of the Protestant subjects checked that this practice was helpful to them.

In conclusion, 84% or more of the Catholic subjects rated five of the seven practices relating to prayer as being helpful to them in their relationship with God. Only 65% rated "praying aloud with one or two others present" as helpful and only 33% identified the practice "praying aloud when people not of your faith are in the vicinity and may overhear you," as helpful to them.

Among the Protestant subjects, at least 90% rated five of the seven practices of prayer as helpful. The percentage that responded helpful to the other two practices was considerably lower. Seventy-three percent considered "praying aloud when people not of your faith are in the vicinity and may overhear you" as a helpful practice. However, only 14% checked "praying silently to God using written or memorized prayers" as helpful.



In the Jewish group, compared to the other two groups, there were more variations in the way they responded to the seven items relating to prayer. Like the Catholic subjects, only 33% noted the practice "praying aloud when people not of your faith are in the vicinity and may overhear you" as helpful. Sixty-four percent and 67% respectively responded that "praying aloud when you are alone" and "praying silently using written or memorized prayers" were helpful. Percentages increased with "praying aloud with a group of your faith present" and "praying aloud with your religious leader" from 84% to 85% respectively. Percentage increased further when 100% of the Jewish subjects rated "praying silently using your own words" as helpful. Thus, there was a positive response from these Jewish subjects to five of the seven practices involving prayer.

Category 3: Assistance from others. The third category of Section I contained four items related to spiritual support from people. The subjects were asked to rate activities of others as being helpful, or not, in establishing or maintaining their relationship with God (Table 3). The first item asked if it was spiritually supportive to have others "listen to me talk through my

Table 3

Number and Percentage of Subjects Utilizing the Assistance  
of Others to Establish or Maintain a  
Relationship with God

Item	Catholics			Protestants			Jews			Total Number of Responses
	Helpful	Not Helpful	Total Responses	Helpful	Not Helpful	Total Responses	Helpful	Not Helpful	Total Responses	
		<u>n</u> = 39			<u>n</u> = 50			<u>n</u> = 27		
Listening to my problems	33 (97%)	1 (3%)	34	47 (94%)	3 (6%)	50	19 (76%)	6 (24%)	25	109
Reading Bible passages to me	13 (41%)	19 (60%)	32	44 (88%)	6 (12%)	50	4 (20%)	16 (80%)	20	102
Praying with me	28 (78%)	8 (22%)	36	47 (98%)	1 (2%)	48	12 (5%)	11 (48%)	23	107
Praying for me when not with me	36 (95%)	2 (5%)	38	47 (94%)	3 (6%)	50	12 (48%)	13 (52%)	25	113

problems." Although only 19 (76%) of the Jewish subjects rated this as helpful, 47 (94%) of the Protestants and 33 (97%) of the Catholics rated it as helpful.

The second item received the most negative responses in this category. "Reading Bible passages to me" was rated as helpful by 44 (88%) of the Protestant subjects, but only 13 (41%) of the Catholic subjects and 4 (20%) of the Jewish subjects considered this practice helpful in their relationship with God.

For the third item, there was a 20% or more difference between each of the three groups. "Praying with me" was rated as helpful by 47 (98%) of the Protestant subjects. It was checked as helpful by 28 (78%) of the Catholic subjects and by only 12 (52%) of the Jewish subjects.

The fourth item, "saying prayers for me (when not with the person)" was checked as being helpful to 36 (95%) and 47 (94%) of the Catholic and Protestant subjects respectively. However, only 12 (48%) of the Jewish subjects identified this practice as being helpful.

In conclusion, the Protestant subjects rated each of these four practices regarding spiritual support from others as helpful more frequently than the other two

groups. The majority of the Catholics rated three of the practices as helpful, but only 41% considered "reading Bible passages to me" as helpful. Approximately 50% of the Jewish subjects rated the two practices involving prayer as helpful, but only 20% cited "reading Bible passages to me" as helpful. "Listening to me talk through my problems" was the only practice in this group for which 76% of the Jewish subjects rated helpful.

#### Research Question 2

Research Question 2 stated: Is there a difference in the practices identified by Catholics, Protestants, and Jews which are meaningful in establishing and/or maintaining a relationship with God? Data to answer this question were analyzed by the chi-square.

Category 1: Religious literature. The first category contained five items related to the use of religious printed materials. There was a significant difference in the way the three groups rated four of the five practices concerning reading material (Table 4). The first item, "reading from the Bible by myself," was significant ( $\chi^2 (2) = 16.59, p < .001$ ). The responses

Table 4  
Chi-square Values for Items Related  
to Use of Religious Literature

Item	$\chi^2$	p
Reading the Bible alone	16.50	<.001
Reading the Bible with others	20.22	<.001
Discussing Bible with others	24.59	<.001
Reading denomination literature	6.42	<.05
Reading other religious literature	1.56	>.05

Note. df = 2.

ranged from 98% of the Protestant subjects rating this practice as helpful, to 92% of the Jewish subjects rating it as helpful, to 68% of the Catholic subjects rating it as helpful.

"Reading from the Bible with others" was significant ( $\chi^2$  (2) = 20.22,  $p < .001$ ). As in the previous item, the percentage of Catholic subjects that rated this practice as helpful was lower than the other two groups. Fifty-six percent rated it as helpful. The percentage of Protestants and Jews that rated this practice as helpful was 96% and 83% respectively.

The third item, "discussing the Bible passages with others" was significant also ( $\chi^2$  (2) = 24.29,  $p < .001$ ). Sixty-six percent of the Catholic subjects rated this practice as helpful. Compared to the item about reading the Bible, this item regarding discussing the Bible was rated helpful by a higher percentage of Protestants (100%) and of Jewish subjects (96%).

Response to "reading from religious writings of people of your religious group or denomination" was statistically significant ( $\chi^2$  (2) = 6.42,  $p < .05$ ). The lowest percentage of positive responses was from the Catholic group (71%); more Protestant subjects (92%)

identified this practice as helpful than Jewish (87%) or Catholic subjects.

The chi-squared value for "reading religious books, magazines, and/or religious newspapers" was not significant ( $\chi^2$  (2) = 1.56,  $p > .05$ ). The percentage of responses varied from 92% of the Protestants rating this practice as helpful, through 88% of the Jewish subjects rating it as helpful, to 83% of the Catholic subjects rating it as helpful. The differences in the percentages of these three groups was not statistically significant because the responses were similarly positive in identifying this practice as helpful.

In conclusion, of the five practices related to utilizing religious literature, there was a significant difference ( $p < .001$ ) in the way the three groups rated three of the practices: "reading from the Bible by yourself," "reading from the Bible with others," and "discussing the Bible passages with others." Although all three groups rated the practices as helpful, fewer Catholic subjects did so in each of these three practices. In the fourth practice, "reading denomination literature," the difference was significant ( $p < .05$ ) with the percentage of responses varying from 92% to 71% of the subjects

rating the practice as helpful. There was no significant difference ( $p > .05$ ) in the responses from the subjects to the fifth practice, "reading religious books, magazines, and/or religious newspapers."

