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# Qualitative Study of Spiritual Experiences in Nurses of Psychiatry Wards

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## Abstract

**Introduction:** Seeking meaning and purpose can affect the quality of the nurses' caring for patients. The process of this meaning seeking is rooted in the value system of nurses. The present study aims to investigate the lived experience of spirituality among nurses working in Razi psychiatric Hospital, Tehran, in 2017.

**Methods:** The present study is a qualitative study which is conducted by content analysis method. The study population consisted of the nurses working in Razi Psychiatric Hospital. The participants were selected based on purposeful sampling... The sampling continued until the data were saturated (13 individuals). The data collection was conducted by in-depth semi-structured interviews which were recorded and all the contents were written down word by word. For analyzing the data, the qualitative content analysis method was used, in which similar data were organized and coded in similar categories.

**Results:** Approximately 1000 statements and sentences were obtained as meaning units, Finally, 4 main codes and 16 open codes were extracted. The main themes included: "sacred profession, worship services, humanitarian tendencies, mission and purpose (meaning) in life.

**Conclusion:** Participants of the study, e.g. nurses, considered spirituality as an inseparable part of their profession. In terms of their spiritual experience, respectively, holy profession, worship services, humanitarian tendencies, mission and purposefulness (meaning) in life, were considered as five most important experiences.

**Keywords:** Spirituality experiences, nurse, Psychiatric ward, Qualitative Research

## Introduction

Individual values can determine one's attitudes, norms, priorities, choices, and behaviors (1). Spirituality refers to a set of

values which are associated with the supernatural world, guide one's life and are particularly related to life experiences that bring one to the brink of uncertainty (2-4). It is an



important part of the nursing profession (5,6). Religious beliefs are deeply highlighted in this profession and its source books, (7,8). In nursing academic literature, spirituality has been defined in various ways; the search for meaning and purpose in life, the link with a supernatural force, and the balance of energy (9). Spirituality is the first step in providing spiritual care. It is also an intrinsic and inner dimension which encourages nurses to make their interventions purposeful and meaningful and cultivate effective relations with their patients and their God. Having spiritual job satisfaction can play a remarkable role in enduring the hardships of this profession and making it delightful (10-12). A spiritual nurse brings his/her spiritual knowledge and experience to the care center and helps meet part of the patient's spiritual needs. The idea of nurses as healers implies that many nurses either have this role or use it in some situations in their lives. This makes them feel more responsible for taking care of their patients (13). Studies which have examined nurses' perceptions about spirituality and spiritual care demonstrate that most nurses associate spirituality with religion and define spiritual care as providing the possibility of performing religious practice (14-16). In a study conducted in Tehran, Babamohamadi et al. showed that nurses had a positive attitude toward spirituality and a desire to provide spiritual care (14). In Bridge 's study, the spiritual perceptions of nursing students were at an optimal level (17). Jafari et al. showed that nurses working in psychiatric hospitals had a more favorable view of spirituality and spiritual care than nurses working in general hospitals (18). Khorami Markani et al. also displayed that the experience of spirituality was manifested by nurses in two main categories of religious dimensions and existential dimensions in the Islamic cultural context of Iran (19). O'brien, in a study on nurses' experiences in caring for Muslim patients as well as Almutairi et al. showed the importance of connection with God as a spiritual need in nurses (5,20). In other studies such as the one conducted by Herlianita et al and the other by Jafari et al., nurses pointed to the positive effect of the patients' prayers on their personal

lives, success and the health of their families and regarded these outcomes as the spiritual rewards granted by God (21,22). What is inferred from these studies is that although the relationship with patients in psychiatric wards is more important than in other wards, psychiatric wards have been generally less studied. In particular, in Razi Psychiatric Hospital, no study has been conducted on this subject. Spirituality is more prominent in these wards, and because of the nature of mental illnesses, nurses working in these wards are expected to be more familiar with the concept of spiritual care (15,23). Nurses' attitudes toward spirituality and spiritual care influence their willingness to pay attention to their patients' spiritual dimension and spiritual care (4,24). It is therefore of particular importance. Discovering spiritual emotions and insights can be an important tool for evaluating and recognizing nurses' responses to various situations and phenomena in their environment and helping them discover and solve the problems of their own and their patients. Therefore, the present study strives to identify and describe the main elements of nurses' spiritual experiences in psychiatric wards and to identify and describe their resulting meanings.

