

Faith & Nursing Symposium

RELIGION AND ETHICS IN PLURALISTIC
HEALTHCARE CONTEXTS

May 10–12, 2012
Trinity Western University
Langley, BC



The conference committee is grateful for the support of the conference from the Priscilla and Stranford Reid Trust Foundation and the TWU Internal Grants program.

FAITH & NURSING SYMPOSIUM

TRINITY WESTERN UNIVERSITY, LANGLEY, BC, MAY 10-12th, 2012

Program Overview

DAY 1 – THURSDAY, MAY 10th, 2012

7-9 pm | Registration and Conference Opening Reception

DAY 2 – FRIDAY, MAY 11th, 2012

8 am | Registration (Coffee, Breakfast)
 8:30 am | Welcome and Conference Opening
 8:45 am | **PLENARY SESSION Beth Johnston Taylor**
“What Does Spirituality Mean to Nursing?”
 9:45 am | Poster Overviews
 10:15 am | Morning Coffee
 10:45 am | **CONCURRENT SESSIONS 1**
 12:45 pm | Lunch
 1:45 pm | **PLENARY SESSION Marsha Fowler**
“Religious Ethics: What Are the Imperatives and the Risks?”
 2:45 pm | Panel of Book Authors (Moderator: Jan Storch)
 4 pm | Book Signing and Reception
 5:30 pm | BBQ Dinner
 7 pm | **PUBLIC PANEL Jas Cheema, Janice Clarke, Rani Srivastava, Evelyn Voyageur**
“A Multi-Faith Dialogue on Diversity and Health Care Services”

DAY 3 – SATURDAY, MAY 12th, 2012

8 am | Registration (Coffee, Breakfast)
 8:30 am | **PLENARY SESSION Sonya Grypma**
“Angels of Mercy? Religion, History and Nursing Identity”
 9:15 am | **CONCURRENT SESSIONS 2**
 10:15 am | Morning Coffee
 10:45 am | **CONCURRENT SESSIONS 3**
 12:15 pm | Lunch
 1:15 pm | **PLENARY SESSION Donal O’Mathuna**
“A Christian Perspective on Health Care Ethics in Pluralistic Societies”
 2 pm | Afternoon Tea
 2:30 pm | **WORKSHOP**
“Nursing at the Borderlands of Religious and Cultural Plurality”
 4 pm | Closing Remarks
 6 pm | Conference Dinner

Detailed Schedule

DAY 1 – THURSDAY, MAY 10th, 2012

7-9 pm	Registration and Conference Opening Reception “Why This Conference Now?” PANEL: Sheryl Reimer-Kirkham, Marsha Fowler, Beth Johnston Taylor, Barb Pesut, Rick Sawatzky	2ND FLOOR, RSC
--------	---	----------------

DAY 2 – FRIDAY, MAY 11th, 2012

8 am	Registration (Coffee, Breakfast)	NWB FOYER
8:30 am	Welcome and Conference Opening	NWB AUDITORIUM
8:45 am	PLENARY SESSION Beth Johnston Taylor “What Does Spirituality Mean to Nursing?” CHAIR: Rick Sawatzky RESPONDENT: Barb Pesut	NWB AUDITORIUM
9:45 am	Poster Overviews	NWB AUDITORIUM
10:15 am	Morning Coffee	NWB 106A
10:45 am	CONCURRENT SESSIONS I	

Philosophical Considerations

MODERATOR: Rick Sawatzky

Darlane Jantzen (10:45am)

“Teaching Orientating Values: A Puzzling Necessity”

Bart Cusveller (11:15am)

“Empirical Ethics and Moral Formation in Nursing Students”

Caroline Porr (11:45am)

“Are Nurses Regulated by Codifiable Rules of Ethical Conduct or by Personal Morality or Both?”

Barb Pesut (12:15pm)

“Can I be a Naturalistic Nurse? A Conversation between Religious Ethics and Naturalistic Ethics in Nursing”

Nurses’ Professional Practice

MODERATOR: Catherine Hoe Eriksen

Maggie Theron (10:45am)

“Developing the Spirit Within: The Stories of Four Dedicated Nurses in South Africa”

Sue Styles (11:15am)

“Understanding Spirituality: Perspectives of Perioperative Nurses in Canada”

Julie Fraser (11:45am)

“Nursing Professional Practice – An Evolutionary Concept Analysis”

Somporn Triamchaisri, Kwanjai Satsue,
Tassanee Rowiworakul & Vanvisa Sresumatchai (12:15pm)

“Integrating Buddhist Philosophy and Nursing Philosophy: Religion Based Nursing Therapy among Chronic Illness and End Stage of Life Patients”

Nursing Education

NWB 106

MODERATOR: Faith Richardson

Tove Giske (10:45am)

“How to Facilitate Undergraduate Students’ Learning Process in Spiritual Care”

Pamela Cone (11:15am)

“Emergent Teaching and Learning Theories for Preparing Undergraduate Nursing Students in Spiritual Care”

Deborah Gibson & Barbara Astle (11:45am)

“What are the Ethical Implications of the Integration of Religion and Spirituality into Nursing Curricula?”

Nancy Kofoed (12:15am)

“Reflection from a Spiritual Perspective: Teaching Nursing Students”

12:45 pm Lunch RSC CAFETERIA

1:45 pm **PLENARY SESSION Marsha Fowler** NWB AUDITORIUM

“Religious Ethics: What are the Imperatives and the Risks?”

CHAIR: Sheryl Reimer-Kirkham

2:45 pm Panel of Book Authors NWB AUDITORIUM

MODERATOR: Jan Storch

AUTHORS: Janice Clarke, Marsha Fowler, Sonya Grypma,
Beth Johnston Taylor, Barb Pesut,
Sheryl Reimer-Kirkham, Rick Sawatzky, Savitri Singh-
Carlson & Harjit Kaur, Rani Srivastava

4 pm Book Signing and Reception RSC FOYER

5:30 pm BBQ Dinner RSC CAFETERIA

7 pm **PUBLIC PANEL** NWB AUDITORIUM

“A Multi-Faith Dialogue on Diversity and Health Care Services”

PANELISTS: Jas Cheema, Janice Clarke, Rani Srivastava, Evelyn Voyageur

We welcome the university community and the public to join us for this public panel discussion. The four panelists are leaders in their respective organizations, and will speak to how health care services accommodates various beliefs and practices.

DAY 3 – SATURDAY, MAY 12th, 2012

8 am	Registration (Coffee, Breakfast)	NWB 106A
8:30 am	PLENARY SESSION Sonya Grypma <i>“Angels of Mercy? Religion, History and Nursing Identity”</i> CHAIR: Landa Terblanche RESPONDENT: Kathy Schoonover-Schoffner	NWB AUDITORIUM
9:15 am	CONCURRENT SESSIONS 2	
	Innovating Nursing Education MODERATOR: Barb Astle	NWB AUDITORIUM
	Hua Yuan & Caroline Porr (9:15am) <i>“Integrating Spirituality into a Baccalaureate Nursing Program in Mainland China”</i>	
	Karen Barss (9:45am) <i>“Spirituality and Health: An Online Undergraduate Nursing Open Elective to Promote Ethical Holistic Practice in the Pluralistic Healthcare Context”</i>	
	Ethical Decision Making MODERATOR: Heather Meyerhoff	NWB 102
	Melania Calestani (9:15am) <i>“Can Kidney Transplantation Be Affected by Religion?”</i>	
	Mary Tao, Karen Crosby-Rolston, & Rae Ramsden (9:45am) <i>“Addressing Ethical Dilemmas in End-of-Life Issues through Case Studies”</i>	
	Considering Context MODERATOR: Deborah Gibson	NWB 106
	Philip Crowell (9:15am) <i>“Providing Nursing Care in ‘Insane Places’: Attending to Spiritual Crisis and Moral Distress”</i>	
	Sheryl Reimer-Kirkham, Marie Cochrane, & Dorolen Wolfs (9:45am) <i>“Across the Threshold: Religious, Spiritual, and Cultural Plurality in Home Health”</i>	
10:15 am	Morning Coffee	NWB 106A
10:45 am	CONCURRENT SESSIONS 3	
	Globalizing Nursing: Yesterday & Today MODERATOR: Landa Terblanche	NWB AUDITORIUM
	Martha Highfield (10:45am) <i>“Doing ‘Whatever was Needed’: The Roles of Missionary Nurses in Southeastern Nigeria (1965-1967)”</i>	

Caroline Burgess (11:15am)

“Understanding Motivation: Why do Undergraduate Student Nurses Seek Out International Clinical Placements?”