Category 2: Prayer. In the second category, there are seven items on the questionnaire related to the use of prayer in establishing or maintaining a relationship with God. The chi-square values for these seven items are found in Table 5. Virtually all subjects in the three groups indicated that praying silently, in their own words, was helpful (Catholics and Jews, 100%; Protestants, 96%). The difference between groups was not significant ( $\chi^2 (2) = 2.54, p > .05$ ).

Response to the next practice, "praying silently to God using written or memorized prayers" was very different from the response to praying using one's own words. There was a significant difference in the way the three groups responded ( $\chi^2 (2) = 57.61, p < .001$ ). Ninety-five percent of the Catholic subjects indicated that this practice was helpful. However, 69% of the Jewish group and only 14% of the Protestant group indicated that it was helpful.



Table 5  
Chi-square Values for Items  
Related to Prayer

Item	$\chi^2$	p
Praying silently using own words	2.54	>.05
Praying silently using written or memorized prayers	57.61	<.001
Praying aloud with your religious leader	2.26	>.05
Praying aloud when a group of your faith are present	2.26	>.05
Praying aloud when you are alone	15.65	<.001
Praying aloud with one or two others present	20.39	<.001
Praying aloud when people not of your faith may overhear	16.08	<.001

Note. df = 2.

The next five items related to praying aloud. Responses to two of these items were not significantly different between the three groups. "Praying aloud when with your religious leader" and "praying aloud to God when a group of people of your faith are listening and praying with you" both had  $\chi^2 (2) = 2.26, p > .05$ . The three groups rated these practices similarly. Eighty-five percent to 90% of all subjects rated prayer with their religious leader as helpful and 84% to 94% of all subjects rated praying when with others of the same faith as being helpful; thus, there was no difference among the groups rating these two practices as helpful.

The response to the remaining three items was significant. "Praying aloud to God when you are alone" was significant ( $\chi^2 (2) = 15.65, p < .001$ ). Less Jewish subjects (64%) rated this practice as helpful. However, 98% of the Protestant subjects rated it as helpful while 85% of the Catholic subjects indicated praying aloud when alone was helpful.

The response to "praying aloud to God when one or two others are listening and praying with you" was also significant ( $\chi^2 (2) = 20.39, p < .001$ ). Ninety-four

percent of the Protestants considered this practice as helpful, but 65% of the Catholics and only 48% of the Jewish subjects rated this practice as helpful.

There was also a statistically significant difference in the way the three groups rated the practice of "praying aloud when people not of your faith are in the vicinity and may overhear you" ( $\chi^2$  (2) = 16.08,  $p < .001$ ). Only 33% of the Catholics and 33% of the Jewish subjects rated this practice as helpful, while 73% of the Protestant subjects rated it as helpful.

In conclusion, of the seven practices involving prayer, three that were not significant because there was a similar positive response from the three groups were "praying silently using your own words," "praying aloud to God when with your religious leader," and "praying aloud to God when a group of people of your faith are listening and praying with you."

Four of the seven practices were significant. These practices were "praying silently to God using written or memorized prayers," and "praying aloud when alone, when with on two others, and when people not of your faith may overhear"; thus, indicating that Catholics, Protestants, and Jews view these practices differently.

Category 3: Assistance from others. The third category of items in Section I of the questionnaire contained four items. The subjects were asked to rate activities of others as being helpful or not in establishing or maintaining their relationships with God. There was a significant difference in the way the three groups rated each of these four practices (Table 6).

The chi-square value for "listening to me talk through my problems" was 8.68,  $p < .025$ . Ninety-seven percent of the Catholics and 94% of the Protestants rated this practice as helpful, but only 76% of the Jewish subjects rated this practice as helpful.

The other three practices had chi-square values indicating the differences were significant. "Reading Bible passages to me" ( $\chi^2 (2) = 34.7, p < .001$ ) was rated as helpful by 88% of the Protestant subjects, but only 41% of the Catholic subjects and 20% of the Jewish subjects considered this practice helpful in their relationships with God. "Saying prayers for me (when I was not with the person)" was significant ( $\chi^2 (2) = 31.18, p < .001$ ) with 95% and 94% of the Catholic and Protestant subjects respectively identifying it as being helpful. However, only 48% of the Jewish subjects

Table 6

Chi-square Values for Items Related  
to the Assistance of Others

Item	$\chi^2$	p
Listening to me talk through my problems	8.68	.025
Reading Bible passages to me	34.7	.001
Saying prayers for me (when I was not with the person)	31.18	.001
Praying with me	21.85	.001

Note. df = 2.

rated this practice as helpful. The final item, "praying with me" ( $\chi^2$  (2), 21.85,  $p < .001$ ) was rated helpful by 98% of the Protestant subjects, 78% of the Catholic subjects, and only 52% of the Jewish subjects. In conclusion, in the category questioning spiritual support others have given the subjects, all four practices were rated statistically different by the three groups.

### Research Question 3

Research Question 3 stated: Is a nurse someone who could help a hospitalized patient establish or maintain a relationship with God? Of those subjects who answer "yes," what nursing interventions did the Catholics, Protestants, and Jews identify as being helpful in establishing or maintaining a relationship with God?

In Section II of the questionnaire, subjects were asked to determine if they have had contact with nurses as the nurses were working, and if yes, to complete Section II. Three Catholic, 4 Protestants, and 3 Jewish subjects did not complete this section; therefore, 46 Protestants, 36 Catholics, and 24 Jewish subjects completed Section II.

In response to the question, "do you believe a nurse could be helpful to you in establishing or maintaining a relationship with God," 42 (91%) of 46 Protestant subjects, 26 (72%) of 36 Catholic subjects, and only 5 (21%) of 24 Jewish subjects checked "yes." Thus, there was a significant difference in how the three groups perceived a nurse as being able to help them in their relationship with God ( $\chi^2 (2) = 36.78$ ,  $p < .001$ ).

Those subjects who answered "yes" were requested to complete the next six items. The number of subjects answering the remaining items was 26 Catholics, 42 Protestants, and 5 Jewish subjects.

Five items questioned if the subjects would be helped in their relationship with God if a nurse did any of five nursing interventions specific for spiritual needs (Table 7). The first two interventions related to a nurse reading Bible passages to the subjects. When the passages have been chosen by the subjects, 36 (88%) of the Protestant subjects and 15 (75%) of the Catholic subjects indicated it would be helpful. Only 1 Jewish subject checked that it would be helpful and 2 checked that it would not be helpful. When the passages to be

Table 7

Number and Percentage of Subjects Rating Nursing Interventions to  
Assist Them to Establish or Maintain a Relationship with God

Item	Catholics			Protestants			Jews			Total Number of Responses
	Helpful	Not Helpful <u>n</u> = 26	Total Responses	Helpful	Not Helpful <u>n</u> = 42	Total Responses	Helpful	Not Helpful <u>n</u> = 5	Total Responses	
Having a nurse:										
Read to me Bible passages I have chosen	15 (75%)	5 (25%)	20	36 (88%)	5 (2%)	41	1 (33%)	2 (67%)	3	64
Read or recite passages of the nurse's choice	12 (55%)	10 (45%)	22	31 (78%)	9 (23%)	40	1 (25%)	3 (75%)	4	66
Listen to me talk through my problems	22 (92%)	2 (8%)	24	32 (80%)	8 (20%)	40	4 (100%)	0 (0%)	4	68
Pray with me at my bedside	20 (83%)	4 (17%)	24	37 (93%)	3 (8%)	40	1 (50%)	1 (50%)	2	66
Tell me that the nurse is praying for me (when not with me)	23 (96%)	1 (4%)	24	36 (92%)	3 (8%)	39	2 (67%)	1 (33%)	3	66



read were chosen by the nurse, the percentages dropped several points. Thirty-one or 78% of the Protestant subjects and 12 or 55% of the Catholic subjects rated this practice as helpful. Again, one Jewish subject checked that it would be helpful; however, three Jewish subjects checked that it would not be helpful.

