Spirituality in nursing: An analysis of the concept

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Abstract

There is scientific evidence that the spiritual well being of a person can affect quality of life and the response to illness, pain, suffering and even death. In spite of this evidence, spirituality in nursing has not been examined within a South African context. The purpose of this study was to describe the phenomenon of spirituality from the perspective of nurses and patients/clients with the aim of generating a middle range theory of spiritual care in nursing.

A qualitative mode of inquiry using a grounded theory method was applied. A sample of 56 participants composed of 40 nurses, 14 patients and 2 relatives of patients was recruited by theoretical sampling procedure from one public hospital, one private hospital and one hospice setting. Focus group interviews and one on one in depth interviews were conducted. An audio tape recorder was used to record the interviews. Field notes and memos were also kept.

Data were collected and analyzed simultaneously. Non - numerical Data Qualification Solutions NUDIST software was used to code data into different levels of codes.

The results were rich descriptions of the concept of spirituality. This concept was described as a unique individual quest for establishing and, or, maintaining a dynamic transcendent relationship with self, others and with God/supernatural being as understood by the person. Faith, trust and religious belief were reported as antecedents of spirituality, while hope, inner peace and meaningful life were reported to be consequences of spirituality.

Introduction

Over the past two decades there has been a growing increase in discussions about the concepts of human spirituality and spiritual care in relationship to holistic caring (Oldnall, 1996: 138). This recent upsurge of interest in matters of spirituality is not only in the nursing profession, but also in politics, education, Theology and in other health related professions (Carr, 1996: 159; Louw, 1995: 47). Carr (1996: 159) argues that this recent attention to matters of spirituality can only be associated with the urgent need for a rigorous philosophical analysis in a realm where the bulk of the talk is notoriously fast and loose. Indeed, by far the most pressing problem concerning the construction of a plausible account of spirituality relates precisely to the looseness with which every day language is used to describe spirituality (Carr, 1996: 159). Research suggests that spirituality can influence a person's health, and the quality of life lived (Ross 1995: 457). It was for this reason that the researchers decided to conduct this study.

The purpose of the study

The purpose of this study was to analyse the concept of spirituality from the perspectives of both patients/clients and nurses in South Africa, with the aim of uncovering distinctive and shared meanings of this phenomenon. There are no research studies that have been reported in South Africa on human spirituality in nursing, therefore there is a need to investigate this phenomenon in order to incorporate it into nursing care.

Background of the study

Nurses describe their professional uniqueness in patient care as embedded in the concept of holistic caring in which a person is viewed as a unique bio-psycho-social, moral, and spiritual being (Oldnall, 1996: 138). The central tenet of holism is unity of all aspects that make a human being. Holism is based upon the premise that the whole is greater than the sum of its parts (Goddard, 1995: 808). The opposite of holism found in nursing practice is the fragmenta-

tion of a person into a body in bed, a case for surgery, a disease for pathological investigations (Salladay and McDonnell, 1989: 543). In response to the challenge of caring for the person as a whole, the International Council of Nurses' (ICON) code of ethics (1973) incorporated spiritual care as part of the nurses' responsibilities.

Defining human spirituality is not an easy task. Nursing literature reveals that there is a plethora of definitions which include a need for meaning and purpose in life, a need for hope, trust, faith in self, others and in a power beyond self, a need for forgiveness, a need to establish and maintain a dynamic relationship with self, others and the Ultimate Other (Carson, 1989: 5; Goddard, 1995: 809; Golberg, 1998: 837; Sardana, 1990: 31; Shelly & Fish, 1988: 37;). There is scientific evidence from North American and British studies and literature that the spiritual well being of a person can influence the quality of life lived and the general response to the crisis of illness, suffering, pain and even death (Ross, 1994a: 439). The manner in which spirituality is conceptualised and defined will have significant implications for professional nursing practice, nursing education and further development of the ontology and the epistemology of nursing (Goddard, 1995: 811). In spite of this interest in spirituality, there are no studies that have been recorded in South Africa on spirituality as it relates to patient care.

Statement of a problem

The problem that was identified in this study was the absence of an explicit description of the concepts of spirituality within a South African context. Concept clarification is imperative if South African nurses and patients/clients are to recognize spirituality within a broader context of holism. The implicit nature of spirituality needed to be explicated from the perspective of those giving and receiving nursing care. The identification of the essential constitutive elements of the phenomenon of spirituality will be helpful to nurses providing care.

Research questions

The research questions that this study endeavoured to answer were;
1.   What were the descriptions given by nurses, patients /clients and patients' relatives to the concepts of spirituality?
2.   How did spirituality influence nurses, patients/clients' responses to illness, pain suffering and death?
3.   What were variances, complexities and diversities inherent in the descriptions of spirituality?