Barb Astle, Sonya Grypma, & Sheryl Reimer-Kirkham (11:45am)

“What’s Faith got to do with it?” Historical and Contemporary Perspectives on Global Health, Missions and Nursing”

From the Clients’ Perspective

NWB 102

MODERATOR: Darlane Pankratz

Savitri Singh-Carlson & Harjit Kaur (10:45am)

“The Role of Support and Faith Post-Treatment and when Leaving an Abusive Relationship”

Beata Zaleska (11:15am)

“Discovery Group - In Search of Purpose and Meaning to Facilitate Recovery”

Joyce Engel (11:45am)

“Making Meaning of the Invisible: The Significance of Early Pregnancy Loss”

12:15 pm

Lunch

RSC CAFETERIA

1:15 pm

PLENARY SESSION Donal O’Mathuna

NWB AUDITORIUM

“A Christian Perspective on Health Care Ethics in Pluralistic Societies”

CHAIR: Barb Astle

RESPONDENT: Bart Cusveller

2 pm

Afternoon Tea

NWB 106A

2:30 pm

WORKSHOP

NWB AUDITORIUM

“Nursing at the Borderlands of Religious and Cultural Plurality”

MODERATOR: Sheryl Reimer-Kirkham

Café 1: Leadership & Historical Perspectives
Sonya Grypma, Dorolen Wolfs

NWB 106

Café 2: Clinical Perspectives
Sheryl Reimer-Kirkham, Marie Cochrane

NWB 101

Café 3: Research Perspectives
Rick Sawatzky, Landa Terblanche

NWB 102

Café 4: Educations & Philosophic Perspectives
Barb Pesut

NWB 113

4 pm

Closing Remarks

NWB AUDITORIUM

5 pm

Transportation to Conference Dinner

MEET OUTSIDE NWB

6 pm

Dinner in White Rock

ITALIAN TOUCH

8:30 pm

Return to TWU

PLENARY SPEAKERS



Marsha Fowler, Ph.D., M.Div., R.N., FAAN, is Professor of Ethics, Spirituality and Faith Integration and Senior Fellow, Institute of Faith Integration at Azusa Pacific University, CA. Dr. Fowler is a bioethicist at Methodist Hospital of Southern California, Los Angeles, and an ethics consultant for American Nursing Association. She has taught ethics, pastoral care, theological research, and nursing, and is internationally regarded for her scholarship in ethics in nursing, suffering, religion in nursing, health disparities, and health policy in global health. She has published widely on ethics, religion, and spirituality in nursing, including Guide to the *Code of Ethics for Nurses: Interpretation and Application* (American Nurses Association, 2008) and *Ethical Dilemmas and Nursing Practice* (Pearson, 2010). Most recently, she edited the landmark book, *Religion, Religious Ethics, and Nursing* (Springer, 2012).



Sonya Grypma, Ph.D., R.N., is a leading scholar in the history of nursing and global health and an associate professor of nursing at Trinity Western University. She has gained an international reputation for her work on missionary nursing in China, particularly through her ground-breaking book *Healing Henan: Canadian Nurses at the North China Mission, 1888-1947*. Sonya is currently working as a member of three international teams of history scholars, led by (1) Inger Marie Okkenhaug, Norway (Missions, Humanitarianism & Nursing), (2) Pierre Yves Saunier, France (Rockefeller Nursing Fellows) and (3) Mary Bullock & Bridie Andrews, USA and China (History of Medicine & Nursing in China). Her second book *China Interrupted: Japanese Internment and the Reshaping of a Canadian Missionary Community* will be released by Wilfrid Laurier University Press in September 2012.



Dónal P. O'Mathúna, Ph.D., M.A., B.Sc. (pharm), is Senior Lecturer in Ethics, Decision-Making & Evidence in the School of Nursing & Human Sciences at Dublin City University (DCU), Ireland. He is Chairperson of the DCU Research Ethics Committee, the ethicist on St. James's Hospital, Dublin ethics committee, and Chair of the Academy of Fellows at the Center for Bioethics & Human Dignity in Chicago. He is editing *Disaster Bioethics: Normative Issues when Nothing is Normal* (Springer), and has written *Nanoethics: Big Ethical Issues with Small Technology* (Continuum, 2009), *Alternative Medicine: The Christian Handbook* (Zondervan, 2007), and co-edited *Commitment and Responsibility in Nursing: A Faith-Based Approach* (Dordt, 2004).



Elizabeth Johnston Taylor, Ph.D., R.N. is Associate Professor at Loma Linda University School of Nursing in Loma Linda, California. Beth recently spent several years in New Zealand as Research Director at the Mary Potter Hospice, Wellington and lectures frequently on spirituality and health. She has pursued a program of research exploring the intersection of spirituality, religiosity, health, and nursing for 20 years. Dr. Johnston Taylor has received funding for her research and training from the National Cancer Institute (NIH), the Agency for Health Care Policy and Research, the John Templeton Foundation, the Oncology Nursing Society and ONS Foundation, and the Hospice Nurses Association. Her books include *Spiritual Care: Nursing Theory, Research, and Practice* (Prentice Hall, 2002), *What Do I Say? Talking with Patients about Spirituality* (Templeton Press, 2007), and *Religion: A Clinical Guide for Nurses* (Springer, 2012).

ABSTRACTS • PLENARY SPEAKERS

What Is the Meaning of Spirituality in Nursing?

Johnston Taylor, Elizabeth, Ph.D.

LOMA LINDA UNIVERSITY, CA, USA

Spirituality is a concept that nurse educators, researchers, and clinicians have failed to grow tired of discussing. Although until the 1970's nurses typically equated the concept with religiosity, the 1980's brought not only increased attention to the topic but also the trend in demarcating religion from spirituality. The past three decades have seen exponential growth in nursing literature addressing spirituality in nursing. This literature includes dozens of articles examining the concept (or related concepts such as hope and meaningfulness) using an analytical process, as well as increasingly sophisticated research describing the concept. This attention to spirituality in nursing has also, fortunately, brought criticism and reflection.

In this presentation, I review sociological and theological perspectives on contemporary spirituality to demonstrate that nursing conceptualizations mirror post-modern thinking about spirituality as an individualized, non-demanding, non-institutionalized, search for unity and harmony, and so forth. Several scholars in and out of nursing have conjectured as to why nurses continue to invest in the concept. While some of these conjectures may make nurses squirm (e.g., adding spiritual care to the domain of nursing extends its boundaries), others about supporting health holistically and humanely are more readily accepted. As nurses, it is beneficial to ask ourselves why do we invest in this concept? And why do we define spirituality the way we do? Indeed, answers to these questions inform nurses about the forces that shape them—and hence, the “spiritual care” they typically believe they should “give.”

Religion, Religious Spirituality, Religious Ethics and Health:

What are the Imperatives and the Risks?

Fowler, Marsha, Ph.D.

ASUZA PACIFIC UNIVERSITY, CA, USA

After decades of suppression, religion (including religious spirituality and ethics) is emerging again as a domain of concern for health and nursing care. But, why religion and why now? In founding modern nursing, Nightingale was influenced by her own Anglican Christian faith. As modern nursing subsequently developed, it claimed whole-person, holistic care as its concern. In its aspirations for social status as a profession and a science, nursing shunned religion in many of the same ways that secular society and the sciences have: as a hallmark of the superstitious, nonscientific or antiscientific, anti-intellectual, irrational, unreasoning, nonsensical, childish primitive mind. American society however, has remained generally if not specifically religious to the degree that it would not be possible to practice as a nurse without encountering patients—or nurses—whose religious worldview informed their metaphysics, perspectives and decision making. Patients

have long recognized the indivisibility of religion, spirituality, ethics and health: nursing needs to do so as well. An embrace of spirituality as a generic, ontological category, however will not suffice. Care of the spirit, required of nurses at least in some measure by accrediting bodies, must be religiously-sensitive spiritual care. To that end, it is not just about religious beliefs and practices—which provides some of the least informative information. Neither is it about imposing one's own beliefs and values, using one's position to convert others, nor the sole responsibility of the chaplain. Religiously sensitive spiritual care requires educational preparation of the ways in which various religious traditions (and specific patients) understand concepts fundamental to nursing: person, illness/disease, care of the stranger, environment, society, comfort, compassion, suffering, social engagement, access to health care, and so on. In addition, there are “layers of care,” the innermost of which are not the domain of nursing, even the nurse who has specialized in spiritual care. Spiritual care in nursing is not for the purposes of spiritual formation or spiritual direction; nursing's proper and sole domain of religiously-sensitive care is limited to its interaction with health and illness. In moral terms what is required of the nurse is respect for persons; nonmaleficence (no essentializing, imposition, proselytizing, or transgression); beneficence; gratitude; and duties to self (maintenance of competence, wholeness, integrity, and continued learning).

Angels of Mercy: Religion, History & Nursing Identity

Grypma, Sonya, Ph.D.