The next intervention, having a nurse "listen to me talk through my problems" was rated as helpful by many of the subjects. Four of the Jewish subjects, 22 (92%) of the Catholics, and 32 (80%) of the Protestant subjects rated this practice as helpful. These Protestant subjects were less likely to find this intervention helpful compared to the other subject groups.

The final two interventions related to prayer. If a nurse were to pray with the subjects at their bedsides, 37 (93%) of the Protestants and 20 (83%) of the Catholics indicated this would be helpful to them. Only two Jewish subjects responded to the item; one checked it would be helpful and one checked it would not be helpful. If the subjects were told that the nurse would be praying for them when the nurse was away from the bedside, 23 (96%) of the Catholics and 36 (92%) of the Protestant subjects rated that this would be helpful. Three Jewish

subjects responded to this item and two rated the intervention as helpful and one rated it as not helpful.

In conclusion, more Protestant subjects rated the two interventions related to the reading of Bible passages as helpful than the other two groups. However, more subjects in all three groups responded positively to having the nurse read Bible passages of the subject's choosing rather than of the nurse's choice. Eighty-eight percent of the Protestants rated as helpful the practice of the nurse reading passages chosen by the subjects; 78% rated reading of passages chosen by the nurse as helpful. Seventy-five percent of the Catholic subjects rated having the nurse read passages chosen by the subjects themselves as helpful; this percentage dropped to 55% for the intervention of reading passages of the nurse's choosing. One Jewish subject rated each of these interventions as helpful; however, two rated reading Bible passages of the subjects' choice as not helpful. This increased to three "not helpful" votes for the nurse to read passages of the nurse's choosing. In general, the Jewish subjects responded negatively to both practices.

Of the two interventions related to prayer, more Jews and Catholics responded helpful to being told that the nurse would be praying for them (67% and 96% respectively) than having the nurse actually pray at the bedside (50% and 83% respectively). The Protestant subjects were more positive on both items, with 97% and 93% rating praying for me and praying at my bedside as helpful.

Of the five nursing interventions, the intervention "listen to me talk through my problems" is the only one which received no negative response from the Jewish subjects who responded. Also, it was rated as helpful by 92% of the Catholic subjects and 80% of the Protestant subjects.

#### Research Question 4

Research Question 4 stated: Is there a difference in the nursing interventions identified by Catholics, Protestants, and Jews which are helpful in establishing or maintaining a relationship with God? This data are reported using chi-square. Because of the small number of Jewish respondents, chi-square was calculated only for Catholic and Protestant responses.

There was no statistically significant difference in the way the two groups responded to both interventions involving reading of Bible passages (Table 8). Having a nurse read Bible passages chosen by the subject was not significant ( $\chi^2 (1) = 1.6, p > .05$ ) with 88% of the Protestant subjects and 75% of the Catholic subjects rating it as helpful. Similarly, having a nurse "read or recite Bible passages of the nurse's choice" was not significant ( $\chi^2 (1) = 3.57, p > .05$ ) with 78% of the Protestant subjects and 55% of the Catholic subjects checking it as helpful. One Jewish subject checked each of these practices as helpful.

The responses to the other three items were not significant. Subjects for the two groups tended to rate "listening to me talk through my problems" ( $\chi^2 (1) = 1.55, p > .05$ ), "praying with me at my bedside" ( $\chi^2 (1) = 1.29, p > .05$ ), and "telling me that the nurse is praying for me (when not with me)" ( $\chi^2 (1) = .305, p > .05$ ) as helpful practices. "Listening to me talk through my problems" was rated as helpful by 92% of the Catholic subjects and 80% of the Protestant subjects. The two practices involving prayer were rated as helpful by 83% to 96% of the subjects in the

Table 8  
Chi-square Values for Nursing Interventions  
for Spiritual Needs

Item	$\chi^2$	p
Having a nurse:		
Read to me Bible passages I have chosen	1.6	.05
Read or recite Bible passages of the nurse's choice	3.57	.05
Listen to me talk through my problems	1.55	.05
Pray with me at my bedside	1.29	.05
Tell me that the nurse is praying for me (when not with me)	.305	.05

Note. df = 1.

Catholic and the Protestant groups. There were only one or two subjects from the Jewish groups which rated these, in both helpful and not helpful categories.

In conclusion, the responses in Section II indicated that the Jewish subjects did not see a nurse as someone who could be helpful to them in establishing or maintaining a relationship with God. One subject indicated that her relationship with God was quite personal and that no one person, nurse or otherwise, could help. The majority of Protestant and Catholic subjects rated all of the practices as helpful in this section, except only 55% of the Catholic subjects rated reading of Bible passages of the nurse's choice as helpful.

#### Research Question 5

Research Question 5 stated: Would the nurse's religious affiliation be important in deciding to accept or reject nursing intervention to help establish or maintain a relationship with God? The data to answer this question were tested by chi-square for Catholic and Protestant responses.

The responses from the two groups were significantly different ( $\chi^2 (1) = 4.554, p < .05$ ). Nineteen (48%) of

the Protestant subjects ( $\underline{n} = 40$ ) and 5 (21%) of the Catholic subjects ( $\underline{n} = 24$ ) indicated that the nurse's affiliation would be important. Two Jewish subjects indicated the nurse's affiliation would be important and two checked it would not.

### Summary of Findings

Section I of the questionnaire asked subjects to rate as helpful or not helpful 16 practices which could be used to establish or maintain a relationship with God in the Judeo-Christian religion. Frequency of responses from the three groups--Protestant, Catholic, and Jewish--were tallied to answer Research Question 1: What are the practices which Catholics, Protestants, and Jews identify as being meaningful in establishing and/or maintaining a relationship with God? Chi-square was calculated for each practice to analyze the data to answer Research Question 2: Is there a difference in the practices identified by Catholics, Protestants, and Jews which are meaningful in establishing and/or maintaining a relationship with God.

There was no significant difference between the ratings of the three groups in 4 of the 16 practices. These practices with the number and percentage of

respondents that rated the practices as helpful (Research Question 1) and the chi-square (Research Question 2) were:

1. Reading religious books, magazines and/or religious newspapers: 29 (83%) Catholic, 45 (92%) Protestant, and 21 (88%) Jewish subjects;  $\chi^2 (2) = 1.56$ ,  $p > .05$ .

2. Praying silently to God in your own words: 37 (100%) Catholic, 48 (96%) Protestant, and 25 (100%) Jewish subjects;  $\chi^2 (2) = 2.54$ ,  $p > .05$ .

3. Praying aloud to God when with your religious leader: 31 (91%) Catholic, 44 (90%) Protestant, and 23 (85%) Jewish subjects;  $\chi^2 (2) = 2.26$ ,  $p > .05$ .