Significance of the study

Although there is an increasing recognition of the spiritual dimension of a person and a need for spirituality to be incorporated in patient care, there is still obvious conceptual disparity, vagueness and ambiguity in the descriptions given by different authors (Goddard, 1995: 808). Several factors have been identified as the cause of this ambiguity and vagueness in descriptions of the concept of spirituality. Piles (1990: 37) found that spiritual needs were often confused with psychosocial needs. Goddard (1995: 809) also argues that the inability to distinguish between the psychosocial and spiritual needs and spirituality and religiosity have potential results of either neglect or inappropriate response to the patients' spiritual needs.

Although the scientific attention of nurses in the Western world is on issues of spirituality, no studies have been reported in South Africa on the topic of spirituality. Nurses like McConnochie (1994: 36) purport that the reality of spirituality is more of a challenge to nurses dealing with patients suffering from terminal illnesses such as acquired immune deficiency syndrome (AIDS). Often these patients feel that they have let their families, friends and God down and that they have not lived up to the standard of their own cherished values.

Literature review

The literature review that was conducted initially covered the philosophical background about human nature and human spirituality; religious perspectives on human nature and human spirituality and finally human spirituality and spiritual care as part of total patient care. The nature of the human being was the starting point for philosophical inquiry. The origin, the purpose and the human destination have always been a cause for concern to those who love wisdom (Stumpf, 1966 : 1). The philosophical arguments that were included in this literature review are Rationalism, Empiricism, Marxism, and Existentialism (Conforth, 1954:2; Descartes, 1911a:21; Kiergaard, 1941: 10, Locke, Berkeley, Hume & Reid, 1953: 12).

The philosophical arguments about reality and human nature could not answer the question of human spirituality. In spite of Descartes' emphasis on reasoning, he could not deny the existence of God or a supernatural power (Descartes, 1911a: 2; Vessey, 1986: 5;). The religions that were included in this literature review are the traditional African religion, Christianity, Hinduism, and the Islamic religion (Lang, 1991: 2; Mbiti, 1969: 54; Nadivi, 1982: 7; Sire, 1988: 16; Vilakazi, 1962: 13; Weber, 1958: 23). These religions were chosen because they are the common religions found in South Africa and specifically in the area where this research was conducted. Religion could also not fully explain the enigma of human spirituality. Lastly, the literature review examined human spirituality from both the nursing and non-nursing perspectives (Golberg, 1998: 836; Hall & Lanig, 1993: 330; Kretzschmar, 1995: 63; McGrath, 1998: 17; Mishel & Braden, 1988: 98; O'Brien, 1982: 68; Reed, 1987: 335; Ross, 1995:457; Stoter, 1995: 159; Taylor; Highfield & Amenta 1994: 479).

What could be deduced from the literature is that a human being needs power beyond himself or herself to cope with the daily demands of life (Kalumba & English, 1996: 5). This power is found in the person's spirituality (Goddard, 1995: 815). It was also reported that every human being has a natural inclination or desire to maintain a relationship with a higher being (Rasi, 1994: 225). This desire to maintain a relationship with the higher being is increased by life threat-

ening situations (Reed, 1987: 336). This is what makes the study of human spirituality such a vital component of nursing science and essential to total patient care.

Research methodology

Research Design

The research design used in this study was a qualitative grounded theory design. Qualitative grounded theory design is a mode of scientific inquiry oriented towards understanding human beings and the nature of their interactions in their natural setting (Brink & Wood, 1989: 161). The qualitative method of inquiry examines phenomena outside the context of the existing gestalt or sedimented views (Burns & Grove, 1987: 85). The purpose of a grounded theory method is to form a new gestalt in order to generate new theories. Burns & Grove (1987: 85) argue that the researcher needs to step out of the sedimented views and be open to a new gestalt that will emerge from the data and from the researchers' abstract thinking.

To conceptualise spirituality from the perspective of patients/clients and nurses within a South African context required an approach that could allow the researchers to step out of the existing gestalt about this phenomenon. The grounded theory method explores the social psychological process that is found within human interaction (Streubert & Carpenter, 1995: 145). Grounded theory explores the richness, complexity and diversity of human experiences and contributes to the development of middle range theories or substantive theories (Streubert and Carpenter, 1995: 146).

Grounded theory method is appropriate when studying areas in which very little or no research has been done and when new viewpoints or gestalt are needed to describe phenomena that are not clearly understood (Cheniz & Swanson, 1985: 7). The phenomenon of spirituality fits the criteria. There is very little research that has been done on this topic and not in South Africa. Even the research done outside South Africa showed some ambiguity in the use of this concept (Golberg, 1998: 836).

