

Nurses Role in Spiritual Care Towards Reduction of Psychological Trauma in Terminal Illness: Literature Review

Chukwu, Chinenye Chituru Chichi

Department of Nursing, Madonna University Elele

Olawale, Oladapo

Department of Medical Surgical Nursing, School of Nursing, Babcock University

Gbekumo, Gloria

Faculty of Nursing, Fedreal University Otuoke

Ozu, Obhosamologi Frederick

Faculty of Nursing, Federal University Otuoke

doi: <https://doi.org/10.37745/ijhpr.13/vol12n22537>

Published June 30, 2024

Citation: Chukwu, C.C.C., Olawale O., Gbekumo G., and Ozu, O. F. (2024) Nurses Role in Spiritual Care Towards Reduction of Psychological Trauma in Terminal Illness: Literature Review, *International Journal of Health and Psychology Research*, Vol.12, No.2, pp.25-37

Abstract: *Terminal illness is one of the most devastating moments of a person's life. Nurses witness the psychological trauma associated with terminal illness first hand and are in the position to ensure that patients receive spiritual care during this period of emotional upheave. Spiritual care and support have been shown to result in greater longevity, improved coping skills and increased hope, leading to a reduction in psychological trauma. The aim of this research is to review past literature to enable the understanding of the nurse's role in spiritual care towards reduction of psychological trauma in terminal illness. The study utilized literature review of web-based articles and journals using multiple databases. Following the literature search, eight articles met the inclusion criteria and were selected. The result was summarized in two main categories, nurses' role in spiritual care, and nurses' role in the use of spiritual care towards reduction of psychological trauma in terminal illness. The study concluded that for effectiveness of spiritual care towards reduction of psychological trauma, the nurse must be knowledgeable and understand her role in administering spiritual care. As spiritual care helps the patient connect to the world, in the mist of hopelessness, which enhances feeling of sense of purpose and reduces caregiver stress.*

Keywords: nurses, spiritual care, terminal illness, trauma, psychological trauma

INTRODUCTION

Diagnosis of a terminal illness commences a challenging and often stressful time, facing one's own mortality is one of the most devastating periods in life. The patient's spiritual life is often challenged and spiritual needs may be awakened or become more prominent. The relationship between human mind and illness has occupied the literature in the time past. Elk and Hagan (2017) stated that on a National Inpatient Priority Index of patient satisfaction, assessing over one million patients, emotional and spiritual needs ranked second. As it is assumed that people who have spiritual health are termed to be powerful, strong, and assumed to have control power over certain things and this is very crucial in terminal illness.

Terminal illness means a disease or condition which can't be cured and is likely to lead to someone's death as medical help is of no help in restoring the physiological well-being, it's sometimes called a life-limiting illness. In terminal illness the psychological wellbeing is altered as it leads to, loss of dignity, loss of self-esteem, and feelings of hopelessness. Coping with the pain, grief, and anxiety that comes from a terminal illness is not only physically overwhelming but it also affects the spiritual wellbeing of the patient (Kaiyare, 2014). Patient feels hopeless, devastated, and unable to process the sudden change in life process, as they go through psychological, physical, physiological, social and spiritual stress. Maintaining spiritual wellbeing of such a patient is very important for psychological wellbeing stability. Dhaman and Paul (2011) stated that although patient experiencing terminal illness may find their long-dormant spiritual life reawakened, their spiritual needs may still be poorly addressed and unmet at the end of life. Spiritual care can easily be omitted or ignored for fear of intruding into the patient's personal beliefs. Also some nurses do not get involved in patients spiritual care because of their personal religious belief. The interrelatedness of psychological well-being and spiritual health is very vital for the stability of human body especially in terminal illness when medical care fails.

Typically, these needs may include giving life a meaning at that pointing time, forgiving others and also being forgiven giving, completing unfinished tasks, dying peacefully, and finding hope in earthly life or in life beyond death depending on patient's belief. It may also include the need for religious ceremonies, companionship, children, involvement with family, and decision making, as well as time to be alone and reflect and connect with nature and God (Dhaman & Paul 2011). World Health Organization determined that a person's health care needs include physical, mental, social and spiritual well-being. To define spiritual care is a complex issue, as Spiritual care is an intrinsic and dynamic aspect of humanity through which an individual seeks meaning, purpose and transcendence, and experience relationship to self, family and others in connection with a supreme being. Spiritual care has increasingly become more central throughout healthcare system.