TRINITY WESTERN UNIVERSITY, CANADA

The contemporary image of nursing exemplified by ‘Nurse Angel’ coffee mugs, brooches and figurines dates back to the 19th century, when artists and journalists began to portray nurses as Angels of Mercy. The angel image conjures supernatural and religious views of nurses as ethereal comforters and (vowed) women whose *raison d'être* is to be summoned during times of illness or injury. This other-worldly image of nurses is rooted in Christian traditions pre-dating Florence Nightingale, when women in cloistered sisterhoods took vows dedicating their lives to the care of the sick. In this presentation I examine historical roots of the Angel of Mercy image of nursing, considering how the angel image did, and does, influence nursing identity and public perceptions of nursing work. I suggest that while nursing in the West has distanced itself from its Christian roots, the persistence of the angel image illustrates the endurance of 19th century religious, gendered and racial norms – many of which do not reflect current practice values or ideals. I propose that while Christian nurses might embrace the nurse-angel ‘branding’ as a socially-acceptable public expression of religious identity in faith-averse practice settings, uncritical acceptance of such branding carries its own risks, including a dismissal of religious faith as kitsch. Finally I argue that drawing on the past to critique and inform what it means to be a Christian nurse today not only counters historical amnesia, it also opens up opportunities to bring religious faith back into the public sphere, where it can be examined and critiqued as a *de facto* influencer of health care.

A Christian Perspective on Health Care Ethics in Pluralistic Societies

O'Mathúna, Donal, Ph.D.

DUBLIN UNIVERSITY, IRELAND

Many countries with a strong Christian heritage, like Ireland, are seeing that influence wane. In spite of its traditionally conservative views on health care ethics, Ireland has been rocked by serious ethical violations, most prominently within its religious institutions, but also within health care. While headline ethics issues are important, ethics education needs to address 'everyday ethics.' This points to the importance of character development in ethics, and opens opportunities to interact on personal beliefs, which can be challenging.

As ethics education has become more pluralistic, it has tended to focus on philosophical approaches and rational arguments. Christian education acknowledges the spiritual, emotional, behavioural, and rational dimensions of ethics. Bringing these dimensions into secular classrooms in pluralistic societies is challenging. This presentation discusses two approaches to doing this to encourage more holistic ethics development. The first involves using songs in the classroom to encourage discussion of the emotional and rational aspects of ethics. Examples from traditional Irish songs and contemporary popular songs will be given. The second involves a written assignment encouraging students to reflect on the spiritual dimensions of a volunteering experience. Clear instructions are needed to guide student learning. Students evaluated the experiences positively, and commented on their emotional, spiritual, and cognitive learning.

Pluralistic societies sometimes reject religious traditions. But just as the heavens tell of the glory of God (Psalm 19), our consciences bear witness to God's ethics written on our hearts (Romans 2:14-15). We need creative approaches to teaching ethics that point to the value of Christian convictions in addressing contemporary ethical issues.

PANEL PRESENTERS friday, MAY 11TH, 7:00 PM

Jas Cheema, M.A., is Leader, Diversity Relations & Translation Services at Fraser Health Authority. In this role, Jas is laying the foundations for more equitable and culturally competent healthcare services in the largest health region in BC. Under Jas' leadership, FH won the 2012 DIVERSEcity Award that recognizes businesses that have excelled in successfully implementing culturally diverse initiatives into their workplaces. As an immigrant woman herself, she has personally experienced the integration challenges faced by many immigrants. She writes about these challenges and works to foster a cross-cultural understanding through her writing, consulting work, academia and volunteer work. She is recognized as a leader in the field of inter-cultural communication, diversity, and community engagement.

Rani Srivastava Ph.D., R.N., is a nursing professional practice leader with extensive experience in practice, education, consultation, administration, and research. Currently she is the chief of nursing and professional practice at the Centre for Addiction and Mental Health, and holds academic appointments at York University and University of Toronto. Dr. Srivastava has extensive experience in the area of cultural competence in health care. She brings a unique perspective that combines expertise on clinical cultural competence as well as organizational change. She is the author and editor of *Healthcare Professional's Guide to Clinical Cultural Competence* (Elsevier, 2007).

Evelyn Voyageur, Ph.D., R.N., is of the Kwa-kwa-ka-wak Nation, of the Dwaainox tribe in British Columbia. She is president of the Aboriginal Nurses Association of Canada (ANAC) and is recognized nationally for her experience and knowledge on cultural safety and aboriginal health. She has a broad range of experience working in hospitals and communities in Alberta and BC, as well as having worked on nursing curricula with the University of Victoria and North Island College. Presently she is employed by North Island College teaching First Nations Cultural Awareness and is the Elder in residence.

Janice Clarke Ph.D., R.G.N., is a senior lecturer at the University of Worcester, UK. She qualified as a nurse in London and gained a Ph.D. at the Department of Theology at Cardiff University. She leads a masters degree for health practitioners. Her doctoral research about spirituality and nursing has led to publications which are critical of the way nursing deals with spirituality because it doesn't have enough to say about relationships and the body. Janice is on the Executive Board of the British Association for the Study of Spirituality and is just completing a book presenting a new approach to spirituality in nursing.

ABSTRACTS · WORKSHOP saturday, MAY 12, 2:30 PM

Nursing at the Borderlands of Religious and Cultural Plurality: Practices and Methods

Reimer-Kirkham, Sheryl, Ph.D.; **Cochrane, Marie, M.S.N.;** **Grypma, Sonya, Ph.D.;**
Sawatzky, Richard, Ph.D.; **Wolfs, Dorolen, M.S.N,** TRINITY WESTERN UNIVERSITY
Pesut, Barb, M.S.N., UNIVERSITY OF BRITISH COLUMBIA OKANAGAN
Sharma, Sonya, Ph.D., DURHAM UNIVERSITY

The purpose of this workshop is to engage participants in an exploration of the ethical spaces at the “borderlands” of religious and spiritual plurality, where the values and beliefs that nurses, patients, and families hold may vary significantly. Based on a program of scholarship (SPIRIT projects), the workshop will draw participants into the complexities and nuances of nursing in pluralistic contexts. Participants will join in engaging conversations and innovative exercises around the ethics of negotiating nursing care at the “borderlands” of religious and spiritual plurality, considering some of the controversies that may arise. Drawing on the influential work of Gloria Anzaldua (1999), we employ the construct of borderlands to explore the psychological/sociopolitical/spiritual territory or “borderlands” that develop when two or more groups attempt to exist in the same space. She explains that an unnatural and unsafe territory is created that is constantly in flux, in response to the changing social powers and flexibility of the boundaries. Highlighting the moral nature of these spaces, Ermine (2007) suggests that an “ethical space” is formed instantaneously when two individuals or societies, with disparate worldviews, are poised to engage each other. We will facilitate discussion on how such borderlands are shared ethical spaces where social relations and difference are negotiated, where moral choices are made, and where religion and spirituality may operate as forces for inclusion or exclusion. The lenses of “place” and “history” enrich the analyses of these borderlands. Workshop participants will be invited to share insights from their own practice and theoretical or research work. Workshop participants will select one of following options for roundtable discussion:

- (1) Leadership & Historical Perspectives (Facilitators: Sonya Grypma, Dorolen Wolfs): Are we aiming for neutral or pluralistic spaces? Should nursing be Christian?
- (2) Clinical Perspectives (Facilitators: Sheryl Reimer-Kirkham, Marie Cochrane) What does a nurse do with his/her faith/values and beliefs? What do we do in the borderlands?
- (3) Research Perspectives (Facilitators: Rick Sawatzky, Landa Terblanche): What are the ethical implications of measuring religion in standardized fashion?

- (4) Perspectives from Education & Philosophy (Facilitator: Barb Pesut): What should we teach nurses re: spiritual interventions? Are all spiritual interventions equally valid? Do we need to determine the “truth” of these interventions?

Brought together, these practical and methodological conversations will contribute to a final consideration that foregrounds knowledge translation with questions such as: “What are the audiences relevant to the topic of spiritual diversity in health care?” and “How do we engage these audiences?”

REFERENCES

Anzaldua, G. (1999). *Borderlands/La Frontera: The New Mestiza*. San Francisco: Aunt Lute Books
Ermine, (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1), 192-203.

ABSTRACTS · CONCURRENT PAPERS & POSTERS

What's Faith Got to Do with It? Historical and Contemporary Perspectives on Global Health, Missions, and Nursing

Astle, Barbara, Ph.D.;
Grypma, Sonya, Ph.D.;
Reimer-Kirkham, Sheryl, Ph.D.