4. Praying aloud to God when a group of people of your faith are listening and praying with you: 29 (85%) Catholic, 46 (94%) Protestant, and 21 (84%) Jewish subjects;  $\chi^2 (2) = 2.26$ ,  $p > .05$ .

Of the remaining 12 items in Section I of the questionnaire, there was a statistically significant difference in the way the three groups rated each of these 12 practices. Four of these practices related to religious literature, four related to prayer, and four related to spiritual support received from others.



There was a significant difference in the way the three groups responded to four items related to religious literature. These four practices with the number and percentage of respondents that rated the item helpful (Research Question 1) and chi-square value (Research Question 2) were:

1. Reading from the Bible by yourself: 21 (68%) Catholic, 48 (98%) Protestant, and 23 (92%) Jewish subjects;  $\chi^2 (2) = 16.59, p < .001$ .

2. Reading from the Bible with others: 18 (56%) Catholic, 48 (96%) Protestant, and 20 (83%) Jewish subjects;  $\chi^2 (2) = 20.22, p < .001$ .

3. Discussing Bible passages with others: 21 (66%) Catholic, 50 (100%) Protestant, and 23 (96%) Jewish subjects;  $\chi^2 (2) = 24.59; p < .001$ .

4. Reading from religious writings of people of your religious group or denomination: 22 (71%) Catholic, 45 (92%) Protestant, and 23 (96%) Jewish subjects;  $\chi^2 (2) = 6.42, p < .05$ .

There was a significant difference in the way the three groups responded to four items related to prayer. These four practices with the number and percentage of respondents that rated the item helpful and chi-square

value were:

1. Praying silently using written or memorized prayers: 36 (95%) Catholic, 7 (14%) Protestant, and 11 (69%) Jewish subjects;  $\chi^2 (2) = 57.61, p < .001$ .

2. Praying aloud when you are alone: 31 (84%) Catholic, 48 (98%) Protestant, and 16 (64%) Jewish subjects;  $\chi^2 (2) = 15.65, p < .001$ .

3. Praying aloud when one or two others are listening and praying with you: 22 (65%) Catholic, 46 (94%) Protestant, and 12 (48%) Jewish subjects;  $\chi^2 (2) = 20.39, p < .001$ .

4. Praying aloud when people not of your faith are in the vicinity and may overhear you: 10 (33%) Catholic, 34 (73%) Protestant, and 8 (33%) Jewish subjects;  $\chi^2 (2) = 16.08, p < .001$ .

There was a significant difference in the way the three groups responded to four items related to spiritual support received from others. These four practices with the number and percentage of respondents that rated the item as helpful and chi-square value were:

1. Listening to me talk through my problems: 33 (97%) Catholic, 47 (94%) Protestant, and 19 (76%) Jewish subjects;  $\chi^2 (2) = 8.68; p < .025$ .

2. Praying with me: 28 (78%) Catholic, 47 (98%) Protestant, and 12 (52%) Jewish subjects;  $\chi^2 (2) = 21.85, p < .001$ .

3. Saying prayers for me (when I was not with the person): 36 (95%) Catholic, 47 (94%) Protestant, and 12 (48%) Jewish subjects;  $\chi^2 (2) = 31.18, p < .001$ .

4. Reading Bible passages to me: 13 (41%) Catholic, 44 (88%) Protestant, and 4 (20%) Jewish subjects;  $\chi^2 (2) = 34.7, p < .001$ .

In Section II of the questionnaire, subjects were asked to identify if a nurse would be someone who could help them establish or maintain a relationship with God. This related to Research Question 3: Is a nurse someone who could help a hospitalized patient establish or maintain a relationship with God? Of those subjects who answer "yes," what nursing interventions did the Catholics, Protestants, and Jews identify as being helpful in establishing or maintaining a relationship with God.

Only those subjects who indicated they have had contact with nurses as they work were asked to complete this section. A total of 106 subjects completed Section II. Of those who did respond, a number of Jewish

subjects, 19 of 24 subjects or 79%, indicated a nurse would not be someone to help them spiritually. However, 42 (91%) of the Protestant subjects and 26 (72%) of the Catholic subjects indicated a nurse could be helpful in establishing or maintaining a relationship with God. This response was significant ( $\chi^2 (2) = 36.78, p < .001$ ).

Section II contained five nursing interventions for spiritual needs. Frequency of response was tallied to answer the second part of Research Question 3 and chi-square was calculated to analyze data for Research Question 4: Is there a difference in the nursing interventions identified by Catholics, Protestants, and Jews which are helpful in establishing or maintaining a relationship with God?

Because there were so few Jewish subjects responding, chi-square was calculated for Catholic and Protestant responses only for the remaining items on the questionnaire. There was no significant difference between the responses of these two groups for each of the five nursing interventions on the questionnaire. The interventions are listed with the number and

percentage of respondents that rated the practice as helpful (Research Question 3) and the chi-square value (Research Question 4) for the Catholic and Protestant groups. Having a nurse:

1. Read to me Bible passages I have chosen: 15 (75%) Catholic and 36 (88%) Protestant subjects;  $\chi^2 (1) = 1.6, p > .05$ .

2. Read or recite to me Bible passages of the nurse's choice: 12 (55%) Catholic and 31 (78%) Protestant subjects;  $\chi^2 (1) = 3.57, p > .05$ .

3. Listen to me talk through my problems: 22 (92%) Catholic and 32 (80%) Protestant subjects;  $\chi^2 (1) = 1.554, p > .05$ .

4. Pray with me at my bedside: 20 (83%) Catholic and 37 (93%) Protestant subjects;  $\chi^2 (1) = 1.29, p > .05$ .

5. Tell me that the nurse is praying for me (when not with me): 23 (96%) Catholic and 37 (92%) Protestant subjects;  $\chi^2 (1) = .305, p > .05$ .

Frequency of response was tallied for Research Question 5: Would the nurse's religious affiliation be important in deciding to accept or reject nursing intervention to help establish or maintain a relationship with God? Data from the Catholic and Protestant

respondents were also tested by chi-square and were found to be not statistically significant ( $\chi^2$  (1) = 4.55,  $p > .05$ ). Nineteen (48%) of the Protestants and 5 (21%) of the Catholics indicated that the nurse's affiliation would be important. Four Jewish subjects responded; two checked it would be important and two checked it would not be important.

## CHAPTER 5

### SUMMARY OF THE STUDY

The research questions for this descriptive study were to identify some of the practices that Catholics, Protestants, and Jews utilize to establish or maintain a relationship with God, and to determine which practices are similar and which are different for the three groups. The second aspect of the study was to determine if the subjects perceive a nurse as someone who could assist them in establishing or maintaining a relationship with God. If a nurse was someone who could give spiritual support, what nursing interventions would the subjects in these three groups find spiritually supportive, and is there a difference in the interventions that the three groups find helpful. The final question asked in this study was if the nurse's specific religious affiliation would be a determining factor to the subjects in determining if the subject would accept or reject nursing intervention in a spiritual need.

This chapter includes a summary of the entire study. Also included within this chapter is a discussion of the findings as related to the study,

conclusions and implications, and recommendations for further study.