### Methods

The study at hand is a qualitative study with an interpretive phenomenological approach. The study population consisted of all the nurses (including men and women) of psychiatric wards of Razi Psychiatric Hospital in Tehran during the first three months of solar calendar, e.g. Farvardin, Ordibehesht and Khordad as well as the two months of Tir and Mordad (the fourth and fifth months of solar calendar) of summer 2016. In qualitative research, data collection continues until the researcher feels that no new findings is obtained from the data anymore. In this study, information saturation lasted up to 11 participants; two further interviews were conducted to confirm the data, and a total of 13 interviews were conducted. The data collection tool was semi-structured interviews. The interviews were conducted individually in a session lasting from 80 to 90 minutes. The

interviews began with the general question of "What is your experience of spirituality in your workplace?" In cases where the participant had difficulty describing his or her experience, the researcher posed follow-up questions for clarity. When the participant gave a full account of his/her experience, the interview was considered finished. The inclusion criteria in this study were: having at least Associate degree; 20-50 years of age; having at least one year of working experience; having the ability to express one's opinions and feelings and to convey them properly; not having any observable physical or mental problem or illness, and having willingness to participate in research.

Ethical considerations in this study, including informed consent, freedom to withdraw from research, privacy and convenience of interview place, confidentiality and deletion of interviews, etc. were also taken into account.

In order to analyze the data, the records of each interview were immediately transcribed verbatim and the resulting transcripts were compared again with the records. Possible ambiguities in the transcripts were resolved by referring to participants. Open codings were then extracted from the extracted texts. Also, after coding, to obtain reliability, two experts were asked to encode the transcripts. Through various meetings, a common agreement was reached between the semantic units and the resulting

themes. Open question analysis was performed by qualitative content analysis. Qualitative content analysis can be considered a research method for subjectively interpreting the content of textual data through systematic classification, coding and thematic processes or designing well-known patterns of knowledge. Data analysis procedure was performed according to Graneheim and Lundman's proposed steps (including transcription of the recorded interviews and repeated reading to arrive at a correct understanding, selection of all interviews as a unit of analysis, developing semantic units, abstraction, conceptualization and coding, code segmentation and finally extracting main themes and contents) and based on the main categories and subcategories (25). In order to ensure the accuracy of the interpretation, the participants were again visited after the initial stages of the analysis so as to check the accuracy of the contents and interpretations and apply changes if necessary.

## Results

In this study, semi-structured interviews were conducted with 13 participants (males: 6 and females: 7) aged between 25-48 and 34/61 years-old in average. Among all participants, 11 were married and 2 were single. Their working experience varied from 3 months to 26 years (Table 1).

**Table 1. Demographic Variables of Research Participants**

Participant's Code	Education	Marital Status	Age	Ward	Work Experience (years)
1	Diploma of Experimental Sciences	Married	45	Abu Reyhan 1	20
2	Bachelor of Health Sciences	Married	30	Ghanoon 1	2
3	Master of Economics and Health	single	28	Abu Reyhan 1	5
4	Diploma of Experimental Sciences	Married	37	Abu Reyhan 1	10
5	Bachelor of Nursing	Married	32	Shafa 1	10
6	Master in Pathology	Married	48	Mehr 1	26
7	Bachelor of Nursing	Married	35	Sina 1	12
8	Bachelor of Nursing	Married	45	Ghanoon 2	11
9	Associate Degree of Family Health	Married	37	Abu Reyhan 2	3
10	Bachelor of Nursing	Single	25	Mehr 2	5/2
11	Bachelor of Nursing	Married	27	Ghanoon 1	11 months
12	Bachelor of Nursing	Married	26	Shafa 2	3 months
13	Bachelor of Nursing	Married	35	Sina 2	14

About 1000 phrases and sentences were obtained as units of meaning during the data analysis stage. Finally, by categorizing and summarizing

repeated codes, 4 main codes and 16 open codes were extracted, which are listed below (Table 2).