Setting description

The settings found to be appropriate for this study were hospitals and hospice settings. The hospitals selected included one public, one private and one hospice. These settings were chosen because the researchers believed that they would be more likely to access a variety of patients and nurses who could provide data that were rich, complex and diverse in describing the phenomena of interest. These settings allowed the researchers to collect data that were context bound. Context accounted for the setting as well as the events impinging on a particular setting (Chenitz & Swanson, 1985: 102).

Sampling procedure

A purposive theoretical sampling procedure was followed. Purposive sampling refers to the process of selecting participants who are rich in information needed by the re-

searcher (Morse, 1994: 91). Theoretical sampling on the other hand refers to the method of data collection whereby the researcher is guided in his or her choice of participants by previous answers received from the participants, and by the need to fill the gaps in the emerging categories and concepts (Glaser & Strauss, 1967: 45). This meant that the researcher would not begin with the fixed number of participants, but would continue selecting and adding participants until the theory was fully developed and saturation of categories was reached (Chenitz & Swanson, 1985: 103).

This study focussed on patients/clients and the nurses who were providing direct patient care on the units. The patient participants were chosen on the basis that they had a chronic and, or, terminal illness, they were adults who could give voluntary consent, they were well oriented, fully conscious, mentally sound and aware of the clinical prognosis of their illness. The researchers consulted the registered nurses who were responsible for patient care to assist in identifying such participants. This group was selected for the study because research has revealed that terminal illness tends to increase the patient's vulnerability or interest in spirituality (Reed, 1987: 339). These patients were more likely to seek a relationship that is beyond the material realm (Ross, 1994: 410).

The second group of participants that was included in the study was a group of patients who suffered from acute or chronic illnesses that were life threatening but not terminal. This group was selected on the basis of the similarities it might have with the first group to minimize the differences in the data, and to maximize similarities that bear on a category of interest (Glaser and Struass, 1967: 45).

The third group of participants that was selected was a group of healthy mothers who had just given birth to healthy infants in the hospital. The reason for selecting this group was to provide the researcher with a range of participants who varied along the continuum from healthy to terminal illness. It was assumed that these sources would provide a variety of data that were rich, complex and dense in order to verify categories and their properties as they developed. As the categories developed and the concepts emerged, the researcher continued with theoretical sampling until all gaps were filled and a theory based on different levels of conceptual generality was developed (Glaser and Strauss, 1967: 55).

The fourth group of participants that was selected was a group of nurses who gave direct patient care either in the hospital or hospice settings. This group was also chosen so that the differences between what the nurses say and what the patients say could be maximized. Finally the researcher included the relatives of some patients as the patients themselves felt that their relatives should be involved. Interviews with relatives increased the richness of the data. The Professional Nurses who were on duty at the time the researcher came to the units were very helpful in assisting the researcher to identify potential patient participants.

Sample description

The sample was composed of 56 participants recruited from

Interview table

SETTING	TYPE OF INTERVIEW	TYPE OF PARTICIPANTS	NUMBER OF INTERVIEWS	NUMBER OF PARTICIPANTS
Hospice	Focus group	Nurses	1	3
Hospice	One-on-one	Nurses	3	3
Home health care	Focus group	Nurses	1	11
Hospice	One-on-one	Patients and relatives	5	5
Public hospital	Focus group	Nurses	4	134
Public hospital	One-on-one	Patients	6	6
Private hospital	Focus group	Nurses	1	9
Private hospital	One-on-one	Nurses	3	3
Private hospital	One-on-one	Patients	3	3
TOTAL			26	56

Number of focus groups with nurses seven (7)
Number of one-on-one interviews with nurses six (6)
Number of one-on-one interviews with patients & their relatives fourteen (14).

the three settings mentioned above. Of the total number of participants, 71.4 percent of them were nurses, 25 percent were patients, and 3.6 percent relatives of patients. The reason for having more nurses as compared to patients and their relatives is that nurses were mainly interviewed in focus groups while patients were only interviewed in one to one interviews. Since the nursing profession is a female dominated profession, 80.4 percent of the participants were females and 19.6 % were males. Nurse participants reported varied years of nursing experience. The range was from 6 months to 26 years of experience. Patient participants were admitted for various reasons, which included burns, accidents, major operations, cancer, tuberculosis, diabetes mellitus, immune deficiency related conditions, delivery and postnatal complications.