### Summary

Reading the Bible passages and other religious literature, allowing prayer and meditation, and praying with patients are nursing interventions which are discussed in nursing literature. However, research identifying if these are indeed the practices people find spiritually supportive is not available. A 23-item questionnaire was prepared and subjects were asked to identify which of the practices on the questionnaire were helpful to the subjects in establishing or maintaining a relationship with God. The practices did not require the presence of clergy, and primarily related to prayer and reading of religious literature. Frequency of response and chi-square were used to analyze responses to each item.

In addition to identifying some of the practices that Catholics, Protestants, and Jews utilize to meet their spiritual needs, the questionnaire also asked subjects how others have assisted them in meeting spiritual needs, and if the subjects thought a nurse would be someone who could provide spiritual support. Those



subjects who stated that a nurse could provide spiritual support were asked to identify if five nursing interventions on the questionnaire were practices that would be helpful to them in establishing or maintaining a relationship with God. There was one question asking if the nurse's religious affiliation was important to the subject in deciding to use nursing intervention in a spiritual need.

The theoretical framework for this study was based upon the theory of Stallwood and Stoll (1975). The first concept in the theory described Man as having three components, with the third or innermost core being spirit or God-consciousness. In the second concept of the theory, Stallwood and Stoll described the relationship between God and Man as having five components: forgiveness, love, hope, trust, and meaning and purpose in life. These authors stated that individuals establish and maintain a relationship with God and experience these five components. Inability to experience any of these would create a spiritual need. The third concept, growth, Stallwood and Stoll described as positive spirit responses to negative and positive life experiences. They indicated that disturbance in the biologic or psychosocial

components of Man may penetrate the individual's God-consciousness and vice versa.

This study focused upon the second concept and attempted to identify practices individuals utilize to establish and maintain a relationship with God. Using a random table and a metropolitan Yellow Pages of the local telephone company, a Catholic church, a Protestant church, and a Jewish synagogue were approached and their spiritual leaders were asked if their congregations could participate in the study.

The sample included 40 Catholic subjects, 50 Protestant subjects, and 30 Jewish subjects. The Catholic and Jewish subjects completed questionnaires when they were attending monthly business meetings. The Protestant subjects completed questionnaires when they were attending a weekly class. The final 116 questionnaires used in the study were from 39 Catholics, 50 Protestants, and 27 Jewish subjects and provided data for answering five research questions.

#### Research Question 1

Research Question 1 stated: What are the practices which Catholics, Protestants, and Jews identify as being meaningful in establishing and/or maintaining a relationship with God?

Five items on the questionnaire related to reading and discussing the Bible and other religious materials. All five practices were rated helpful by the majority of subjects from all three groups. The percentage of Catholic subjects that rated each of the five practices as helpful ranged from 56% to 83%. The percentage of Jewish subjects that rated the five practices helpful ranged from 83% to 96%. More Protestants rated these practices as helpful with their percentages ranging from 92% to 100%.

Seven items on the questionnaire related to prayer; praying silently, and praying aloud when alone and when with others. Eighty-four percent or more of the Catholic subjects rated five of the seven practices as being helpful, and on the other two only 65% rated "praying aloud with one or two others" as helpful and 33% rated "praying aloud when people not of your faith are in the vicinity and may overhear you" as helpful. Among Protestant subjects, at least 90% rated five of the practices as helpful and of the remaining two practices only 73% rated "praying aloud when people not of your faith are in the vicinity and may overhear you" as helpful and only 14% rated "praying silently using

written or memorized prayers" as helpful. Eighty-four percent or more of the Jewish subjects rated three of the practices as helpful. Of the other practices, 69% rated "praying silently using written or memorized prayers" as helpful; 64% rated "praying aloud when you are alone" as helpful. Percentages dropped to 48% rating "praying aloud with one or two others present" as helpful and only 33% rated "praying aloud when people not of your faith can overhear" as helpful.

Four items on the questionnaire asked how others have provided spiritual support to the subjects. Ninety-eight percent to 88% of the Protestant subjects rated all four of the practices as helpful. Ninety-seven percent and 95% of the Catholic subjects rated listening and "praying for me" as helpful. Seventy-eight percent rated "praying with me" as helpful and only 41% rated "reading Bible passages to me" as helpful. The percentages of Jewish subjects responding helpful was lower than the other two groups with 76% rating listening as helpful, 52% rating "praying with me" as helpful, 48% rating "praying for me" as helpful, and 20% rating "reading Bible passages to me" as helpful.

### Research Question 2

Research Question 2 stated: Is there a difference in the practices identified by Catholics, Protestants, and Jews which are meaningful in establishing and/or maintaining a relationship with God?

Using chi-square to determine significance, it was determined that of the five items related to the use of written religious materials, there was no significant difference in the responses to "reading religious books, magazines, and/or religious newspapers." Eighty-three percent to 92% of all subjects indicated the practice was helpful. The other four items relating to the use of written religious materials were significantly different: "reading the Bible alone," "reading the Bible with others," "discussing the Bible passages with others," and "reading denomination literature." More Protestant subjects rated all four of these practices as helpful than Jewish subjects and fewest Catholic subjects rated them as helpful.

Of the seven items relating to prayer, three were not significant: "praying silently using your own words," "praying aloud with your religious leader," and "praying aloud with a group of your faith present." A similar

percentage of subjects in all three groups rated these practices as helpful. The following four items were significant: "praying silently using written or memorized prayers," "praying aloud when you are alone," and "praying aloud when people not of your faith may overhear." Protestants were less likely to rate praying with memorized prayers as helpful. Jewish subjects were less likely to rate the other three practices as helpful, compared to the other two groups.

There were four items asking subjects how they received spiritual support from others. Responses to all four items were significant. "Listening to me talk through my problems" was rated as helpful by fewer Jewish subjects. "Reading Bible passages to me" was rated as helpful by fewer Catholic and Jewish subjects. "Praying with me" was rated as helpful by fewer Jewish subjects. "Praying for me when not with me" was rated as helpful by fewer Jewish subjects.

### Research Question 3

Research Question 3 stated: Is a nurse someone who could help a hospitalized patient establish or maintain a relationship with God? Of those subjects who answer "yes," what nursing interventions did the

Catholics, Protestants, and Jews identify as being helpful in establishing or maintaining a relationship with God?

Seventy-nine percent of the Jewish subjects responding checked that a nurse was not someone who could help them in a relationship with God. Only five Jewish subjects indicated a nurse could help and no more than four at a time responded to the five nursing interventions on the questionnaire. Four Jewish subjects checked that for a nurse to "listen to me talk through my problems" would be helpful. Only one or two responded helpful to the other four practices. Seventy-two percent of the Catholic subjects and 91% of the Protestant subjects indicated that a nurse could help them in their relationship with God. At least 75% of subjects in both groups responded that the five nursing interventions listed would be helpful to them, with one exception. Only 55% of the Catholics checked that for a nurse to "read or recite Bible passages of the nurse's choice" would be helpful.

#### Research Question 4

Research Question 4 stated: Is there a difference in the nursing interventions identified by Catholics,

Protestants, and Jews which are helpful in establishing or maintaining a relationship with God?