Table 2. Main Categories and Sub Categories

Category	Sub category
Sacred Profession	Sacredness of Patients, Sacredness of Profession, Spiritual Pleasure, Spiritual Interest
Worshipping Services and Spiritual Rewards	The Rewards of the Hereafter, Patience and Tolerance, The Answering of Prayers
Humanitarian Tendencies	Loving and Respecting the Patients, Sense of Serving Fellow Men and Women, Sense of being Helpful, Collective Identity, Understanding Patients, Missing Patients
Having Mission and Purposeful (meaning) in Life	Spiritual Commitment, Constantly Remembering God, Believing in God and Existential Issues

### Sacred Profession

Most participants described nursing as a sacred profession and acknowledged that those who choose it, must have an innate love and sense of serving and helping their fellow men and women. One of the participants said: "My viewpoint towards life has changed since I came here. Now, I see nursing as a sacred job. Just as the addicted get used to opium, we also feel a sense belonging to here, because our patients don't have anyone. First, I was forced to come here. But, now I think it's holy a place for me." Another nurse said: "I really love my patients. That is why I do everything I can for them. Most of my colleagues feel the same. Am I wrong if I say that nursing is the job of the prophets and the Imams? No, I can't praise this job highly enough! Nursing means vigilance." Such love and interest is spiritual and devoid of material attitudes towards nursing.

### Humanitarian Tendencies

While describing their experiences, most nurses had positive views of the patients. This was displayed by characteristics such as having moral beliefs, respecting and paying attention to patients and not blaming them. Most often, even when the patients became aggressive, the nurses' qualities and behaviors such as understanding, loving, respecting the patients, having humanitarian feelings, collective identity, missing their patients, work ethics and

conscience and so on, tempered the patient-nurse relations. Regarding the phenomenological perception of the mentally ill, one of the nurses said: "we understand the patients. We know that they can't help it. The ward is monotonous and boring. Its doors are closed and locked. So, the patients become bored, angry and restless." Another nurse said: "I deeply love the mentally ill and respect them a lot. When I was being recruited, one of the psychologists asked me if I knew that these patients are violent? I replied that I really love the mentally ill. Then, they recruited me." Another nurse stated that: "When I'm not on my duty, I really miss my patients, because they have a particular world of their own, just like children." Work ethics and conscience is among other issues stated by nurses. For example, one of the participants said: "Work ethics and conscience makes me to properly do my duties. I believe that the mentally ill should be well understood."

### Worshipping Services and Spiritual Rewards

The participants of this study viewed patients as divine creatures who needed the nurses' help. They considered a nurse's effort in satisfying the patients' needs as a sort of worship. Considering patients of the same rank and dignity as that of martyrs and the God's Chosen People, one of the participants stated that: "I love the mentally ill. Personally, I respect them. I pay great respect to

two classes: the martyr and the mentally ill.” Another participant viewed patients as creatures of God possessing human dignity and said: “When caring for the patients, what really matters for me is that they are creatures of Gods and are human beings who need help.” Therefore, this honorable and valuable existence (e.g. the mentally ill person) is cited as a source of blessing who can bring comfort and peace to nurses and their families. In this regard, one participant commented on his experience: “I thank God every moment. I really feel relaxed in my life. I always think about why I feel this way...why I feel satisfaction. And I realize that I feel comfort and peace due to the blessing I receive from the well-being of this servant of God.” Another nurse believed that the prayers of the mentally ill- despite all their aggression and troubles that the nurse endures - will eventually lead to the nurses’ good futurity and the resolving of their problems. He described the situation as follows: “Look, we always consider the patients’ oaths as prayer and their physical beatings bring us blessing and good futurity. We have the Hereafter.”