Data collection

Data collection and analysis were done simultaneously over a period of six months from the middle of April to the middle of October 2000. In-depth semi-structured interviews were conducted with nurses, patients and patient's relatives on a one to one basis. In addition to one to one interviews, seven focus groups were conducted with nurses from all the settings. One focus group was held at the beginning of data collection to introduce the topic and allow brainstorming. This focus group helped to identify areas of importance in the phenomenon under investigation and it also acted as a means of developing rapport with the participants. The interviews were audio taped and then transcribed

into a text by the researcher. Hand written notes and memos were utilized to provide back up information. All interviews were conducted in the language the participants felt comfortable with. Zulu and Xhosa speaking patients were interviewed in their language and the recorded information was translated into English by the researcher. An independent nursing colleague who was not part of the study and was fluent in all three languages checked the accuracy of translation. (Table. 1)

Data analysis

Data collection and analysis were conducted simultaneously. The data were analysed using the editing style. According to Crabtree (1992: 3) editing style of data analysis is an appropriate approach when analysing data for developing a grounded theory. The guidelines that were followed were extracted from Cheniz and Swanson (1985: 121), Tesch (1992: 2), Wilson (1988: 452), Glaser and Strauss (1967: 49), Morse (1994: 23). The software that was utilized is the Qualitative Research Solutions Non-numerical Unstructured Data ways of Indexing Searching and Theorizing modified as NVIVO QRS NUD*IST. Richards (1998: 1) developed this software to assist researchers in handling and managing complex non-numerical data (Clarke, 2000b: 1. To describe the sample composition, the researchers utilized SPSS for Windows. This software was useful in handling quantitative demographic data (Clarke, 2000a: 1).

As data collection and analysis were carried out simultaneously, the researchers read every piece of data as it came to

her line by line and paragraph by paragraph identifying words or statements made by the participants about their experience of the phenomena of spirituality and spiritual care. Wilson (1988: 456) calls this process substantive coding, while Glaser and Strauss (1967: 47) refer to the same process as concept specification. Substantive codes are used to describe dimensions, properties and consequences of the phenomena under study. The researcher went back and forth into the data verifying them with the participants, carefully reading and analysing them until all categories were fully developed and the relationships between categories and their properties were identified. The theory grounded on the data was developed through the use of both inductive and deductive modes of reasoning (Cheniz and Swanson, 1985: 127). This paper will focus on the concept of spirituality.

Scientific rigour

Scientific rigour is measured in quantitative studies by their trustworthiness or their being true to the data and their context (Lincoln and Guba, 1985: 21; Khalifa, 1993: 281). Trustworthiness refers to the quality value of the final results and conclusions reached in a qualitative research (Lincoln and Guba, 1985: 22). Trustworthiness is composed of four main aspects. The first aspect of trustworthiness is credibility. Credibility means being authentic to the data. To achieve this the researchers utilized several measures. The data and categories discovered were also discussed with the co-investigator at regular intervals.

Secondly, the researchers used triangulation, which refers to the use of different methods of data collection to enhance credibility. Triangulation was achieved by use of one to one interviews and focus groups interviews. Thirdly, the researchers utilized membership check that refers to the researcher's ability to check back with the participants to validate accuracy of information given and recorded. The researchers validated information by playing the tape back to the participants and by reading written notes back to the participants. Where possible, the participants were visited a few days after the interview to validate the accuracy of information recorded and transcribed.

Transferability is the second aspect of trustworthiness (Lincoln and Guba, 1985: 24). Transferability refers to the application of the study findings to the context in which the data were derived and to other similar context depending on the degree of fittingness between context. To ensure that the grounded theory of spiritual care can be applied to all nurse/patient interactions in all settings, the researchers utilized a variety of participants as stated under sample selection. They used patients from different units, nurses who were also from different units and relatives of patients. These participants differed in age, sex, diagnoses or experience in nursing, religious affiliation and cultural background.

The third aspect of trustworthiness of a qualitative study is its dependability (Lincoln and Guba, 1985: 24). Dependability is concerned with the stability of data in the study.

The process of data collection, analysis and interpretation needs to be monitored by experts in the method of grounded theory studies (Khalifa, 1993: 280). To ensure dependability, the researcher used the dependability audit trial technique whereby external experts were utilized in analysing data and interpreting them.

The fourth aspect of trustworthiness that was ensured in this study is confirmability. Confirmability refers to the degree to which the data confirm the findings (Lincoln and Guba, 1985: 23). To ensure that the findings represent the data, the researchers went back and forth into the data, field notes, memos audiotape and with the participants to confirm that the findings reflect the participants' responses not the researchers' own constructions and biases. When this was done, the findings were written in a descriptive form indicating the major themes, categories, concepts and their relationship with one another.

Ethical consideration

Qualitative research like all forms of research is subjected to codes of ethics for the protection of human subjects. Before the study was conducted, it was first given ethical clearance by the University of Natal research committee. Permission to conduct research was also granted by the Department of Health of KwaZulu Natal province and by the hospital / hospice authorities. The participants were given a written informed consent or informed refusal. The information about the purpose of the study, the process of data collection and analysis and how the results will be disseminated was discussed with the participants. The discussion included the risks involved in the study.