Chi-square was used to determine significance between the Catholic and the Protestant groups. Because of the small number of Jewish subjects, they were excluded from the chi-square. There was no significant difference between the two groups in their responses to the five nursing interventions on the questionnaire. Except for a response of only 55% of the Catholics to the intervention "read or recite Bible passages of the nurse's choice" at least 75% of the subjects in both groups indicated the other interventions were helpful.

#### Research Question 5

Research Question 5 stated: Would the nurse's religious affiliation be important in deciding to accept or reject nursing intervention to help establish or maintain a relationship with God?

Approximately one-half of the Jewish ( $n = 4$ ) and Protestant ( $n = 40$ ) respondents indicated that it would be a determining factor, but only 21% of the Catholic subjects indicated it would be a determining factor. The difference between the three groups was not significant, thus indicating that almost one-half of the



respondents would consider the religious affiliation of a nurse before accepting nursing intervention in a spiritual need.

### Discussion of Findings

Reading of religious materials was rated as helpful by the majority of subjects in this study. Reading or discussing the Bible with others was rated as helpful primarily by the Protestant and Jewish subjects; the positive responses from the Catholics for these two practices were only 56% and 65%. These results supported statements in the literature that religious reading materials can provide spiritual support (Carson & Huss, 1979; Fish & Shelly, 1978; Gray, 1973; Paige & Looney, 1977; Shannon, 1980; Stallwood & Stoll, 1975). However, it should be noted that, at least with the present sample, fewer Catholic subjects identified reading religious materials as helpful than the Protestant and Jewish subjects.

Although a high percentage of subjects rated reading of the Bible and other religious literature as helpful, percentages were lower for having someone else read the Bible to them. Eighty-eight percent of the Protestant

subjects checked that when someone read Bible passages to them, it could be helpful. However, this dropped to 78% if a nurse were to choose Bible passages and read them to the subjects. If the subjects chose the passages for the nurse to read, the percentage returned to 88%. Apparently, these Protestant subjects were less certain about a nurse choosing a passage which they would perceive as helpful. Only 41% of the Catholic subjects indicated that having Bible passages read to them by others was helpful; however, if a nurse chose and read passages, 55% believed it would be helpful.

If the Catholic subjects themselves chose the passages to be read by a nurse, 75% believed the practice would be helpful. These Catholic subjects seemed more accepting of a nurse's choice of what to read than of someone else choosing. Jewish subjects responded negatively to having someone else read the Bible to them, although 92% of them rated reading the Bible themselves as helpful. In nursing literature, one author (Gray, 1973) suggested reading the Lord's Prayer or the 23rd Psalm. No authors were found that discussed if it was more helpful to patients if the nurse or the patient should choose what was read. Having others,

including nurses, read Bible passages was rated as not helpful by many of these subjects. This may have been because these subjects were able to read themselves. If they had been injured or ill and, therefore, unable to read, more of them may have found it helpful to have others read to them.

Almost all of the subjects checked that praying silently, in their own words, was a helpful practice. Catholic and Jewish subjects also indicated that using written or memorized prayer was helpful although the Protestant subjects did not rate this practice as helpful. The subjects were generally in agreement (at least 84% in each of the three groups) that it was helpful to pray aloud with their religious leaders and when with a group of people of their faith. Catholics and Protestants also indicated that praying aloud when they were alone was helpful, but only 64% of the Jewish subjects found this practice helpful. These findings lend support to author suggestions that allowing patients to pray is beneficial (Ellis, 1980; Fish & Shelly, 1978; "Recognizing Your Patient's Spiritual Needs," 1975; Stallwood & Stoll, 1975).

When it came to praying aloud with one or two others, 94% of the Protestants, 65% of the Catholics, and 48% of the Jewish subjects thought this practice was helpful. However, the percentages were higher in all three groups in response to the item asking if the subjects would experience spiritual support if someone prayed with them. Possibly, the second item sounded more personalized and, thus, more subjects thought it would be helpful. However, the percentages were not especially high for Catholics and Jews, even for "praying with me": Protestants--98%, Catholics--78%, and Jews--52%.

If the subjects were told that a person was going to say a prayer for them, more than 94% of the Catholic and Protestant subjects would have found this helpful. However, only 48% of the Jewish subjects indicated it would be helpful. If a nurse said she would be saying a prayer for the Jewish subject, two of the three Jewish subjects who responded to this item indicated it would be helpful. Only one Jewish subject indicated that for the nurse to pray at the bedside would be helpful. Eighty-three percent or more of the Catholic and Protestant subjects indicated that if a nurse prayed at

their bedside or told them that the nurse would be saying a prayer for them, it would be helpful. Several writers specifically mentioned praying with patients (Carson & Huss, 1979; Fish & Shelly, 1978; Shannon, 1980; Stallwood & Stoll, 1975); however, the findings for the present study indicated Jews and many Catholics might not find this intervention as helpful.

There is variation between groups regarding praying aloud in the presence of others. Although 90% or more of the Protestant subjects indicated praying aloud was helpful when alone, with one or two others, with a group of people of their same faith, and with their religious leader, not as many subjects in the others groups indicated this. Two of these three practices were checked as helpful by 84% to 91% of the Catholic subjects, but only 65% indicated praying aloud with one or two others as helpful. The Jewish subjects indicated that praying aloud with their religious leader and with a group of their own faith was helpful for 85% and 84% respectively. However, only 64% indicated praying with one or two others was helpful.

Virtually all subjects indicated praying silently was helpful. If prayer had been important to a patient

before hospitalization, it may be helpful for a nurse to ask if the patient was able to pray now, during the crisis of hospitalization. For a nurse to offer to pray at the bedside of a patient or to offer to be praying for a patient after the nurse leaves the bedside, could be helpful to many Protestants, but not helpful to many Catholics and Jews. Likewise, having one or two people, other than the patient's religious leader, praying with the patient would not be a helpful practice according to most of the Catholic and Jewish subjects in this study. More study is needed to determine if hospitalized patients would find this practice helpful although many of the nonhospitalized subjects in this study checked it was not helpful. Praying at the bedside is a practice that was mentioned in the literature (Carson & Huss, 1979; Fish & Shelly, 1978; Shannon, 1980; Stallwood & Stoll, 1975); however, the subjects in this study indicated that this may not be a helpful practice to Catholic and Jewish patients.

Praying aloud when others not of the same faith may overhear received a negative rating from 67% of the Jewish and Catholic subjects and 25% of the Protestant subjects. This practice may also be rated

differently by hospitalized patients, especially in a crisis situation. In most acute care settings, conversations are overheard by others. It might be advisable to try to provide a religious leader and patient privacy for prayer. The majority of subjects in all three groups identified praying aloud with their religious leader as helpful, but this may be negated if the prayer was overheard by others.

Praying aloud with a group of the same faith was also rated as helpful by at least 84% of the subjects in all three groups. In an acute care setting, this may not be feasible. However, most settings do offer chapel services and to enable patients to attend would be an appropriate nursing action.

Several authors in the literature indicated that a nurse could give spiritual support to patients by utilizing counseling techniques (Dickinson, 1975; Fish & Shelly, 1978; Proulx, 1975; Simone, 1971; Stallwood & Stoll, 1975). Seventy-six percent, or more, of the subjects in each of the three groups indicated that to listen to them talk through their problems was indeed helpful.