TRINITY WESTERN UNIVERSITY

Interest in global health is increasing as the search for health equity gains momentum worldwide. Global health is defined as an area for study, practice and research that is concerned with improving health and achieving equity in health for all people. It encompasses international health and public health, and is concerned with health equity issues nationally and internationally. Experimental forms of international health were practiced by missionaries since the 1800s, with the first missionary nurse to China departing from the USA in 1884. Indeed, the missionary movement that took Western university students by storm in the late 1800s has been hailed the most important intercultural experiment in history and a catalyst for the professionalization of women. However, it is also widely reproached as a form of cultural and religious imperialism. Central to the debate is the tension between the two pillars of missions – humanitarianism and evangelism. Although missionaries are credited with the establishment of modern medicine and nursing in China and elsewhere, they are also considered collaborators in Euro-American hegemony because of their aim to Christianize. Today, although religious faith is recognized as a motivating factor in nurses’ decisions to work in impoverished communities, a “don’t ask, don’t tell” approach to personal religious faith in nursing prevents nurses from engaging in the necessary critical conversations about the influence of religion on global health priorities and practices. In this presentation we address the silence on religion in global health nursing by considering how contradictory views on historic Christian medical missions as an “embarrassing mistake,” gospel imperative or humanitarian triumph influence contemporary understandings of the role of nurses in global health.

*Promoting Spiritual Health in the
Pluralistic Setting: T.R.U.S.T. - An Affirming
Resource for Inclusive Spiritual Care*

Barss, Karen Scott, M.A., SIAST NURSING DIVISION, UNIVERSITY OF REGINA

(Poster)

The interdisciplinary literature validates culturally-safe spiritual care as integral to health promotion. However, nurses and other health care professionals often continue to be reluctant to engage in spiritual care, particularly when clients' belief systems are different than their own. This presentation explores the role of The T.R.U.S.T. Model for Inclusive Spiritual Care in assisting caregivers within a pluralistic healthcare context to feel more prepared to address the spiritual dimension of health as an integral part of holistic care. The T.R.U.S.T. Model is an evidence-based, client-centered resource that has been developed by the presenter and is currently being piloted in the undergraduate nursing program and health region where the facilitator teaches. The T.R.U.S.T. Model supports culturally-safe, ethical exploration of the domains of 'Traditions', 'Reconciliation', 'Understandings', 'Searching', and 'Teachers' to address universal spiritual needs, honour unique spiritual understandings, and help patients explore and mobilize factors that can help them gain/re-gain a sense of trust in order to promote optimum healing. This presentation draws on findings from the presenter's current study examining the experiences of nursing students, faculty, and clinicians in use of T.R.U.S.T. in their clinical work.

*Spirituality and Health: An Online Undergraduate
Nursing Open Elective to Promote Ethical Holistic Practice
in the Pluralistic Healthcare Context*

Barss, Karen Scott, M.A., SIAST NURSING DIVISION, UNIVERSITY OF REGINA

A time-pressured, technologically-focused healthcare environment and minimal educational preparation contributes to nurses' and other healthcare professionals' lack of attention to the spiritual dimension of health, particularly when clients' beliefs are different than their own. Subsequently, patients often have poor access to culturally-safe, timely spiritual care that can promote optimum healing and ease suffering. This deficit raises ethical issues that need to be addressed. Informal leaders are needed to help create a holistic, inclusive, client-centered healthcare culture that tends to the spiritual needs of clients and caregivers alike. This presentation will introduce a new online undergraduate nursing open elective intended to help create a critical mass of professionals within nursing and other disciplines who have the skills, knowledge, and attitudes necessary to exemplify and foster spiritual care within holistic practice. The course focuses on the role of spirituality in health promotion and explores the challenges, opportunities and best practices associated with facilitating culturally-safe spiritual care in a pluralistic context. Its intent is to help caregivers deepen their ability to address spiritual needs within themselves, their clients, and their workplaces. An overview of the course's objectives, content and process will be provided, along with discussion of associated ethical responsibilities.

*Understanding Motivation:
Why Do Undergraduate Student Nurses
Seek Out International Clinical Placements?*

Burgess, Caroline A., B.S.N., B.C. CHILDREN'S HOSPITAL,
GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY

Schools of nursing are increasingly offering international clinical placements as part of the curriculum. There has been minimal research undertaken to understand what motivates nursing students to seek out these placements, yet ethical questions arise regarding who benefits from such an experience. In this presentation I will present findings from a project that aimed to understand these motivating factors, as well as student perceptions of how they would benefit, both personally and professionally, from such an experience. In addition, the students' perceptions of how the host community would benefit were examined. A qualitative design was chosen for the project. Nine nursing students were interviewed from two educational institutions. Thematic analysis was used to analyze the data. Findings revealed that participants cited altruism and social justice as motivating factors. For the majority of students these factors were influenced, at a foundational level, by their faith commitment. Students perceived that international placements would allow them to provide culturally competent care at home, while provision of resources and education were seen as the main benefits for the host community.

*Can Kidney Transplantation
be Affected by Religion?*

Calestani, Melania, Ph.D.;
Roderick, Paul, Ph.D., UNIVERSITY OF SOUTHAMPTON

Research has shown that religious concerns may be an important reason why patients decline listing for a renal transplant and that they may play a significant role much more often than clinicians and transplant teams believe (Oliver et al. 2010). Patients from indigenous and ethnic minorities are more likely to develop end-stage renal failure but less likely to receive a kidney transplantation (Feehally 2010, Tonelli et al. 2007, Alkawahiri et al. 2005). In the UK, only 5.1% of deceased kidney donations during 2008-2009 were from non-white donors, although a quarter of patients on the waiting list were non-white (*UK Transplant Activity Report 2010*).

This paper aims to discuss if and how cultural and religious beliefs may interact to shape responses to kidney transplantation. It offers an opportunity to reflect on different religious traditions and to engage with topics that may affect, on a daily basis, key staff (clinicians, nurses, transplant coordinators) as well as patients involved in the transplant process. Many western countries are becoming increasingly multicultural; religious concerns may be an under-reported obstacle to deceased and live donation and/or willingness to accept a transplant. More explanations require a broader focus and greater understanding of ways in which self-identity as a minority group impact upon health care treatments such as kidney transplantation (Morgan et al. 2006).

Spirituality for Wellness and Recovery

(Poster)

Clark, Nancy, Ph.D.(c), UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER COMMUNITY MENTAL HEALTH SERVICES;

Smith, Sharon, Ph.D., M.T.H., VANCOUVER COMMUNITY MENTAL HEALTH SERVICES

Community mental health services provide a challenging context in which to integrate spirituality. As part of a recovery and well-being framework spirituality holds a significant place for many mental health clients, families and care providers. To address the challenges of integrating spirituality into the mainstream mental health and addictions services, a spirituality advisory committee (SAC) was formed. The SAC developed a framework and poster as one strategy to create a safe space for spiritual dialogue in the context of relationships within Vancouver Community Mental Health and Addiction Services.

Emergent Teaching and Learning Theories

for Preparing Undergraduate Nursing Students in Spiritual Care

Cone, Pamela H., Ph.D., AZUSA PACIFIC UNIVERSITY

The purpose of this presentation is to present and discuss how teachers can support undergraduate nursing students learning process in spiritual care based on substantive grounded theories. Nursing literature on spiritual care education focuses on curricular development and student learning outcomes with limited focus on student or teacher perspectives. A Grounded Theory study conducted in 2008-9 at three Norwegian University Colleges explored nursing students' preparation to provide spiritual care. Data collected from semi-structured interviews with teachers (n=19) in five focus groups and students (N=42) in eight focus groups were analyzed through constant comparison until categories emerged and were saturated. The results indicated that teachers' main concern was how to help students recognize cues and ways of providing spiritual care. This was resolved by 'Journeying with Students through Maturation' in three iterative phases: 'Raising Student awareness to recognize the Essence of Spirituality', 'Assisting Students to Overcome Personal Barriers', and 'Mentoring Students' Competency in Spiritual Care'. Students' main concern was, 'How to create a professional relationship with patients and maintain rapport when spiritual concerns were recognized.' This was resolved by 'Opening up to learning spiritual care' through 'Preparing for connection', 'Connecting with and supporting patients', and 'Reflecting on experiences'. Nursing education should prepare students to provide spiritual care. Better understanding of how theories of spiritual care education can assist in improving student preparation for spiritual care giving can facilitate student learning and influence clinical practice.

Providing Nursing Care in "Insane Places":

Attending to Spiritual Crisis and Moral Distress

Crowell, Philip, Ph.D., BC CHILDREN'S HOSPITAL, VANCOUVER, BC

The presentation facilitates a process of identifying the challenges of the healthcare environment which for nurses is becoming more difficult. Not only are there the various demands of attending to direct patient care but there are also the stresses of the healthcare team

dealing with economic/staff cutbacks, ethical dilemmas, advancing technologies, rapid change, patient and provider conflicts and cultural incompetency. We identify those troubling and difficult places for patients and nurses, then examine what is called, according to the literature, "spiritual crisis" (Hardwig, 2005 *Journal of Clinical Ethics*) "moral distress" (Epstein & Hamric, 2009) and "vicarious trauma." (Harrison & Westwood, 2009) In our response to these challenges we will discuss and conceptualize an understanding of nursing spiritual care. We introduce a composite case from our NICU that involved a couple whose religious tradition clashed with the culture of the healthcare team generating a "spiritual crisis" and moral distress, however, the event created an opportunity for appropriate spiritual care responses. In conclusion we examine key responses to dealing with moral distress and spiritual crisis, part of which is taking practical steps but also re-imaging different models of spirituality articulated in certain forms of medical and existential art.