Nurses are often the first to detect health emergencies and also stay by the patient through the period of care and even to the point of death. It is important for nurses to identify spiritual needs and provide holistic care. Despite the explanation of the status of spiritual care in health, spiritual care wasn't considered part of nursing therapeutic care. Presently, with the focus on individualizing patient care and total patient involvement nurses are increasingly being asked to identify and fill spiritual needs of the patient. This implies that nurses are to be aware of and sensitive to their patients' spiritual needs as a dimension of holistic nursing care (Giske & Cone 2015). Recent years have brought broader awareness and openness to the concept of role and spiritual care towards psychological healing in terminal illness. This study aims to use literature review to explore the role of nurses who play pivotal role in healthcare institution on spiritual care towards reduction of psychological trauma.

ROLE OF NURSING IN SPIRITUAL CARE IN TERMINAL ILLNESS

Spiritual nursing care is described by Van et al cited by Monareng, (2013) as simply actions of assisting a patient to recognize a personal unique meaning of life in times of sickness, to strengthen that person's relationship with self, others and God and to bring an appreciation of nurse's spiritual actions or interventions in the immediate environment of care. Ahmad and Mohhamend (2019) explored the definition of concept of spiritual care and they concluded that Spiritual health is about the connection with self (personal dimension), others (social dimension), the nature (the environment) and God (transcendental dimension).

Caring for terminal ill patients is one of the most difficult aspects of nursing practice as terminal illness alters biopsychosocial spiritual wellbeing and reduces self-worth which imposes hopelessness (Monareng, 2013). In this helpless state, as medical knowledge fails, human tend to seek help from a higher being and this leads to spiritual awakening and result in spiritual distress. Nurses' understanding of how Spiritual care creates a balance between physical, psychological and social aspects of human life is very vital in terminal illness as it preserves psychological wellbeing of the patient. Although theoretical and empirical literature addressing spiritual care as it relates to nursing practice is increasing and emerging as an important body of knowledge, spiritual nursing care is still not well understood, nor applied meaningfully in practice (Monareng, 2013).

In view of international council of nursing definition of nursing as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings (International Council of Nurses, 2002 ICN). It is imperative that in terminal illness nurses collaborate with others to ensure the patient's dignity is maintained till end of life or recovery and this includes spiritual care. Edwards, Shiu & Chan (2010) opined that unmet spiritual concerns or needs can lead to distress and unnecessary physical and emotional suffering. Nurses as patient advocate who understands emotional upheaval associated with terminal illness should offer

spiritual care to the patient which will help patient to cope better in the new situation. Assessing spiritual needs and providing spiritual support is considered essential for quality care (National Palliative and End of Life Partnership, 2015, World Health Organization, 2018, American Nurses Association, 2015 ANA).

Spiritual assessment in nursing practice

Areas to explore include religion of the patient which is part of patients' data on admission. What religious practices the patient is engaged in or patient will require during admission to the hospital. Additionally, what is the role of these beliefs in managing circumstances that are influential to patient's health? What brings peace, comfort, and connection to the patient and provides a source of hope (Cornerstone & More, 2018).

The patient may explicitly express this need, or the need may be implied. Patients or their families who are experiencing spiritual distress may express a loss of control in their lives, lack of hope, fear of the future, having no purpose, or a belief of being punished. These statements are not a complete list, but are examples of conversations nurses may have with patients or family members. The nurse needs to be cognizant of what the patient is communicating, regardless of how the need is expressed. If the nurse is not attentive, he or she may not recognize these statements as a request for spiritual help (Cornerstone & More, 2018).

It is more tasking when patients present no clues to their spiritual needs or preference or their spiritual needs are not familiar to the nurses. Many nurses' experience difficulty in administering spiritual care as a result of lack of experience, and lack of time in discussing spiritual needs with the patient as it is a delicate or sometimes personal to the patient. Conducting the spiritual assessment on admission will equip the nurse with information required for spiritual care and also strengthen the nurse -patient relationship.