For this study there were no physical risks involved, but there were emotional discomforts associated with the nature of the topic. Some people consider spiritual issues to be private and not fit to be discussed in open. To overcome this problem, the researchers first established rapport with the participants. The participants were given opportunity to ask questions about the research procedure and purpose before giving consent to be part of the research study.

During interviews, the researchers ensured privacy by conducting interviews in a side ward that was empty. In other settings there were patient counselling side rooms. These side rooms were used to interview both nurses and patients participants. Some patients were alone in their wards. In that case the ward was used for the interview. The participants were informed that they were free to discontinue their participation at any time during the study.

Research results
The concept of spirituality

The meaning of the events was understood from the perspectives of the participants. How they defined their reality and how they acted in relation to their beliefs were important considerations in data collection. The interaction of the participants was understood at the symbolic and behavioural levels. Meanings were derived through social

interactions hence the participants were interviewed and observed in their context (Chenitz and Swanson, 1985: 120).

The concept of spirituality emerged from the responses given by participants to the question, what do you understand by the term spirituality? These responses were analysed and the concept of spirituality was developed along with its antecedents, characteristics, and consequences.

Spirituality defined

From data analysis of the responses given by the participants on the definition of spirituality, spirituality was defined as an individual quest for a transcendent relationship by establishing and or maintaining a dynamic relationship with God / supernatural being as understood by the person and with significant others. Spirituality was defined in relationship to either a person seeking a relationship with God as the superior being or a relationship with other people in order to reach out to God. This relationship is sought through belief, faith, and/or, religious practices such as prayer, worship or reading books or magazines that inspire a person to develop or maintain this transcendent relationship. A quest for a transcendent relationship was identified as the basic social process and a core variable through out the data analysis.

In their description of spirituality, the participants often specified a relationship with God/ supernatural being and a relationship with other human beings. This demonstrated that spirituality as a quest for a transcendent relationship has a vertical direction and a horizontal direction. Vertically, the relationship is directed to the supernatural being. Horizontally, the relationship is directed to other human beings. To illustrate a vertical relationship one participant said,

"Well, with me, spirituality means the person's relationship with the supernatural power, the power that person thinks it is above his or her own ability" Another participant said, *"That is just the person's relationship with God, or sometimes it is not God. The person's relationship with some type of like a Prophet or whoever they see as a spiritual leader. I think is universal."*

The second quotation includes a relationship with a human person who is thought to represent the superior being. This is an example of a horizontal relationship wherein the aim is to achieve a vertical relationship.

Sometimes the horizontal relationship was described by the concept of "ubuntu".
"Ubuntu" is the African word that describes the socially desired relationship of a person to other people. "Ubuntu" is to be a good human being, loving and being concerned with another person as described by the community members. It is a concept difficult to translate to English. One participant maintained that spirituality is "ubuntu"
"Spirituality is what I consider to be ubuntu (being human to the person). Another participant said, *"To be human is to do something good to another person, helping a*

person who is in need, like the person who has a problem needs someone to talk to. To me that is spirituality"

The above statement infers that being a spiritual person is also being a social person and it involves being part of the community and being concerned about other people's affairs. The same participant further explained what she meant by saying spirituality is "ubuntu." For her to be "ubuntu" also meant knowing God and living in accordance to His laws.
"To be a human (ubuntu) is to know God, is to live in accordance to God's laws. There are laws of nature and there are laws of God".

Linked to the concept of "ubuntu" is human value. Value to the participants referred to respect that ought to be given to the person as a human being. When these concepts were raised they were stated with regards to the patient / nurse relationship. To value human dignity is another concept that described a person's relationship with another. Valuing a patient's belief and valuing a person's religion was also mentioned. The following participant said,
"Ok, I don't know how you see it but in simple English it is to value a patient's dignity. So spirituality is valuing somebody's dignity, somebody 's beliefs and leave them to do what they want to do"

Other concepts which participants described as spirituality were found to be antecedents of spirituality rather than 'spirituality' and will be addressed next.