Empirical Ethics and Moral Formation of Nursing Students

Cusveller, Bart, Ph.D., CHRISTIAN UNIVERSITY OF APPLIED SCIENCES

Moral formation of bachelor nursing students in our Christian University for Applied Sciences is based on a threefold distinction of professional responsibilities: the person the nurse needs to be (virtues), the basis of the conduct that is expected of her (norms) and the outcomes expected of her practice (values). Research shows that nurses by and large know how to provide good care but that the moral issues they encounter mostly revolve around the organizational context of their care. To improve nursing education a number of small scale studies have been done in our university regarding the obstacles the organizational context of nursing care poses to the nurses' professional virtues, norms and values. This presentation draws lessons from the first two years of these studies in empirical ethics, both for moral formation of nursing students and for moral deliberation by nurses in clinical practice, as well as for the process of doing empirical ethics in the context of a bachelor nursing program.

Making Meaning of the Invisible: The Significance of Early Pregnancy Loss

Engel, Joyce, Ph.D., BROCK UNIVERSITY

The experience of miscarriage or early pregnancy loss is one of the most common health experiences of women. Numerous studies have explored and identified the various causes of early pregnancy loss, but few have considered the meaning and experience of the loss for women. This gap is explored through a phenomenological study that involved nine women who had experienced loss and for whom the search for meaning in the experience is expressed through emergent themes such as What Did I Do? The Baby Has a Name, and Claiming the Loss. Grappling with the meaning of the loss is made more difficult by disruptions in usual support networks and by the responses of health professionals that indicate a limited appreciation of the significance of the loss. A follow up survey with health professionals indicated that nurses, physicians, and midwives were more likely to provide referral and guidance regarding emotional

responses if they believed that miscarriage has a high impact on women. These two studies raise the importance of meeting the spiritual needs of mothers by recognizing the significance of early pregnancy loss and assisting mothers to make meaning of a loss that is largely silent and invisible to others.

Nursing Professional Practice – An Evolutionary Concept Analysis

Fraser, Julie, M.A., FRASER HEALTH AUTHORITY, BRITISH COLUMBIA

The aim of this presentation is to explore the concept of nursing professional practice from an ontological view and illustrate the significance of the concept from a disciplinary, practice, and ethical perspective through the six steps of Rodgers' evolutionary conceptual analysis (2000). There is a lack of clarity regarding the meaning and significance of the concept professional practice as reflected in the multiple ways the term is used in nursing professional and disciplinary discourse (Mark, Salyer, & Wan, 2003). Practice settings considered "professional practice environments" have been shown to positively influence patient care (Canadian Nurses Association, 2007). Therefore, in order to support professional practice environments—and nurses' enactment of the concept within practice as individuals, groups, and organizations—it is important to contribute to the understanding of the concept through the process of conceptual analysis (Toftagen & Fagerström, 2010). Participants in this session will gain an understanding of (1) the concepts' uses (conceptual models, practice environment, and individual deportment) and attributes, (2) a definition as a foundation for further inquiry, and (3) implications for all domains of nursing practice. Further understanding of the concept of nursing professional practice is relevant to all nurses to support nurses' enactment of the concept in practice.

What are the Ethical Implications of the Integration of Religion and Spirituality into Nursing Curricula?

Gibson, Deborah, M.S.N.;

Astle, Barb, Ph.D., TRINITY WESTERN UNIVERSITY

For many Christian nursing faculty, the secular teaching and learning landscape is one of familiarity. The inability to link spirituality and nursing within a teaching context can generate a silence that diminishes a holistic approach to nursing education. Teaching at a faith-based university provides a unique opportunity to follow through with a moral imperative to intersect the concepts of nursing with spirituality. For educators who are transitioning from a secular context to an institution that requires spiritual integration—for example, within the nursing curricula—it can seem daunting and may elicit ethical implications. Consideration towards boundaries and moral dilemmas is essential. Various methods for introducing spiritual integration within the classroom can look differently for each faculty member. Effective integration may be better actualized when nursing educators are more aware of overt and covert methods of spiritual integration such as role modeling, faculty to faculty mentoring, student-faculty interactions, and assessing students through a holistic lens. This process creates a unique

learning community with a cyclical process. This discussion will highlight the experiential experiences of faculty members who are making the transition to implement spiritual integration into their teaching context.

How to facilitate undergraduate students' learning process in spiritual care?

Giske, Tove, Ph.D., HARALDSPASS DEACONESS UNIVERSITY COLLEGE

This paper presents a research project aimed to determine how undergraduate nursing students learned to assess and provide spiritual care to patients. Grounded theory was used to identify students' main concern and develop a substantive grounded theory. Data came from semi-structured interviews at three Norwegian University Colleges in eight focus groups with 42 undergraduate nursing students. The results found that the participants' main concern was 'How to create a professional relationship with patients and maintain rapport when spiritual concerns were recognized'. Participants resolved this by 'Opening up to learning spiritual care', a basic social process with three iterative phases: 'Preparing for connection,' 'Connecting with and supporting patients,' and 'Reflecting on experiences.' Nursing education should prepare students to recognize and act on spiritual cues. A trusting relationship and respectful and sensitive communication with patients assist students to discover what is of importance to them. An educational focus on spiritual themes throughout the program will assist students to integrate theoretical learning into clinical practice. Making spiritual assessment and interventions more explicit can facilitate student learning in clinical practice. Evaluative discussions in clinical settings that include spiritual concerns will enhance holistic care.

Adolescent Faith Integration

(Poster)

Haley, Janice, Ph.D., AZUSA PACIFIC UNIVERSITY

Although there are a number of studies published on the topic of faith development, few address faith as a holistic health component of adolescent development. This presentation describes the classic theoretical stages of development then synthesizes this information into the adolescent period. Brueggemann's framework of human faith experience is utilized as a framework to better understand and assist the adolescent to move with God through this often challenging period of identity crisis. A variety of interventions are presented to assist the nurse practitioner to incorporate faith development into the adolescent visit and help move the adolescent toward a state of holistic well-being.

Doing "Whatever Was Needed":

The Roles of Missionary Nurses in Southeastern Nigeria (1965–1967)

Highfield, Martha E. F., Ph.D., CALIFORNIA STATE UNIVERSITY

The purpose of this project is to examine the roles enacted by U.S. missionary nurses, Iris Hays and Nancy Petty, as part of a mission team in rural Southeastern Nigeria (1965–1967). This study adds to scholarship on the scope of missionary nurses' work

in post-colonial Africa. As part of a larger project, the author used a narrative approach viewed through a religious lens in order to understand the context and content of these missionary nurses' roles. New oral history and private collections provided data. No public archives exist. Analysis suggests that the nurses themselves and their missionary colleagues understood missionary nursing work as a complex of roles enacted in the context of faith, family, and community. Roles included health educator, hospital matron, nursing sister tutor, Bible teacher, secretary, patient caregiver, family member, church member, fund-raiser, friend, colleague, adoptive parent, and role model. For these women being a missionary nurse meant being part both of a U.S. family and an overseas community and doing "whatever was needed to be done" in order to extend healthcare and Jesus' story to others (I. Hays, personal communication, July 17, 2009). The diversity of their roles may inform expectations of new missionary nurses.

From Mud Houses to Hospital Work:

Creation of New Igbo Nurses by U.S. Missionary Nurses (1965–1967)

(Poster)

Highfield, Martha E. F., Ph.D., CALIFORNIA STATE UNIVERSITY

The purpose was to explore the 1965–1967 work of U.S. missionary nurses, Iris Hays and Nancy Petty, in educating local, Igbo women as nurses for a new Nigerian Christian Hospital (NCH). The project contributes to scholarship on missionary nurses' work and on nursing education in post-colonial, pre-civil war Nigeria. A narrative approach viewed through a religious lens shed light on how a blend of faith, economics, culture, gender and politics influenced site-specific, nursing education in newly independent Nigeria. New oral history and private collections provided data. No public archives exist. Iris Hays and Nancy Petty felt called to nursing, missions, and Africa. They raised their own funds, were admitted by newly independent Nigeria as "nursing sister tutors," and moved to a rural, mission compound in Onicha Ngwa. There they drew on their own western preparation to educate a local nursing workforce, including a graduation capping ceremony with candles and the Nightingale pledge. The religious impulses and personal determination of Hays and Petty, coupled with the support of evangelists, families, and churches contributed to establishing a mission hospital and clinic, enduring friendships, and an Igbo nursing workforce that withstood tests of time and war into 21st century Nigeria.