Timmins and Caldeira (2017) stated that assessing spirituality and the spiritual needs of patients is fundamental to providing effective spiritual care. There are various assessment tools available for nurses in assessing spiritual needs of the patient and to determine whether such a patient is experiencing spiritual distress. It is important that nurses understand the role of team work and their limitations in undertaking spiritual care and seek collaboration when necessary. There are several tools used in spiritual assessment of the patient but for the purpose of this study the following three will be discussed: FICA, HOPE and Open invite spiritual assessment tool.

Faith, Important and Influence Spiritual History Tool

FICA acronym which stands Faith, Importance and Influence, Community and Address/Action in Care was developed through a collaboration between Dr. Puchalski and several colleagues in 1996 (Clinical FICA Tool, 1996). FICA Spiritual History Tool can be used during collection of data on

admission, on -going treatment, out -patient visits, annual exams, or at follow-up visits when appropriate.

Faith, Belief, meaning	Importance and Influence	Community	Address/Action in Care
Do you consider yourself to be spiritual or Is spirituality something important to you?	What importance does spirituality have in your life?" (For people not identifying with spiritual ask about the importance of their sources of meaning	Are you part of a spiritual community	How would you like me, as your healthcare provider, to address spiritual issues in your healthcare
Do you have spiritual beliefs, practices, or values that help you to cope with stress, difficult times, or what you are going through right now	Has your spirituality (or sources of meaning) influenced how you take care of yourself, particularly regarding your health	Is your community of support to you and how?	
What gives your life meaning, the question of meaning should be asked regardless of whether the patient answered "yes" or "no" about spirituality. Sometimes patients respond to the meaning question with answers involving family, career, or nature.	Does your spirituality affect your healthcare decision making (Answers to these questions may provide insight regarding treatment plans, advance directives, etc	For people who don't identify with a community consider asking: Is there a group of people you really love or who are important to you? (Communities such as churches, temples, mosques, family, groups of like-minded friends, or yoga or similar groups can serve as strong support systems for some patients.	

Adapted from: Puchalski, & Romer (2000).

Tami, Betty and Puchalsiki (2010), evaluated FICA tool for spiritual assessment and concluded that FICA tool is a feasible tool for clinical assessment of spirituality. Correlates between the FICA qualitative data and quality of life (QOL) of life was also examined, and it was concluded that FICA quantitative ratings and qualitative comments were closely correlated with items from the QOL tools assessing aspects of spirituality.

The second spiritual assessment tool in this study is **Open invite**. Open Invite, is a patient-focused tool that encourages spiritual dialogue. It is structured in a way that it allows patients who are spiritual to speak further, patients who are not to easily opt out. It reminds nurses of their role in opening the door to conversation and allows patients to discuss their needs (McCormick, 2014). Open invite reminds the care giver of the role to open conversation and invite client/ patient to discuss their needs. Open invite uses questions such as:

Do you think/feel that your spiritual health or related practices or belief is affecting your physical health.

What spiritual beliefs, practices, and resources might positively impact on your health (faith and health connection).

Another spiritual care assessment tool is Hope Question. The HOPE questions incorporate spiritual assessment into the patient interview (McCormick, 2014). Hope spiritual assessment identifies the following:

HOPE Spiritual Assessment tool.

<p>H: Hope I was wondering, what is there in your life that gives you internal support? What are your sources of hope, strength, comfort and peace? What do you hold on to during difficult times? What sustains you and keeps you going? For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you? If the answer is "yes," Would it be helpful for you to speak to a clinical chaplain/community spiritual leader? Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products). If the patient is dying: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months? go on to O and P questions. If the answer is "no," consider asking: was it ever? If the answer is "Yes," ask: What changed?</p>	<p>o: Organized religion Do you consider yourself part of an organized religion? How important is this to you? What aspects of your religion are helpful and not so helpful to you? Are you part of a religious or spiritual community? Does it help you? How?</p>	<p>P: Personal spirituality/practices Do you have personal spiritual beliefs that are independent of organized religion? What are they? Do you believe in God? What kind of relationship do you have with God? What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)</p>	<p>E: Effects on medical care and end-of-life issues Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relations with God?). As a nurse is there anything that I can do to help your access the resources that usually help you? Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Adapted from American Family Physician (2012).