When subjects were asked specifically if a nurse could help them in their relationship with God, 79% of the Jewish subjects said "no." Protestants were more likely to say "yes" (91% in this sample) and 72% of the Catholic subjects said "yes." Protestant and Catholic subjects indicated it would be helpful to them if a nurse prayed at their bedside, told them the nurse would be praying for them when the nurse was not with them, and if the nurse would read Bible passages to them that they (subjects) chose. These responses would support the suggestions in the literature that these are valid nursing interventions (Carson, 1980; Gray, 1973; Paige & Looney, 1977; "Recognizing Your Patient's Spiritual Needs," 1975; Shannon, 1980; Stallwood & Stoll, 1975).

When asked if the nurse's specific religious affiliation would be important to the subject in deciding to accept or decline nursing intervention in a spiritual need, approximately 50% of the Catholics and Protestant respondents indicated that it would. This issue has not been addressed in the literature and may possibly be answered differently by hospitalized patients.



There were several limitations to this study. There was a wide variation of practices within the three groups. Subjects were obtained from only one formal group within the Catholic, Protestant, and Jewish faiths. The Protestant sample was obtained from a Pentacostal church and the Jewish sample was obtained from an Orthodox synagogue. Samples from different denominations within the Protestant and Jewish faiths may respond differently to the questionnaire.

Another limitation was that demographic data were not identified. This information would have been helpful to further describe the sample. Major changes were made by the Catholic church several decades ago. Age, especially with the Catholic subjects, may have influenced responses, with younger Catholics finding reading the Bible and praying aloud as helpful and older Catholics not finding these practices as helpful. Socioeconomic status, education, and sex may also influence responses. In this study, the Catholic sample and the Jewish sample were all women. Men may possibly have responded differently from these groups.

Hospitalized patients may also have responded differently to several items on the questionnaire.

Although only subjects who had contact with nurses as they work were asked to complete the section about nursing interventions in spiritual needs, many of the respondents may never have been patients and may not be familiar with many aspects of nursing. Also, ill individuals may find practices helpful that they did not perceive as helpful when they were healthy.

#### Conclusions and Implications

The conclusion of this study is that the nurse can assist the patient in his relationship with God. The following are implications of the study.

In a health care setting, many individuals of all three religious groups might benefit from a quiet time, uninterrupted by personnel, to read denomination or other religious literature. Jews and Protestants especially might want to read their Bibles. Suggesting families or friends bring reading materials the patient had enjoyed at home may also help the patient as well as others who want to "do something" to help another.

Reading and discussing the Bible with others (rated as helpful, especially by Protestants and Jewish subjects) may not be feasible in many acute care settings. However, this may be an activity to be made available

where patients are mobile and can gather in groups, such as rehabilitation units and nursing homes.

It is important to note that 67% of the Catholic and Jewish subjects and 27% of the Protestant subjects indicated that it is not helpful to pray when people not of their faith are in the vicinity and can overhear. In most hospital settings, if a patient or others were to pray aloud, it would be heard by others. This could reduce the value of some spiritual interventions for most of these subjects.

Hubert (1963) suggested that nursing students need to be taught to identify and meet spiritual needs just as they need to be taught about physical and psychosocial needs. A number of possible nursing interventions and religious practices that could be helpful to patients for whom a relationship with God is important were listed previously. Schools of nursing and directors of continuing education classes need to consider the value of teaching both nurses and nursing students assessment and intervention for patients with spiritual needs. Information such as data obtained in this study can assure both instructors and students that a relationship with God is important to many people and there are appropriate

interventions a nurse can utilize for individuals within the Judeo-Christian religion.

Recommendations for Further  
Study

Based upon the conclusions of this study, the following recommendations are offered:

1. A similar study be conducted utilizing subjects from charismatic and non-charismatic Catholic groups.
2. A similar study be conducted utilizing subjects from fundamental and liberal Protestant groups.
3. A similar study be conducted utilizing subjects from Orthodox, Conservative, and Reformed Jewish groups.
4. A study be conducted to determine if there is a correlation between religious practices chosen as helpful and age, sex, and other demographic variables of the subjects.
5. A similar study be conducted using hospitalized patients.
6. A similar study be conducted utilizing chronically and terminally ill patients at home, in nursing homes, and in hospices.

## APPENDIX A

TEXAS WOMAN'S UNIVERSITY  
Box 23717, TWU Station  
Denton, Texas 76204

1810 Inwood Road  
Dallas Inwood Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Ellen Komarek Duvall Center: Dallas  
Address: 9908 Vasel Drive Date: 3/26/81  
St. Louis, MO 63123

Dear Ms. Duvall:

Your study entitled Practices used by People of Judeo-Christian

Religion to Relate to God.

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

\_\_\_\_ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

X Other: Note and use the correct format for the informed consent statement on the questionnaire which must be in capital letters, underlined, and as follows in the front page of the questionnaire. (below)

\_\_\_\_ No special provisions apply.

I UNDERSTAND THAT MY RETURN OF THIS QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

Sincerely,

*Stella D. King*

Chairman, Human Subjects Review Committee

at Dallas

## APPENDIX B





Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

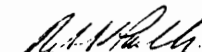
November 16, 1981

Mrs. Ellen Komarek Duvall  
4129 Grasso Avenue  
St. Louis, MO 63123

Dear Mrs. Duvall:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

  
Robert S. Pawlowski  
Provost

RP:dl

cc Dr. Beth Vaughan-Wrobel  
Dr. Anne Gudmundsen  
Graduate Office

## APPENDIX C

TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE \_\_\_\_\_

GRANTS TO Ellen K. Duvall

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To identify practices in the Judeo-Christian religion which are used by individuals to establish or maintain a relationship with God.

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other \_\_\_\_\_

Date: Sept 28, 1981

Ellen K. Duvall  
Signature of Student

\_\_\_\_\_  
Signature of Agency Personnel

Bob C. Vaughan-Wood, R.N., R.D.  
Signature of Faculty Advisor

\*Fill out & sign three copies to be distributed as follows:  
Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE United Pentecostal Church of Lemay

GRANTS TO Ellen K. Duvall

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To identify practices in the Judeo-Christian religion which are used by individuals to establish or maintain a relationship with God.

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other \_\_\_\_\_

Date: \_\_\_\_\_

[Signature]  
Signature of Agency Personnel

[Signature]  
Signature of Student

[Signature]  
Signature of Faculty Advisor

\*Fill out & sign three copies to be distributed as follows:  
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TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE Shaare Zedek Synagogue

GRANTS TO Ellen K. Duvall

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To identify practices in the Judeo-Christian religion which are used by individuals to establish or maintain a relationship with God.

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1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed. *A copy*
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other Copy of results

Date: April 1, 1982

Ellen K. Duvall  
Signature of Student

\_\_\_\_\_  
Signature of Agency Personnel

Beth P. Vanden-Walsh, PhD  
Signature of Faculty Advisor

\*Fill out & sign three copies to be distributed as follows:  
Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

## APPENDIX D

Verbal Instructions to Subjects

I am Ellen Duvall, a graduate student, and I am conducting a study to learn what is important to you in your relationship with God. By identifying what helps you to relate to God, nurses may be better able to understand patients and their relationships to God. I am asking you and other Protestants, Catholics, and Jews to complete a questionnaire. The questionnaire has several religious practices listed and I am asking you to check which practices are helpful and which ones are not helpful to you in your relationship with God. Completion of the questionnaire should take about 5 minutes. If you would like to participate in this study, please raise your hand and I will give you a questionnaire.