Teaching Orientating Values: A Puzzling Necessity

Jantzen, Darlaine, Ph.D.(C), CAMOSUN COLLEGE

Even in a constraining environment, some nurses get better and better at nursing while others do not. Understanding the process of improvement is the focus of my academic work. In this paper I present one key finding from my doctoral research, a grounded theory study to answer the question, "How do nurses learn to nurse well in the current health care milieu?" Some nurses refine their practice in order to provide excellent nursing care despite a chaotic milieu. This refining process begins during nursing education and in the early years of work experience. A primary motivator for the participants was

"doing my best for the patients," which was enacted through setting and maintaining high standards for one's own practice, and for others in the health care environment. This orientating goal, central to the refining process, is established during nursing education. These study findings prompt important questions regarding how, in a secular setting, we can teach such orientating values. Drawing on the work of Eraut (1994), Dunne (1996, 2011), and Frank (2004), I explore the tensions and limitations in the formational and transformational work of nursing educators (Benner, Sutphen, Leonard & Day, 2010).

Reflection from a Spiritual Perspective:

Teaching Nursing Students

Kofoed, Nancy A., Ph.D., LOMA LINDA UNIVERSITY

Reflection on nursing practice is basic to the nursing student's ability to apply theory to practice. This presentation will emphasize more deeply students' capacity to apply reflection techniques in transforming their personal spiritual lives as well as the spiritual care they give to patients. Utilizing theory on reflective practice in the spiritual realm will help nursing students to appraise their lives and practice from a wholistic standpoint. Ways to teach students the ability to apply reflection in their daily devotional lives will be combined with helping them learn the skills to reflect upon the spiritual care they provide for their clients. Reflection about the personal and professional spiritual domain will build upon recent and traditional work in the area of reflective practice. Additionally, research and theory which ties reflection to best practices in personal spiritual growth and the provision of spiritual care will be presented. Knowledge of reflective practice will increase the teacher's ability to enhance the spirituality of nursing students while helping these students give excellent spiritual care.

Spiritual Etiquette in an Aboriginal Setting

(Poster)

Le Cappelain, Cheri, UNDERGRADUATE B.Sc.N. STUDENT; **Stevenson, Cherysh**, UNDERGRADUATE B.Sc.N. STUDENT; **Pankratz, Darlane, M.S.N.**, TRINITY WESTERN UNIVERSITY

An integral part of any nurse's role is to build rapport with their clients. Building trusting relationships with clients is especially important in an Aboriginal setting where gaining acceptance from the community is essential to providing quality care. This can cause a dilemma for nurses who share a different faith background than their clients since part of gaining acceptance in a community involves attending ceremonies and other community events. Some spiritual practices at these events may conflict with a nurse's personal values or beliefs. It can be difficult to know where to draw the line between being respectful of practices and protecting one's own spiritual safety since spirituality is an integral part of the healing process for Aboriginal people. It cannot be separated from one's physical health or daily life. This poses a challenge for nurses who strive to provide culturally safe care to clients while also wrestling with the ethics of participating in spiritual practices that are different than their own.

Five Corners: A Landscape of the Nursing Profession

Lounsbury, Kathleen, B.Sc.N., GRADUATE STUDENT,

TRINITY WESTERN UNIVERSITY

(Poster)

The “Five Corners” intersection of nursing, ethics, spirituality, religion, and pluralism signify that the landscape of our nursing profession is changing and now requires some further guidance and increased skills to navigate these new destinations collectively and individually. Inherent in each subject are certain influences that impact the individual patient and/or communities that require our approach to have a keen and competent working knowledge of nurses in their clinical practice. Each subject needs to be addressed with cautions, stops, and go-aheads. Yet how do we get our guidance? Which GPS system/clinical pathways will work best to aid us in accepting the mandated issues that will map out our direction and destinations? The Canadian Nurses Association’s position statement on spirituality, health and nursing gives us a starting point, “To provide the best possible health outcomes, registered nurses are expected to respect this diversity in the same way they provide culturally competent care. Sensitivity to and respect for diversity in spiritual beliefs, support of spiritual preferences and attention to spiritual needs are recognized by CNA as required nurse competencies.” This poster is just a quick snapshot of some suggested “routes” we may take.

Canadian Nurses Association. (2010). Position Statement: Spirituality, Health and Nursing.

Can I Be a Naturalistic Nurse?

*A Conversation between Religious Ethics
and Naturalistic Ethics in Nursing*

Pesut, Barb, Ph.D., UNIVERSITY OF BRITISH COLUMBIA, OKANAGAN

This conference is celebrating a book that illustrates the nuanced ways in which religion informs the good within nursing. In doing so, we are embracing diverse perspectives and pressing forward with a vision of the contributions that religious ethics can make to nursing. However, our celebration of this diversity brings us to a critical question; if we are supporting diverse perspectives derived from religion as the basis for good nursing decisions, how do we reconcile competing perspectives? Is there a nursing ethic that should govern our actions in the professional domain despite our commitment to religious ethics? Recently, scholars have argued that this nursing perspective is best placed within naturalism. In this presentation I will have a conversation with the naturalistic perspective by reflecting on whether I as a religious nurse can practice my profession from a naturalistic approach. I will illustrate how in many ways religious nurses do practice from a naturalistic perspective even though they might not label it as such. However, if we believe that authentic human engagement is essential to helping others navigate the boundary lands of death and suffering, then the clear separation between the natural and the ‘supernatural’ required of naturalism is untenable.

Historical Overview of Healing

Pfeiffer, Jane, M.S., M.A., AZUSA PACIFIC UNIVERSITY

(Poster)

Healing of persons and disease has long been a desire of the human community, and healing is a concept central to nursing care. Whether from illness or normative life events, from one degree of health to another, or approaching end of life, healing is a desired experience and outcome of care. In the past decade, nursing and health care literature reveals concern for nurses and primary care givers role in healing, via healing relationships, optimal healing environments, and constructs that support research in healing (Barrett et al., 2003; Lewis et al., 2008; Swanson & Wojnar, 2004). Thus, a historical definition of healing from a Christian world view is foundational to the understanding of healing relationships and environment within nursing practice (Pfeiffer, 2011), of preventing breakdown, and restoring wellness (Swanson & Wojnar, 2004). This presentation gives the review of literature findings from early church fathers to the present to offer a Christian definition of healing. Restoration and recovery of well-being includes the unity of physical, mental, emotional, and spiritual dimensions. But this restoration and recovery doesn’t stop with the individual person. Rather, nursing understands person as part of community(s) of significance, be it family, civic, social and/or faith community(s). Nursing advocates for wholeness, and seeks to create healing environments with renewed relationship at the center of that environment.

The Rural Church and Health Promotion:

Addressing Rural Women’s Health Needs

(Poster)

Plunkett, Robyn, M.Sc.N, Ph.D. (c); Leipert, Beverly D., Ph.D.; Ray, Susan L., Ph.D., UNIVERSITY OF WESTERN ONTARIO; **Olson, Joanne, Ph.D.**, UNIVERSITY OF ALBERTA

Rural communities are home to almost a quarter of Canadians and are significant stakeholders in the sustainment of Canada’s agriculture, fisheries, and tourism industries. Yet, public health policy is often urbancentric and thus is minimally or not effective in addressing rural health challenges. Inadequate access to primary health care, lower life expectancies, less-healthy behaviours, and compromised access to social determinants of health leave rural women in a state of health vulnerability compared to their urban counterparts. While the rural church may have a central role in the lives of many women, very little research has explored the relevance of the church as a possible health resource for this population. The church may also be one of the few, if not the only, community centres remaining in many rural communities and may provide access to social determinants of health, such as social support. Yet, how the rural church shapes rural women’s health remains poorly understood. Churches have a long history of supporting women’s health in many rural and remote areas in Canada. The research question is: What is the experience of rural women’s health promotion in the rural church? Interpretive phenomenology, which is the study of lived experience, is the primary methodology in this study and is used alongside the innovative research method of photovoice. Data are collected in a series of focus groups, individual interviews, photographs taken and logbooks writ-

ten by study participants. This doctoral work in progress presents preliminary findings of the experience of rural women's health promotion in the rural church. Findings are currently being developed and will be presented thematically from interviews with approximately 6-8 women at a rural south western Ontario church. Implications for nursing include strengthening and expanding the work of faith-community nurses in rural areas. Enhancing understanding of ways that rural churches and faith community nurses can promote healthy behaviours will help to address the neglected social determinants of health experienced by rural women.

Are Nurses Regulated by Codifiable Rules of Ethical Conduct or by Personal Morality or Both?