CONCEPT OF SPIRITUAL CARE TOWARDS REDUCTION OF PSYCHOLOGICAL TRAUMA IN TERMINAL ILLNE IN NURSING PRACTICE

Psychological trauma compounds patients' problem in terminal illness, the patient losses control of his being. The thought of impending death triggers spiritual distress as medical intervention is no longer of help. Lack of control become so intense and patient gets demoralized. There is Spiritual distress because the patient is unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life as there is conflict between their beliefs and what is happening in their life (Anandarajah & Hight, 2001). This distress can have a detrimental effect on the psychological wellbeing of terminally ill patient.

Administering spiritual care will help patient to have greater control of his emotions as it concerns his condition, gaining control of his psychological being will motivate patient to shares his burden with the people around and his spiritual connect. Spiritual care has many definitions, in this context of nursing care in terminal illness, it is the care rendered to patient to enable them connect with self, others and also with a higher being (Herdman & Kamitsuru, 2014). It assists patient to participate in their specific spiritual belief, helping them to develop their personal values, relief psychological stress and restore hope even in the face of uncertainty as patient searches for inner meaning, peace and purpose of life.

Spiritual care has many benefits for relieve of psychological trauma and overall well- being in terminal illness. Identifying the role of nurses in spiritual care as a means of reliving hopelessness and psychological trauma associated with terminal illness will preserve patients' emotional state, relieve hopelessness and restore dignity. Patients who get spiritual help in the face of hopelessness imposed by terminal illness are considered to have better coping ability and are more psychologically healthy. Studies in the past opined that spiritual care eases the stress and psychological anguish that often accompany terminal illness, and find a way to navigate this challenging new journey (Yusefi & Heider, 2017).

METHODOLOGY

The study was performed as a literature review using matrix method allowing a review of literature across methodological approach. The literature search was performed including relevant studies published between 2010 and 2021. The researcher carefully articulates the overview of literature in a specific area in an up-to-date well -structured manner that will add value, identify gaps and also compare the methods used in carrying out the researcher that resulted in articles under review. The study also identifies topics or questions requiring more investigation discuss the findings and summarize the findings (Snyder, 2019).

Literature review is the research design in this study. The choice of literature review is to gain insight on the nurses' role in using spiritual care towards reduction of psychological trauma in

terminal illness. Previously researches have carried out research on spiritual care in different countries but there is scarcity of literature on the use of spiritual care towards reduction of psychological trauma in terminal illness and the findings have not been widely summarized and discussed.

Search strategy /Article selection and criteria

Search terms were developed based on the key words in the study title such as spiritual care in nursing, role of nurses in spiritual care, psychological care in nursing etc. Search was limited to publications in English and published within 2010-2021. Twenty electronic databases were searched online and articles screened. Some of the search includes: Spiritual Care in Nursing Practice in Veteran Health Care, Implementation of spiritual care in patients with diabetic foot ulcers: A literature review, Clinical supervisors' understanding of spirituality and spiritual care in nursing: A South African perspective, Spiritual care interventions in nursing: an integrative literature review etc.

The first step in article selection was to select the relevant articles by looking at the title to see if it meets the criteria, duplicates were removed based on inclusion criteria and limitations. The inclusions criteria were used to find the most useful data for the research. After the articles' abstracts review, only qualified articles were selected.

Result of the selection: eight studies provided a tripartite understanding of spiritual care as a tool towards reduction of psychological trauma in terminal illness within the priority theme