You are not to put your name on the questionnaire, and at no time will anyone know which questionnaire you completed, and it will not be read by anyone from this church/synagogue. Approximately 75 people will participate in this study, and group results will be tabulated in the final report. No individual responses will be identified. This report will be available to your group.

You may withdraw from participating in this study at any time. If you begin and then decide not to complete the questionnaire for any reason, you may stop, and your questionnaire will be discarded. Completion and return of the questionnaires indicate that I may use the data for the study. This means you are giving me your consent to participate in the study. There is no service nor compensation given to you by the university for participating in the study. Do you have any questions? (pause) Thank you very much for your interest and the time you are giving to this study. I will collect the questionnaires when you are finished. Thank you again.



## APPENDIX E

## QUESTIONNAIRE

COMPLETION AND RETURN OF THE QUESTIONNAIRE MAY BE CONSTRUED AS GRANTING INFORMED CONSENT.

I want to learn what is important to you in your relationship with God. By identifying what helps you to relate to God, nurses may be better able to understand patients and their relationships to God. All responses are confidential. Do NOT put your name on this questionnaire.

Place a check (✓) or an X in one of the columns after each statement. The first column is headed "Helpful or Meaningful." The second is headed "Not Helpful or Not Meaningful." Following are definitions which may assist you.

Helpful: At any time the practice has helped you establish or maintain a relationship with God.

Meaningful: Gives meaning to your relationship with God.

If you want to make any additional comments in any section, space is provided.

Check all that are important or meaningful to you:

	Helpful or Meaningful	Not Helpful or not Meaningful
Reading from the Bible by yourself	_____	_____
Reading from the Bible with others	_____	_____
Discussing Bible passages with others	_____	_____
Studying Bible passages	_____	_____
Reading from religious writings of people of your religious group or denomination	_____	_____
Reading religious books, magazines, and/or religious newspapers	_____	_____

Additional Comments:

How have people given you spiritual support in the past?  
That is, how have people helped you to establish or maintain  
a relationship with God? Check all that apply:

	Helpful of Meaningful	Not Helpful or not Meaningful
Listening to me talk through my problems	_____	_____
Listening to me express my feelings about my problems	_____	_____
Praying with me	_____	_____

I am using the words "prayer" and "praying" to mean talking to or communicating with God.

Check all that are meaningful or important to you.

	Helpful or Meaningful	Not Helpful or not Meaningful
Praying silently to God in your own words	_____	_____
Praying silently to God using written or memorized prayers	_____	_____
Praying aloud to God when you are alone	_____	_____
Praying aloud to God when one or two others are listening and praying with you	_____	_____
Praying aloud to God when a group of people of your faith are listening and praying with you	_____	_____
Praying aloud to God when with your religious leader	_____	_____
Praying aloud when people not of your faith are in the vicinity and may overhear you	_____	_____

Additional Comments:

How would you classify your religious affiliation?  
Please check (✓) one:

Christian: \_\_\_\_\_  
Catholic \_\_\_\_\_  
Protestant \_\_\_\_\_

Jewish \_\_\_\_\_  
Other \_\_\_\_\_

Check all that apply:

	Helpful or Meaningful	Not Helpful or Not Meaningful
Praying for me (when I was not with the person)	_____	_____
Quoting Bible passages to me	_____	_____
Reading Bible passages to me	_____	_____
Additional Comments:		

## APPENDIX F

I UNDERSTAND THAT MY RETURN OF THIS QUESTIONNAIRE  
CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT  
IN THIS RESEARCH.

### QUESTIONNAIRE

I want to learn what is important to you in your relationship with God. By identifying what helps you to relate to God, nurses may be better able to understand patients and their relationships to God. All responses are confidential. Do NOT put your name on this form.

Place a check (✓) or an X in one of the columns after each statement. The first column is headed "Helpful or Meaningful." The second is headed "Not Helpful or Not Meaningful." Following are definitions which may help you.

Helpful: At any time the practice has helped you establish or maintain a relationship with God.

Meaningful: Gives meaning to your relationship with God.

If you want to make any additional comments in any section, space is provided.

Place a check (✓) beside each of the following statements:

Section I

I am using the word "Bible" to include the Old Testament and the New Testament or the Torah.

	Helpful or Meaningful	Not Helpful or Not Meaningful
Reading from the Bible by yourself	_____	_____
Reading from the Bible with others	_____	_____
Discussing Bible passages with others	_____	_____
Reading from religious writings or people of your religious group or denomination	_____	_____
Reading religious newspapers, magazines, and/or books	_____	_____

Additional Comments:

I am using the words "prayer" and "praying" to mean talking to or communicating with God.

	Helpful or Meaningful	Not Helpful or Not Meaningful
Praying silently to God in your own words	_____	_____



	Helpful or Meaningful	Not Helpful or not Meaningful
Praying silently to God using written or memorized prayers	_____	_____
Praying aloud to God when you are alone	_____	_____
Praying aloud to God when one or two others are listening and praying with you	_____	_____
Praying aloud to God when a group of people of your faith are listening and praying with you	_____	_____
Praying aloud to God when with your religious leader	_____	_____
Praying aloud when people not of your faith are in the vicinity and may overhear you	_____	_____

Additional Comments:

How have people given you spiritual support in the past? That is, how have people helped you to establish or maintain a relationship with God?

	Helpful or Meaningful	Not Helpful or not Meaningful
Listening to me talk through my problems	_____	_____
Praying with me	_____	_____

	Helpful or Meaningful	Not Helpful or Not Meaningful
Saying prayers for me (when I was not with the person)	_____	_____
Reading Bible passages to me	_____	_____

Additional Comments:

If you have been in a hospital as a patient or as a visitor and have had contact with nurses, please complete Section II. If you have not had contact with nurses as they work, please go to Section III.

### Section II

Do you believe a nurse could be helpful to you in establishing or maintaining a relationship with God?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, would a nurse be someone who could help you establish or maintain a relationship with God if the nurse would:

	Helpful or Meaningful	Not Helpful or Not Meaningful
Read to me Bible passages I have chosen	_____	_____

Helpful  
or  
Meaningful

Not Helpful  
or Not  
Meaningful

Listen to me talk through  
my problems

\_\_\_\_\_

\_\_\_\_\_

Pray with me at my bedside

\_\_\_\_\_

\_\_\_\_\_

Tell me that the Nurse is  
praying for me (when not  
with me)

\_\_\_\_\_

\_\_\_\_\_

For any of the above, would the nurse's specific religious  
affiliation be important to you in deciding to accept or  
decline the offer to help?

Yes \_\_\_\_\_

No \_\_\_\_\_

Additional Comments:

Everybody please complete Section III.

### Section III

How would you classify your religious affiliation?

Please check (✓) one:

Christian:  
Catholic \_\_\_\_\_  
Protestant \_\_\_\_\_

Jewish \_\_\_\_\_

Other \_\_\_\_\_

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