Porr, Caroline, Ph.D., MEMORIAL UNIVERSITY OF NEWFOUNDLAND

Ethics justify codes of professional conduct and substantiate what ought to be done. And although these codes are founded on moral values of autonomy, freedom, justice, equality and respect, a nurse's ethical conduct is measured primarily by how well the behavior of the nurse was good legally or was good technically. Ideally would we not want to know with certainty if the moral values were upheld? That is, would we not want to ascertain that the Other in the nurse's care was truly respected? The purpose of this presentation is to deliberate over the contention that the intersection of ethics and culture in today's pluralistic society commands that nurses must consider it their moral imperative to be responsible and to care for the Other above the obligations of ethical conduct. To uphold the moral values in the context of pluralism, when the Other is different in appearance, language, behavior and religious beliefs relies not on some form of ethical absolutism, but possibly, on something more personal. Perhaps as Levinas, Logstrup, and Bauman assert, it is personal morality that encapsulates those human characteristics called forth to truly promote the moral values in the best interest of the Other.

The Therapeutic Letter: A Means to Actualize Nursing's Caring Ethic (Poster)

Porr, Caroline, Ph.D., MEMORIAL UNIVERSITY OF NEWFOUNDLAND

Nursing, quintessentially, is the act of applying the caring ethic through the medium of therapeutic relationship. Yet, too often nurses find themselves caught up in the tasks of nursing practice and go home dissatisfied because they could not attend to their patients' psychosocial needs. And their patients are left to lament the absence of caring connection with their nurse. Fast-paced technocratic health care environments may undermine ethical, relational caring practice and sabotage establishing therapeutic relationship even though within today's pluralistic health care contexts there has never been a more urgent need for caring therapeutic rapport. Pluralism could very well mean patient vulnerability and suffering are compounded by language barriers and the potential for miscommunication and misinterpretation of nurse behaviors. In this practice-oriented discussion I will introduce the therapeutic letter to facilitate caring and cultivate therapeutic relationship. The therapeutic letter has been used as an

intervention in family nursing practice for some time and has been supported by the empirical literature. Recently the therapeutic letter has been introduced into undergraduate clinical nursing courses to promote relational skills and to ensure patient-centered care.

Across the Threshold: Religious, Spiritual, and Cultural Plurality in Home Health

Reimer-Kirkham, Sheryl, Ph.D.; **Cochrane, Marie, M.S.N.**; **Wolfs, Dorolen, M.S.N.**, TRINITY WESTERN UNIVERSITY

Current immigration patterns that include the majority of newcomers to Canada arriving from Asian source countries have brought about a substantial increase in the number who report religious affiliations such as Islam, Hinduism, Sikhism, and Buddhism, creating a more diverse religious profile. Matters related to plurality and secularism play out in various public spheres, one of which is health care services. Health care services are increasingly being delivered in home settings as a result of new technologies, downsizing in acute care services, and shifting philosophies to provide care "closer to home", representing a new blurring of public and private spaces. In this presentation, we will present preliminary findings from a 3-year study, "Considering Place: "Religious, Spiritual, and Cultural Plurality in Home Healthcare." The purpose of the project is to examine the negotiation of religious, spiritual, and cultural plurality in the provision of health care services in the home, and the social, gendered, economic, and political contexts that shape these dynamics. The study employs qualitative fieldwork methods of interviewing and observing with patients/families, administrators, health professionals (nurses, allied health professionals, physicians) and unregulated care providers. Our data analysis has generated the following themes: (1) providing care in contexts of plurality; (2) caution and inconsistencies regarding the integration of religion/spirituality in home health care; and (3) organizational, spatial, and social influences on how religion/spirituality are approached. Implications for the health care services, nursing education, and future research will be discussed.

The Role of Support and Faith Post Treatment and When Leaving an Abusive Relationship

Singh-Carlson, Savitri, Ph.D., CALIFORNIA STATE UNIVERSITY; **Kaur, Harjit**, ENDING VIOLENCE ASSOCIATION OF BRITISH COLUMBIA

The purpose of this presentation is to highlight how faith and cultural upbringing have an impact on South Asian women's experiences of health and illness, especially chronic illnesses. Qualitative research conducted with South Asian women diagnosed and treated for breast cancer indicated that some of the universal health care concerns of this population include emotional and psychosocial challenges related to fear of recurrence, depression support/non-support, sexuality, normalizing after cancer diagnosis and treatment, follow-up and screening, and lack of information and access to ethnically specific support resources. Some South Asian women also experienced stresses around

intimate and social relationships, whereas others experienced deepening of faith and felt that the cancer diagnoses was part of their karma (fate) and it was something that they had to journey through. Women shared that faith allowed them to journey through these experiences, and that since most felt that this was something that had to happen to them, there was no use crying about it all the time. Other studies, related to partner violence leading to chronic illnesses, have shown how faith plays a role in the healing of the person in abusive relationships. This discussion will show how education can allow nurses to be advocates for South Asian women.

Understanding Spirituality:

Perspectives of Perioperative Registered Nurses in Canada

Styles, Sue, M.S.N., GRANDE PRAIRIE REGIONAL COLLEGE

The release of the Canadian Nurses Association position statement on *Spirituality, Health and Nursing Practice* (2010) provided impetus for a qualitative study that explored nurses' understandings of spirituality in perioperative nursing practice in Canada. To-date, little research exists on the integration of spirituality into this demanding and complex area of nursing. This presentation will provide an overview of this study wherein five perioperative nurses were interviewed, and data thematically analyzed. The following themes will be discussed: (1) Perioperative nurse participants recognize spiritual/religious diversity reflective of a pluralistic society; (2) Spirituality is integrated in perioperative nursing practice through expressions of spirituality that are explicitly spiritual/religious (e.g., prayer, Reiki) and those not considered explicitly spiritual/religious (e.g., touch, being present); (3) Both personal and external contextual factors shape spirituality in perioperative nursing practice; and (4) Spirituality appears integrated in a complex relational dynamic extending beyond the nurse-patient relationship to include the nurse and team members. Recommendations based on the results of this study are to encourage dialogue, ethical and critical analysis, and further research on spirituality in perioperative nursing practice to better understand the complexity of spirituality in perioperative nursing practice.

Addressing Ethical Dilemma in End-of-Life Issues through Case Studies

Tao, May, B.Sc.N., TORONTO PUBLIC HEALTH, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY; **Crosby-Rolston, Karen, B.A., B.N.**, GRANDE PRAIRIE REGIONAL COLLEGE, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY; **Ramsden, Rae, B.S.N.**, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY

Addressing ethical concerns for end-of-life care is of particular interest in the nursing profession. Case studies are likely the most common method used in learning how to deal with ethical dilemmas. Learning ethics through this method challenges learners to develop better knowledge and skills in looking at ethical dilemma through different lenses, and in stimulating, engaging and creative ways to problem-solve. Learners come to understand the ethical issues at stake by analyzing the case studies through the lens of various ethical theories, cultural influences and religious beliefs. Drawing on various theories stimulates the learner's discovery of strategies in resolving an issue. The purpose

of this paper is to present a case study in the context of end-of-life and resolve it by using different ethical theories and religious beliefs. These theories and beliefs may not always be compatible, which may lead to different actions and outcomes. Understanding how to resolve ethical issues through various theories will better equip the nursing profession to face the challenges in their practice.

Advancing Qualitative Research in Spirituality through a Team Approach (Poster)

Tao, May, B.Sc.N., TORONTO PUBLIC HEALTH, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY; **Crosby-Rolston, Karen, B.A., B.N.**, GRANDE PRAIRIE REGIONAL COLLEGE, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY; **Ramsden, Rae, B.S.N.**, GRADUATE STUDENT, TRINITY WESTERN UNIVERSITY; **Astle, Barb, Ph.D.**, TRINITY WESTERN UNIVERSITY

Nurses are uniquely situated in a practice environment to integrate and provide for individuals' spiritual experience. Spirituality and religion are not concrete concepts and are possibly sensitive due to the nature of the topic. Learning the nurses' perspectives about spirituality through qualitative research in an online classroom provides the students with an opportunity to expand knowledge, build on collaborative leadership skills, and increase a deeper understanding on the concepts of spirituality and religion. The purpose of this poster is to present a unique experience of qualitative research on spirituality by applying best practice evidence to examine how to integrate spirituality and religion in the practice environment of each student. The authors will share successes and challenges using Tuckman's group process model. The key results of the learning involve a completion of a research portfolio including observation field notes, interview processes, and reflective journals. A collaborative coding system and key themes were jointly identified and a framework was created by each student. The key outcomes of this research included gaining knowledge and skills in qualitative research, and learning the process of group collaboration.