Antecedents of spirituality

The concepts that were identified as antecedents to spirituality included religious beliefs, faith and trust. Religious belief refers to an acceptable idea that is recognized as true and is also put into practice and it becomes part of the person's philosophy of life. Linked to religious beliefs is a concept of faith. Faith comes from the Greek word "Pistis" which incorporates belief as well as trust in its meaning. In our modern language, belief refers to a mere mental assent or an acknowledgment of facts and faith has also been used to refer to a belief in something for which there is insufficient evidence (Steed, 2000: 12). Some participants made a difference between religion and spirituality. One participant said,
"I think what happens is that religion puts people in different brackets. Religion brackets people, you are a Christian, I am a Hindu, that's an example I am giving you. I think with religion each person has his/her own practice but they all believe in the supernatural power, they all believe that but they have different means of getting to it. So religion limits people. It's practices that are handed down from generation to generation, from fore fathers to fore fathers. So we all believe in some type of supernatural power. We have different ways of showing it by having a religion."
The above statement affirms that religion is a means of expressing our spirituality, but it is not spirituality. Participants who viewed spirituality as a belief system put it this way,

"I see spirituality as a belief system for a person. It involves what you believe, it grows from there on, it grows to include who you are and how you perceive things" Another participant said *"I think spirituality is a belief that human beings are being ruled by a certain supernatural power of which they are of different kinds"*

One participant trying to emphasise her point regarding spirituality and trust or faith said, *"One may not always be able to give a rationale for pain, suffering and death, but trusting in God makes it easy to say "one day He will make plain those things that may not be fully understood today"* Faith, belief and trust are important prerequisites for a transcendent relationship. Pierson (1974: 35) said "we may with certainty trust Him where we cannot always trace Him" The exercise of faith is like that of a muscle it grows stronger with use. The more faith is exercised, the stronger it becomes (Knowles:1990: 53).

Characteristics of Spirituality

Spirituality as a quest for establishing and or maintaining a transcendent relationship is characterized by the following important variables; Firstly, spirituality is based upon the value of a person as a human being with human dignity that is derived from the link that human beings have with God / supernatural power and with one another as one participant said,
"Ok, I don't know how you see it, but in simple English it is to value a patient's dignity. So spirituality is valuing somebody's dignity, somebody's beliefs and leave them to do what they want to do"

Secondly, spirituality is a unique human experience. Every being has a different spiritual experience and thus a unique relationship with God / supernatural being and with others. The uniqueness of each person's spirituality gives that individual his or her own identity. One participant expressed this uniqueness this way,
"Spirituality is something that is within a person whether a person is in church or not or with the people that she/he fellowships with or not, that spirituality is there all the time in what the person believes in, whether among the people or all by herself/himself, spirituality is always there."

Another participant said,
" But I still think you can be part of a congregation in the church, but each person in that congregation has individual spirituality, even though you are sitting in the church listening to the same sermon, each person totally attacks it at a different way that is "you."

Thirdly, spirituality is a universal phenomenon. The universality of spirituality stems from the fact that every human being is a spiritual being. Some people acknowledge their spiritual nature, while other people do not. The fact that some people do not acknowledge their spiritual nature does not make them non-spiritual. Spirituality remains universal whether people universally recognize that or not as this participant said,

"It's very hard to define the spiritual part of a person, but we all have it whether we want to or not. Whether we acknowledge that we have the spiritual part. Spirituality is universal"

Fourth, spirituality is dynamic. The dynamic spirituality refers to the power a person has within himself or herself to change and grow and increase a relationship with God and with others.
"You can change your spirituality you can be a spiritual person in a certain way according to your environment, according to the way you were brought up, your schooling, your parents, but through the passage of life you as an adult can change it, it is not something that is static, you can increase it or change it or make it deeper, it is not something that is just there.

Fifthly, spirituality grows. One participant stated that spirituality grows.
"It is something that grows. It grows in you. You can grow in spirituality along with indifferent things that happen to you in life, it changes your spirituality, it makes you see things in a more.. . It involves what you believe, it grows from there on, it grows to include who you are and how you perceive things."

Consequences of spirituality

In this section we will examine the consequences of spirituality. One of the most frequently mentioned concepts linked to spirituality was hope. Hope refers to an assurance that the present situation though it may be gloomy will have a solution
"To me spirituality is giving hope to someone, like when the person is sick or discouraged then you tell them not to lose hope so to me spirituality is hope that God will not leave me alone in whatever"

Hope wherever it is mentioned is in reference to belief or religion, or to God or that supernatural being the person worships or is perceived as the source of hope. What the participants believed gave them hope. In a way hope is derived from belief. One participant said;
"After praying I feel better because I have hope that all will happen. That which I ask for I have hope that it will happen, even health I have hope that when I have put everything in His care, I will recover"
Secondly, spirituality results in inner peace. The hope of knowing that the person was not alone in the struggle with illness or death gave inner peace. Inner peace refers to peace that is found within a person whether that person is in good health or not. It comes from knowing that a person has made things right with the one claimed to be the source of power and also with the significant others. The inner peace can be drawn from the person's religious beliefs and from knowing that one has a reliable relationship with God / supernatural being and with others. Some participants defined inner peace this way,
"It means what the patient sees as giving him or her the inner peace. From the spiritual point of view, the inner peace that the patient gets, whether is from his religious

background. Inner peace is reconciliation with the self, the acceptance of the self for me, it is also very important, the relationships with other people"