Eight articles reviewed and their main findings

Article title	Year of publication	Methodology	Major Findings
Spiritual care provision to end-of-life patients	2020	Systematic literature review	
	2017	Overview	
	2014	Literature study	Nurses who provide spiritual care operate from an integrated holistic worldview, which develops from personal spirituality, life experience and professional practice of working with the dying. This worldview, when combined with advanced communication skills, shapes a relational way of spiritual caregiving that extends warmth, love and acceptance, thus enabling a patient's spiritual needs to surface and be resolved.
Nurses' Roles in the Spiritual Care of Patients with Terminal Illness	2014		
	2019		Nurses are the closest health caregiver to patients on admission. Nurses are their best advocates in the hospital setting. They are well-positioned to recognize the spiritual distress in patients with terminal illness. They should take up this responsibility.
	2013	Descriptive qualitative study	
To support the mental wellbeing of patients in palliative care	2013		
	2018	A nonrandomized controlled trial.	Psychological stress/ depression in palliative care is the most frequently observed symptom in patients with a life limiting disease, this can have a bad effect over time on the mental wellbeing of the patient leading to increased likelihood of having an experience of a bad death. The nurse should offer an intervention of planning care so that the patient is not lonely, but treated with compassion and dignity
The Importance of Spiritual Care in Nursing Practice			The significance of spiritual care is based on theoretical, scientific, and humanistic points of reference (the discipline of nursing) that strengthen the

<p>Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses</p> <p>An exploration of how spiritual nursing care is applied in clinical nursing practice</p> <p>Psychological responses of terminally ill patients who are experiencing suffering</p> <p>Emotional Distress of Patients at End-of-Life and Their Caregivers: Interrelation and Predictors</p>		<p>Qualitative, explorative and descriptive study</p> <p>A qualitative study (phenomenological approach)</p> <p>Cross - sectional study.</p>	<p>therapeutic relationship between the patient/family–nurse. The study proposed the integration of spiritual care concept in the nursing curriculum.</p> <p>A spiritual care training protocol for nurses based on the concept of mutual growth with patients enhances nurses’ spiritual well-being and spiritual care competencies.</p> <p>Recommendations suggest that the scope of practice and curriculum of training of nurses be reviewed to consider how spiritual nursing care can be evidenced and realized both in the classroom and in the clinical setting. Spiritual nursing care is still a neglected and seemingly complex component of patient care. However, the scientific worldview practices, beliefs and insufficient statutory endorsement of such care hamper its realization in practice.</p> <p>Nurses, need to alleviate the impact the terminal illness has on the subject, not only by controlling the symptoms but also encouraging the patients’ responses, by promoting the feeling of satisfaction in life, providing honest, sensitive information, establishing with the patient realistic goals, and facilitating a quality communication between patients and their family which will relieve psychological stress.</p> <p>This study suggests the need of implementing intervention programs in order to reduce the psychological distress of the patients at the end of life.</p> <p>Gap identified in the literature search Though nurses frequently give psychological care to patient most time such care is not documented. Assessment of spiritual distress by nurses is not well defined and the use of spiritual assessment tool is not widely used by nurses. The use of spiritual care towards reduction of psychological trauma in terminal illness is not also well documented by nurses</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DISCUSSION

Though total nursing care which is termed holistic nursing care incorporates individualizing patients’ care, spiritual care wasn’t considered as part of core nursing care, spiritual care is still an emerging concept in nursing practice in many parts of the world even though is part of nursing diagnostic tool as stated in North American Nursing Diagnosis Association (NANDA). Spiritual care is one of the vital needs of a terminally ill patient and also one of the most difficult tasks imbedded in daily nursing care. Understanding the concept of spiritual care in nursing practice is still limited to religious belief, cultural practices and practice setting.

Concept and practice of the use of spiritual care towards reduction of psychological trauma in developing countries has been in practice for years but there is paucity of formal literature in this aspect of nursing care because such care is considered as social norm (what should be done) in

developing countries hence nurses do not document such care. To implement spiritual care, the nurse must assess, diagnose, and respond to the needs of each patient and his or her significant others. Batstone (2020) concluded that Nurses who provide spiritual care operate from an integrated holistic worldview, which develops from personal spirituality, life experience and professional practice of working with the dying.

Diagnosis of terminal illness engulfs patients in psychological upheaves. The intense emotion is associated with the thought of dying, not getting to say goodbye, leaving family members without a provider, loss of independence, and being a burden to their families and friends etc. Such patient's spiritual being is awakened as human effort fails. The nurse who assessed the patient and diagnosed psychological distress as a result of spiritual needs should understand that she owes the patient a duty of care and should collaborate with other healthcare care team members to ensure the patient gets needed spiritual care. This is in line with the findings of Yusefi & Heider (2017) which opined that spiritual care eases the stress and psychological anguish that often accompany terminal illness.