#### **Mission and Purpose in life (meaning of life)**

Most participants believed that human being is a multidimensional entity who pursues certain missions in life. Life is valuable to human beings. Nurses must strive to identify their abilities and use them to serve patients, especially those mentally ill who are in need of support. The primary missions of nurses are to provide the best care services possible, accept patients as human beings who have multiple existential aspects, honestly perform their duties, hold commitment to their job, try for their personal satisfaction and obtain God satisfaction. As one participant put it: “The human being is a purposeful creature who should strive to know and thank his Creator. The main mission of nurses is to serve the needy, especially the mentally ill who have lost hope and meaning in their lives.” Regarding life mission, one of the male nurses said: “The main purpose of my life is to be a human being, especially in spiritual matters.” In fact, nurses believed that being in psychiatry wards had made their lives

meaningful and this had brought about spiritual job satisfaction for them.

#### **Discussion**

This study was conducted to qualitatively examine the spiritual experiences of nurses in psychiatric wards of Razi Psychiatric Hospital in Tehran. According to the findings, all nurses stated that spirituality is an inseparable part of the nursing profession in psychiatric wards. It is an important and indivisible component of the nursing profession, yet it is an intrinsic dimension which can encourage nurses to make their interventions purposeful and meaningful and to be able to communicate honestly and effectively with their patients and God. In addition, spiritual job satisfaction can play a significant role in enduring the difficulties and hardships of nursing and making its duties enjoyable. In other studies, a positive association was observed between workplace spirituality and organizational commitment, employee’s inner satisfaction (26,12), greater physical and mental health, improved employee’s individual growth, and a better sense of self-worth (27). The available evidence also suggests that the spiritual dimension of work not only increases joy, comfort, job satisfaction and commitment, but it also increases productivity and reduces absenteeism and lack of service (28).

In this study, job satisfaction was seen to be rooted in a value system. Most participants experienced spiritual job satisfaction as a pleasant feeling through solving the needs of patients. In this type of satisfaction, the nurse finds his/her feeling good and relieving fatigue in the patient’s satisfaction and peace. As induced from the experiences of the patients in this study, nurses incorporate patients’ care with valuable concepts such as having compassion for caring, responsible caring, commitment to patients’ health, and self-devotion in caring. This finding is consistent with many other studies (14,18,29-31).

Other findings of the study include the four main themes of: sacred profession, worshiping services, humanitarian tendencies, and having mission and purpose (meaning) in life. According

to the information obtained from the interviews, the first main theme extracted was sacred profession. This experience quite matches with the concept of spirituality which has been studied in numerous studies (32,33). In almost all studies conducted about the concept of spirituality in the academic literature of nursing, this concept has been associated with key elements such as Self, Others and God. In the light of this attitude that the patient can be a source of blessing, his/her care needs to be defined differently. Nursing is no longer summarized in a series of mechanical actions based on task descriptions (10,30). Naturally, no satisfaction is obtained if one evaluates nursing based on its ordinary and material aspects. However, if the nurses believe in their work and feel that God sees their actions, not only they won't feel tired of doing the affairs of the patients, but also regard it as an opportunity to worship God and attain his satisfaction. In fact, in this study, job satisfaction was observed to be rooted in a value system. In this type of satisfaction, the nurses find their feeling well and relieving fatigue in patient satisfaction and peace. In a study comparing three groups of Iranian nurses working in and out of Iran, Emami revealed that one of the most important aspects of their job satisfaction was ethical issues and spiritual values (14,34-36). Spiritual values are rooted in the beliefs of these nurses, because, in Islam, caring for the patient is based on divine revelations (21) and therefore the participants in the study sought their job satisfaction in providing the satisfaction of their patients and God. In this attitude, the patient and God satisfaction are not separated from each other, but from the Islamic point of view, caring is actually serving God and the patient is seen as a surrogate of God. The findings of this study are in line with O'Brien's (5) findings about nurses' experiences in caring for Muslim patients as well as the study of Almutairi et al (20). They described the relationship with God as a spiritual need in American nurses. Khorami Markani et al. also showed that the experience of spirituality appears in nurses through the two main categories of religious and existential aspects in

the Islamic cultural context of Iran. The findings of this study is consistent with the holistic view of Islam about caring for all aspects of human existence (19).