Developing the Spirit Within: The Stories of Four Dedicated Nurses in South Africa

Theron, Maggie, Ph.D., UNIVERSITY OF THE FRASER VALLEY

Nurses who provide care for those clients in South Africa who lived through horrific trauma and violence often develop secondary traumatization. Emotional contagion is a concept, among others, that is used to describe the active process in which the nurse experience emotional responses parallel to the client's actual or anticipated responses to trauma and violence, and replaces the term secondary traumatization. Experiencing emotional contagion leaves nurses wounded, and the journey to become whole again builds on the development of the spirit within. The role of spiritual development in a model to facilitate wholeness was described through a contextual, descriptive, explorative, and theory generating research design. For this conference, I will focus on discussing the concept of developing the spirit within the nurse as part of the model to facilitate wholeness and share the fascinating role spiritual development has played in the sacred journeys of four dedicated therapists.

*Integrating Buddhist Philosophy and Nursing Philosophy:
Religion Based Nursing Therapy among Chronic Illness and End Stage of Life Patients*
**Triamchaisri, Somporn Kantharadussadee, Ph.D.; Satsue, Kwanjai Amnart,
Ph.D.; Rawiworakul, Tassanee, Ph.D.; Sresumatchai, Vanvisa, MAHIDOL
UNIVERSITY**

Buddhism, global religion, philosophies and nursing philosophies, arts, and sciences all focus on promoting holistic health. They are dynamic global philosophies that change over time and with circumstances. Buddhism has many philosophies, concepts, frameworks, modalities, holistic health activities, well-being concepts, and nirvana or the unconditioned (asankhata) mind outcomes of a human life across life span related to the 4 Noble truths. Nursing philosophy is the search for truth in nursing; it forms the frame of reference for the scientific view, gives the practice of nursing credibility, and defines it as a profession. Both Buddhism and nursing are empirically based, involve natural modalities therapy, and are concerned with , universality, rationality, worldview, epistemology, ethics, society, psychology, knowledge and wisdom, discipline, institution, and standard of practices. Religion-based nursing therapy among chronic illness and end stage of life patients is explored along with a 5 year researching on SKT 1-7 innovation meditation therapy. Integrated Buddhism and nursing concepts and processes are developed and transferred via SKT1-7 meditation modalities to chronic illness patients including cancer, hypertension, diabetes mellitus, asthma, HIV-AIDS, low back pain, heart disease, and chronic renal failure. Twenty five patients in each group were trained for 3 days and did follow up for 3 months to measure both subjective and objective empirical data. Results confirmed that Buddhism-based nursing therapy focuses on empirical data, and other philosophical evidence.

Integrating Spirituality into a Baccalaureate Nursing Program in Mainland China
**Yuan, Hua, B.Sc. (MEDICINE), Ph.D. (STUDENT);
Porr, Caroline, Ph.D., MEMORIAL UNIVERSITY OF NEWFOUNDLAND**

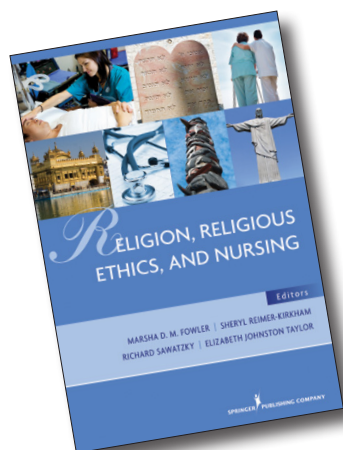
Holistic nursing care takes into account individual, family, community, and population wellbeing. At the level of individual wellbeing, the nurse considers biological, psychological, social and spiritual factors. However, in Mainland China, where I teach nursing, spiritual factors are not well understood by nursing students. Accordingly, students are either reluctant to broach the topic of spirituality or they believe the provision of spiritual care is beyond their capabilities. What then can I do as a nurse educator to integrate spiritual caregiving into our baccalaureate nursing program? While Western nurse scholars assert spirituality and religion should be considered dichotomous, I would argue that it is of limited value to make an explicit distinction. It is imperative that, in Mainland China, spirituality be viewed as our religious beliefs, values, and customs stemming from our ancient cultural context. Moreover, while a broad universal definition of spirituality may serve to promote inclusive pluralistic societies, such an elusive concept only perpetuates growing secularism in Mainland China, especially among the younger generation for whom Chinese culture bears little influence and meaning. During this presentation

I will discuss how to integrate Chinese cultural traditions (including religious/spiritual practices) into our undergraduate curriculum to open up the dialogue about spiritual wellbeing, to promote spiritual caregiving, and to fulfill the requirements of holistic nursing care.

Discovery Group – In Search of Purpose and Meaning to Facilitate Recovery
Zaleska, Beata, M.A., COAST MENTAL HEALTH, BRITISH COLUMBIA

The role of spirituality in psychiatry and addiction medicine has been already recognized. However, there is little evidence of practical application of spirituality-informed interventions by mental health practitioners in working with mentally ill people who also struggle with addiction and drug use related issues. Traditional movement of Alcoholics Anonymous (AA), grounded in Christian teachings, has gained deserved recognition as a valuable adjunct to traditional drug recovery therapies that help people overcome addiction and solidify their sobriety. However, the AA approach has been considered by many chronically mentally ill people too rigid, too restrictive, and in many cases, unwelcoming of people who remain under pharmacological treatment. In an attempt to broaden therapeutic approaches to recovery work with seriously mentally ill, Coast Mental Health has developed a Discovery Group approach that addresses issues related to clients' spirituality. A 10-session series of therapeutic groups provides a forum for a contemplative expression of thoughts and feelings related to spiritual dimension in an atmosphere of safety and security that fosters feelings of belonging, being valued, trusted and accepted. The groups assist clients-participants define their spirituality and its role in their lives as well as to find practical ways to utilize their spirituality in strengthening emotional health and coping with challenges related to drug addiction. The Discovery Group aims at helping people in recovery to uncover meaning, purpose and untapped resources of spirit and resilience within individual participants. Participants' interest in the group confirms the importance of spirituality to mental health clients. Discovery Group opens exciting possibilities for helpers / mental health practitioners for facilitating recovery from addiction by creative utilization of themes and subjects broadly related to clients' spirituality. The purpose of this presentation is to (1) To help the audience define spiritual dimension and its role in recovery of people with complex issues related to mental illness, addiction and traumatic events in their lives, (2) To learn practical application of the subjects related to spiritual dimension into recovery work with a vulnerable population, and (3) To identify key requirements of mental health and addiction practitioners who want to incorporate spiritual dimension into their routine interventions.

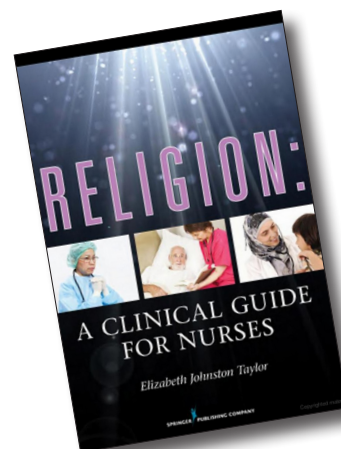
BOOKS



Fowler, M., Reimer-Kirkham, S., Sawatzky, R., & Johnston Taylor, E. (eds). (2012). *Religion, religious ethics, and nursing*. New York: Springer Publishers.

This scholarly volume is rooted in the belief that not only is religion integral to nursing care, but also that the religious beliefs of both nurse and patient care significantly influence care and its outcome. It offers an extensive analysis of the ways in which religion influences the discipline of nursing and lays the foundation for a deeper exploration of religion and religious ethics as they intersect with nursing theory, education, research, and practice.

An international cadre of nurse scholars, representing the world's major religious traditions, explore how theories, history and theologies shape the discipline. They examine the commonalities between the values and thinking of nursing and religion, and identify basic domains in which additional research is necessary. The book explores the meaning of health, caregiving, and well-being within each tradition, including secular beliefs. It examines feminist and religious ethics in nursing, and the social justice and religious moral sources that link community health nursing, health promotion and public health. The authors believe that ultimately scholarly dialogue on the relationship between religion and nursing will foster and enhance a nursing practice that is ethical and respectful of personal values.



Johnston Taylor, E. (2012). *Religion: A clinical guide for nurses*. New York: Springer Publishers.

Religion is a significant aspect of human experience that can provide a framework for an individual's response to a health challenge or transition. Individual religious beliefs, or those of a patient's family or community, may influence health care decisions and provide a means for coping. This book provides accessible and comprehensive information about various religions, offering nurses insight into their patients' religious beliefs and practices and thereby enhancing therapeutic care.

The centerpiece of this book is the compilation of information about diverse religions written by highly knowledgeable religionists. The reference includes information formatted concisely and consistently, on a religion's history and theology; views on health and suffering; explanations for disease; beliefs and practices related to birthing, childrearing, and dying; healing rituals; corporate religious resources for the sick; and more. Prefacing this information are chapters discussing clinical aspects of addressing religion at the bedside. These include strategies for sensitive and respectful communication about religion with patients, assessing a patient's religious beliefs, supporting bedside rituals that are part of a patient's religion, and understanding ethical and legal considerations. The book also provides a comprehensive list of additional resources.