CONCLUSION

Spiritual needs may take the form of religious observance, prayer, meditation or a belief in a higher power. For others, it can be found in nature, music, art or a secular community as spirituality is different for everyone. For effectiveness of spiritual care towards reduction of psychological trauma, the nurse must be acquitted with the importance and benefits to be able to carry out such care. Spiritual care helps the patient connect to the world, in the mist of hopelessness, the impact of spiritual care will help the patient feel a sense of purpose to the people around and the world around. This will help the patient accept the care rendered, communicate openly and accept others and feel more of been around people than being in solitude. Having feeling of not been alone will create inner peace during this difficult

REFERENCES

- Ana Soto-Rubio, Marian Perez-Marin* Jose Tomas Miguel, and Pilar Barreto Martin(2018). Emotional Distress of Patients at End-of-Life and Their Caregivers: Interrelation and Predictors: Published online 2018 Nov 6. doi: 10.3389/fpsyg.2018.02199
American Family Physician January 1, 2001/volume 63, Number 1 www.aafp.org/afp
American Nurses Association (2015). Code of ethics for nurses with interpretive statements. <https://www.nursingworld.org/coe-view-only>
Ahmad, S. M & Mohammad, A. Q (2019). Barriers to Provision of Spiritual Care intervention for Hospitalized Patients: Perceptions of Jordanian Nurses. https://www.researchgate.net/publication/332318469_Barriers_to_Provision_of_Spiritual_Care_intervention_for_Hospitalized_Patients_Perceptions_of_Jordanian_Nurses.

- Batstone E., Bailey C & Hallett. N (2020). Spiritual care provision to end-of-life patients: A systematic literature review. *J Clin Nurs.* 2020 Oct;29(19-20):3609-3624. doi: 10.1111/jocn.15411. Epub 2020 Jul 27.
- Clarke, J. (2013). *Spiritual care in everyday nursing practice: A new approach*. Basingstoke: Palgrave Macmillan.
- Clinical FICA Tool (1996). *GWish Spiritual Assessment Tool*. <https://smhs.gwu.edu/spirituality-health/program/transforming-practice-health-settings/clinical-fica-too>
- Cornerstone, C. & More, C. (2018). The Essence of Spiritual Care. *Creative nursing*. https://www.researchgate.net/publication/323483008_The_Essence_of_Spiritual_Care/citation/download. DO - 10.1891/1078-4535.24.1.36
- Dhamani, k. A., Paul, P & Olson, J. k(2011). Tanzanian Nurses Understanding and Practice of Spiritual Care. *International scholarly research notices*. <https://doi.org/10.5402/2011/534803>
- Edwards, A., Pang, N., Shiu, V., & Chan, C. (2010). The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: A meta-study of qualitative research. *Palliative Medicine*, **24**(8), 753– 770. <https://doi.org/10.1177/0269216310375860>
- Elk, R., Hughes, B., DeGregry. C & Graham. D (2017), The Role of Nurses in Providing Spiritual Care to Patients: An Overview: *the journal of nursing*. <https://www.asrn.org/journal-nursing/1781-the-role-of-nurses-in-providing-spiritual-care-to-patients-an-overview.html>.
- Elizabeth .B., Cara, B. & Nutmeg. H.(2020). Spiritual care provision to end-of-life patients: A systematic literature review. <https://doi.org/10.1111/jocn.15411>.
- Faith and Health Connection. Spirituality and Health – Why the Connection Exists www.FaithandHealthConnection.org.
- Gerrish, K. & Lacey, A. 2010. The research process in Nursing. Sixth Edition. Blackwell Publishing Ltd.
- Giske, T., & Cone, P. (2015). Discerning the healing path – how nurses assist patient spirituality in diverse health care settings. *Journal of Clinical Nursing*, **24**, 2926– 2935. <https://doi.org/10.1111/jocn.12907>
- Gowri, A and Ellen. H, (2001). Spirituality and Medical Practice: Using the .HOPE Questions as a Practical Tool for Spiritual Assessment. *Am Fam Physician*. 2001 Jan 1;63(1):81-89. <https://www.aafp.org/afp/2001/0101/p81.html#sec-5>
- Hannah, S. (2019). Literature review as a research method logy: An overview and guidelines. *Journal of Business Research* 104:333-339. doi.org/10./016/j.jbusres.2019
- Hu, Y., Jiao, M. & Li, F. (2019). Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *BMC Palliat Care* 18, 104. <https://doi.org/10.1186/s12904-019-0489-3>.