Thirdly, spirituality gives meaning in life, illness and in death. When things go wrong in life as they sometimes do, when tragedy strikes in the family, or a person finds himself or herself faced with life threatening situations, the meaning for life is usually lost and the person begins to question the purpose for life. The participants cited their spiritual resources such as their religious belief and their relationships with God or the Supernatural power as the source of meaning. The following are the few examples of statements given by participants in reference to spirituality as giving meaning,

" It is anything that the patient believes gives meaning to life or gives meaning to their suffering. That's what I consider spirituality. It's just anything that gives meaning to the fact that one has a life and may be his/her death"
Another significant outcome of spirituality mentioned by the participants was that spirituality also gives the will to live. Participants stated that their spirituality gave them the will power to live and a reason to live as this participant said;

"Without it (spirituality) I don't think life is worth living, you have got to have that, you have to. I mean you got to have a will power, other wise life is not going to have any meaning, you are just going to live for today, you are not going to have a goal in life."

Discussion

The purpose of this study was to find a relevant definition of the phenomenon of spirituality from the perspectives of both patients and nurses, with an aim of uncovering a shared meaning of the concepts from a South African context. The concept of spirituality was conceptualised as a unique, dynamic quest for a transcendent relationship. A quest for a transcendent relationship was manifest in an individual's desire to establish and/ or maintain a dynamic relationship with God / supernatural power, self and significant others.

This definition of spirituality uncovered in this study agrees with several definitions found in the literature such as the definitions given by Carson, 1989: 5; Golberg, 1998: 838 & Newshan 1998: 1236). These authors agree on the fact that spirituality has to do with one's natural inclination towards transcending relationships. Human beings are also social and spiritual beings. They need to relate meaningfully to themselves, to others and to God / supernatural being as they understand Him.

The definition given by Kretzshmar (1995: 64) in his discussion on prerequisite for reconstruction of South Africa shows how vital the spirituality of individuals is to the development and reconstruction of South Africa. Kretzshmar (1995: 64) says, "a holistic spirituality seeks to integrate rather than separate the various dimensions of

human existence. We are created to be in relationship with the rest of the created order, each other and God". Spirituality within a South African context with her diversity of culture, religious beliefs and nationality, needs to adopt a more holistic approach. Kretzchmar (1995: 67) says "In the most generous sense spirituality has to do with how we experience ourselves in relation to what we designate as the source of ultimate power and meaning in life, and how we live out this relationship".

Spirituality is not merely an inner feeling; it has to do with the integration and coherence of our selves as experiencing and interacting persons. The essence of spirituality is inescapably linked to the pursuit of a closer walk with God / Supernatural Being (Kretzschmar,1995: 65).

Spirituality is also defined as the dimension of a person that is concerned with values or ultimate reality. Spirituality is that aspect of a person that inspires a desire to transcend the realms of the material Carson (1989: 4), Mc Connochie (1994: 36), (O'Brien, (1999: 5), Piles (1990: 37), Ross (1994b: 33) Simsen (1988: 31). Spirituality is also identified in the literature as closely related to an individual's faith (Rasi, 1994: 225). In this study, faith was identified as an essential factor in realizing the transcendent relationship. Sometimes spirituality is referred to as an unfolding mystery related to one's attempts to understand the meaning and purpose of life (Ross, 1994: 439).

Nolan and Crawford (1997: 292) in their discussion of spirituality in relation to mental health state that spirituality must be viewed on four different levels. The first level may be viewed as how a person relates to himself or herself. The essence of a healthy relationship with one's self is related to the authenticity of the person to herself or himself. Accepting what the person really is, accepting one' self and reject the pretence of being someone else is an integral aspect of a healthy spirituality. The second level is concerned with how a person relates to others. A healthy relationship with others brings inner peace and also contributes to self-acceptance. The third level of spirituality is concerned with relationships between and within groups. Personal growth and self-awareness are achieved through others. This statement agrees with the concept of "ubuntu" that was identified as one of the important principles of providing spiritual care in this study. There is a need for social awareness and communal involvement in realizing spirituality.

The fourth level is the relationship that a person has with the transcendent or with the power a person considers to be the ultimate reality. For most people transcendent relationship is realized through religion, while for others it is realized in terms they use to think about life and death. On every level spiritual aspirations are mediated through the social structures such as education, religion trades union, social organizations and health services (Nolan and Crawford, 1997: 292).