The second main theme was humanitarian tendencies. In the present study, due to high tensions of the psychiatric wards, the participants' attitudes were positive and were manifested as human understanding and emotional attention. The findings of Ramezani et al. (30) and Ho et al. (37) concur with this finding. Perhaps the above finding is due to the legitimacy that the participants gave to the mentally ill. Sometimes, the nurses in psychiatric wards fall victim to the realization of their treatment ideals and the process of treating patients and are forced into conflict without wanting to do so, which sometimes result in physical injuries in them. The nurses, in this context, consider themselves solely responsible for trying to control the patients' condition and soothe their pain rather than confronting them (1,9).

Another prominent theme was worshiping services and spiritual rewards, which included a constant and dynamic search for reinforcement and gratification through serving the patient. Due to the nature of spirituality, it is difficult to perceive it only through objective analysis. Thus, in this study, spirituality was analyzed through observing measures such as reaching inner peace, a sense of going to the metaphysical world, moving toward forgiveness of sins, and feeling fortunate and combining their meanings. This finding is in agreement with the results of the studies of Ramezani et al. (30) and Burkhard and Stout et al. (38). In this context, the belief in the Afterlife was one of the presuppositions of this kind of service. Nurses stated that trying to understand the meaning of worshiping, fasting, going to the mosque, religious rituals and paying less attention to material things is important to them, because in Islamic worldview, doing such affairs help to their salvation in the Hereafter. Belief in the Hereafter is one of the fundamental tenets of Islam, and all human actions are dealt with on the Day of Judgment. This finding is consistent with the results of the studies of

Herlianita (21) and Jafari et al. (22). The participants of their studies experienced the positive impact of the patients' prayers in their personal lives, and believed in the success and health of their families as a result of the patient's good prayers and the spiritual rewards God had given them.

The last important theme expressed in the nurses' experiences was having mission, and purpose in personal and professional life. Spirituality as an integrated force or a multidimensional concept has been explored in most studies of nursing, especially qualitative studies. Typical characteristics of spirituality in these studies were seeking meaning and purpose in life, establishing communication, and attaining transcendence. The results of this study are in line with the results of other studies including Ramezani et al (30), Baldacchino (39) and Cooper et al. (40). In their studies, the search for meaning and purpose has been interpreted as the existential aspect of spirituality as well as the experience of superior power in daily life. Various studies conducted about the meaning of spirituality in the behaviors of Christian nurses and patients have shown the importance of finding meaning and purpose in life as a primary motivating force and a reference framework for regulating human behavior (37). Given the universality of meaning and purpose in life as an important characteristic of spirituality in different religions, the Islamic religion also takes full account of this. It was well reflected in the experiences of nurses working in psychiatric wards.

### Conclusion

It seems that the spiritual satisfaction of nurses should be reinforced more than before, because if the burden of nursing services is evaluated based on a quantitative scale, the problems that exist in the nursing system will destroy the nurses' spirit and body and will eradicate their desire to serve. This highlights the need for urgent attention to the issue in all areas of management, hospitals, universities, as well as the Ministry of Health, in order to strive for the spiritual education of nurses. On the other hand,

the presence of the researcher during interviews and the possible emergence of emotional reactions among the participants was one of the limitations of this study. However, it was attempted to control this case by providing complete explanations and a relaxed environment. Since the present study was conducted based on qualitative method, its generalization of its findings to the society is weaker than the results of a quantitative research. Thus, it is recommended to conduct similar quantitative research.

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### Conflicts of Interest

In the present study, the authors showed no conflict of interest. This research was funded personally and not supported by any particular organization.

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