- International Council of Nurses (ICN) (2002). Nursing definition . <https://www.icn.ch › nursing-policy › nursing-definitions>
- Kaiyare, D.N (2014). To support the mental wellbeing of patients in palliative care. A literature study. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.956.407&rep=rep1&type=pdf>
- Montoya-Juarez R., Garcia-Caro MP, Campos-Calderon C, Schmidt-RioValle J, Gomez-ChicaA, Marti-García C, Cruz-Quintana F. (2013). Psychological responses of terminally ill patients who are experiencing suffering: A qualitative study. *Int J Nurs Stud.* 2013 Jan;50(1):53-62. doi:
- Monareng, L.V. (2013). An exploration of how spiritual nursing care is applied in clinical nursing practice. *Health SA Gesondheid*, 18(1), Art #635, 8 pages. <http://dx.doi.org/10.4102/hsag.v18i1.635>
- McCormick, T. R. (2014). Spirituality and Medicine. <https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/79>.
- Mayo clinic, lifestyle stress management .<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress-relief/art-20044464>
- National Palliative and End of Life Care Partnership. (2015). Ambitions for palliative and end of life care: A national framework for local action 2015–2020. <https://www.endoflifecareambitions.org.uk>.
- Nursing and Midwifery Council. (2018). Future nurse: Standards of proficiency for registered nurses. <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf>.
- Ojewole, F & Ojewole, A.O (2017). Nurses' Roles in the Spiritual Care of Patients with Terminal Illness. *Asia-Africa Journal of Mission and Ministry*. DOI:10.21806/aamm.2017.16.04
- Puchalski. C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of palliative medicine*, 3(1), 129-137
- Rafael, M., PazGarcia-Caro C., Campos-Calderon J., Schmidt-Rio.V. AntonioGomez-Chica C., FranciscoCruz. Q. (2018). Psychological responses of terminally ill patients who are experiencing suffering: A qualitative study.international journal of nursing studies. <https://www.sciencedirect.com/science/article/abs/pii/S0020748912002891>
- Snyder. H. (2019).Literature review as a research method logy: An overview and guidelines. *Journal of Business Research* 104:333-339. DOI:10.1016/j.jbusres.2019.07.03910.1016/j.jbusres.2019.07.039
- Timmins and Caldeira (2017), Evidence base practice , assessing the spiritual needs of patients. <https://journals.rcni.com/nursing-standard/assessing-the-spiritual-needs-of-patients-ns.2017.e10312>

- Tami, B., Betty, F. C. & Puchalski, M. (2010); Evaluation of the FICA Tool for Spiritual Assessment: *Journal of Pain and symptom management*.40(2). <https://pubmed.ncbi.nlm.nih.gov/20619602/>.
- The Spiritual Assessment -- <http://www.aafp.org/afp/2012/0915/p546.html>
- Veloza-Gómez, M, Guevara-Armenta, C & Mesa-Rodríguez,S (2016). The Importance of Spiritual Care in Nursing Practice. *Journal of Holistic Nursing American Holistic Nurses Association*. <http://jhn.sagepub.com>, 10.1177/0898010115626777.
- World Health Organization (2018). WHO definition of palliative care. <http://www.who.int/cancer/palliative/definition/en/>.
- World Health Organization(2021). Nursing encompasses autonomous and collaborative care of individuals of all ages Nursing and Midwifery. https://www.who.int/health-topics/nursing#tab=tab_1.
- Yousefi, H & Heidar A (2017). Spiritual care in hospitalized patients. *Iran J Nurs Midwifery Res*. 2011 Winter; 16(1): 125–132. <https://pubmed.ncbi.nlm.nih.gov/22039390/>.