Stuart, Deckro and Mandle (1989: 36) also view spirituality as a process of coming into a relationship with reality. They

make a clinical application of the usage of the concept and they suggest a clinical program that integrates the body, mind and spirit to health and healing. The focus of their program was cardiovascular therapy. This program could easily be adapted to other illnesses. A positive attitude towards life achieved through nurturing of hope and faith decreased the blood pressure of most patients that were on the program. By opening the mind of the patients to the possibilities that exist, they were able to change the lifestyles that were detrimental to their health. Therefore, understanding the patient's spirituality can be an effective therapy (Flemming, 1997: 14).

Haegert (2000: 495) purports that an African ethics for nurses is based on the principle of 'ubuntu'. In this study the concept of 'ubuntu' was identified as one of the aspects of spirituality. Ubuntu is based on the value of a person as a human being. The nurses guided by the principle of ubuntu will demonstrate respect for human dignity, accepting and understanding the patient as really is and maximizing the power of the patient to control his or her own care.

Burkhardt (1989: 70) states that the concept of spirituality has no antecedent because it is a thing on its own, it cannot be explained by something not spiritual, it is irreducible, it can be conditioned by something without being caused by it. She further lists some consequences of the concept of spirituality that are; inner peace, joy, making life giving choices, drawing on inner strength and health. Inner strength manifests joy, peace and self awareness, it gives ability to grow within, to touch into one's well being, it manifests hope and has ability to see beyond the present realities and is able to live with ambiguity and uncertainty.

Cawley (1997: 198) also commenting on antecedents and consequences of spirituality says that spirituality is a broad concept and it may be difficult to identify the antecedents and consequences because these will present differently in each person and they are very personal and individualistic. This study has identified faith, trust, and a commitment to a personal relationship with self, others and with God as the antecedents of spirituality. On the other hand, hope, inner peace, finding meaning and purpose in life has been identified as the consequences of spirituality. Hope has been largely investigated and has been proven to be effective in caring for patients with chronic illnesses such as cancer. What nurses need is to learn how to increase a patient's hope and trust so that patients may find meaning in life, illness and in death.

McGrath (1998: 17) also views illness as a problem of meaning. Her emphasis is on the influence of culture on the individual's spirituality. She argues that culture is a template that outlines the possibilities, so culture is learned through social interaction and therefore, spiritual expressions are also learned through social interaction. The meaning people have for their illness is derived from their social integration or culture. The way the persons express their spirituality is greatly influenced by their cultural background.

Summary and conclusion

This paper reported the results of the analysis of the concept of spirituality that emerged from interviews of nurses, patients and their relatives. It has uncovered new dimensions of spirituality as used in the nursing profession within the South African context. Spirituality was defined as a quest for a transcendent relationship with significant others and with God/Supernatural power as understood by the person. The antecedents of spirituality were faith, trust and religious belief. Spirituality was described as a unique, dynamic, universal experience that is based upon the value of a person as a human being. The consequences of spirituality were hope, inner peace and finding meaning in life, illness and in death.

The definition of spirituality given by Kretzshmar (1995: 64) in his discussion on the prerequisite for reconstruction of South Africa shows how vital the spirituality of individuals is to the development and reconstruction of South Africa. According to Kretzshmar (1995: 63) holistic spirituality seeks to integrate rather than separate the various dimensions of human existence. He also states that we are created to be in relationship with the rest of the created order, each other and with God.

Spirituality within a South African context with her diversity of culture, religious beliefs and nationality needs to adopt a more holistic approach. Spirituality from a South African perspective is the integration of our experiences of God into ourselves, and the effect that this ongoing experience has on the way in which we act within all spheres of reality. Spirituality therefore, is not what is inside, it is the person in totality. Spirituality is one's total being. In this study an effort has been made not to extract the spiritual aspect from the whole.

Implications for nursing education and practice

This research has vital implications for the clinical practice as well as the education of nurses. If nurses are to continue to claim that they are providing total patient care, the spiritual component of their patients will be an integral part of their practice. As well, if nurse educators are to develop and deliver nursing curricula that are based upon the concept of holism, spirituality will form part of this education. This study contributes to nursing science by moving spirituality from the intuitive level to the scientific level of knowledge.

Recommendations

The hypotheses that have been developed in this study need further investigation and testing. A larger sample and a different setting may expand the findings of this study. A quantitative research approach can be utilized in subsequent studies to measure specific concepts such as faith, inner peace, hope, meaning of life, and will to live. To advance clinical practice and education, research on specific aspects of spirituality and spiritual care will provide scien-

tific foundation for practice. Furthermore, spirituality should form an integral part of nursing curricula and in-service education for nurses in the clinical practice. It is hoped that this research will advance such development.

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