Prayer Circles and the Perception of Work Environment

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Spiritual care primarily is considered a realm of care provided to patients by nurses. Nurses are educated about the importance of spiritual care, as well as how to support and assess a patient’s need for spiritual care (Rassouli, Yaghmaie, Zendedel, Majd, & Hatamipour, 2015). However, very few studies address spiritual care and group prayer for the care provider.

Spirituality is an important aspect of patient wellness. Hospital accrediting agencies assess how well staff members address their patients’ spiritual needs (Minton, Isaacson, & Banik, 2016). Spiritual care allows the provision of a sense of meaning and purpose in life, especially during extreme stress (Wu, Koo, Liao, Chen, & Yeh, 2016). Recent research has concluded prayer and spirituality are vital for patients (Rassouli et al., 2015; Walker & Waterworth, 2017). However, few articles specifically address spiritual care provided for the healthcare worker. This study was undertaken to examine chaplain-led group prayer relating to healthcare workers’ spiritual self-care.

In a 330-bed hospital in the midwestern United States, a patient health provider scenario unfolded that stimulated new inquiry regarding the power of prayer and its effect on nurses and other healthcare team members. A patient well known to the nurses and staff was admitted to the oncology unit. When his condition worsened and death was imminent, the chaplain’s presence was requested for the patient and his family. The patient’s demise was difficult because nurses were unable to achieve adequate pain management for him. After the patient’s death, the involved nurses and other healthcare team members recognized they also may benefit from spiritual support and requested the chaplain pray with them as well. The healthcare team on this unit noted the positive impact of the group prayer and invited the chaplain to return each morning. When other staff members floated to this unit, they also were invited to participate in the group prayer. Many indicated they wanted this opportunity to be provided regularly on their home units.

After initiation of the prayer group, a faculty member from a local university who observed the group partnered with the hospital to develop a study exploring group prayer and healthcare workers’ perceptions. The study was implemented to help answer the following qualitative research question: What As nurses struggle to meet the needs of their patients in the current culture of health care, spiritual practices may assist with better coping (Bakibinga-Hege & Mittelmark, 2014). Results from this qualitative descriptive study indicate group prayer is helpful in many ways to participants, contributing to positive feelings, comradery, support, strength, and motivation.

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Background
Spiritual care for healthcare providers has been vital for stress reduction and cohesiveness among professionals. Following an oncology patient's difficult death in fall 2016, a small group of healthcare members decided to meet for a brief group prayer before the start of the day shift. The group prayer gathering continued as attendees wanted to maintain this practice of brief morning prayer.

Purpose
Identify how group prayer may have influenced healthcare workers’ perceptions regarding the work environment.

Method
A convenience sample of 28 healthcare team members took part in the study over 1 month. Data were gathered with a 10-item questionnaire, voluntarily completed after the experience. The information was reviewed and analyzed by the research team. This study was approved by an associated university’s Institutional Review Board and the hospital review board.

Results
Interesting findings emerged regarding the positive psychological and emotional experiences of project participants. Data also indicated the timing of the group prayer was important.

Conclusion
Prayer may be a valuable tool for healthcare team members as part of self-care. It may contribute to better employee relationships, cohesive working groups, and enhanced patient care.

are healthcare workers’ perceptions regarding the group prayer occurring at this hospital?

Review of the Literature
A literature review was conducted in CINAHL to examine the most recent evidence regarding prayer and healthcare professionals. The literature was limited to research and systematic reviews published 2014-2018. Search words included spirituality, self-care, prayer, nursing, group prayer, and chaplain. Although articles were found describing the significance of providing spiritual care and intercessory prayer for patients, very few research articles addressed group prayer for nurses or chaplain-led group prayer designed to provide spiritual care for healthcare workers in hospitals. No recent research articles addressed group prayer for nurses, but some studies focused on nurses’ spiritual self-care.

For example, Labrague, McEnroe-Petitte, Achoso, Cachero, and Mohammad (2016) sought to identify factors that influenced spiritual care delivered by Filipino nurses in a quantitative, descriptive, cross-sectional study using a convenience sample of 245 nurses. Researchers used a validated tool called the Nurses’ Spirituality and Delivery of Spiritual Care (NSDSC) instrument. The items on NSDSC with higher mean scores related to nurses’ perception of spirituality included, “I believe that God loves me and cares for me” and, “Prayer is an important part of my life” (mean scores 4.87, SD=1.36; and 4.88, SD=1.34, respectively). Items with increased mean scores related to the practice of spiritual care included, “I usually comfort clients spiritually (e.g., reading books, prayers, music, etc.)” and “I refer the client to his/her spiritual counselor (e.g., hospital chaplain) if needed” (mean scores 3.16, SD=1.54; and 2.92, SD=1.59). Nurses’ spirituality correlated markedly with their knowledge of spiritual nursing care (r=0.3376, p≤0.05) and application of spiritual nursing care (r=0.3980, p≤0.05). Researchers found improved spiritual care delivery was associated strongly with better understanding of what comprised spiritual care. Also, nurses who practiced spiritual self-care and self-reflection were more likely to be satisfied and content with their work.

Another study focused on how spiritual self-care, social support, and good coping skills allowed nurses to manage stress better (Bakibinga-Hege & Mittelmark, 2014). Authors suggested nurses worldwide are exposed to varying degrees of emotional and physical stress. Poor coping methods can prompt nurses to make occupational changes. Fifteen female nurses in Uganda who worked at faith-based and non-faith-based facilities indicated their spirituality permitted them to embrace their work. In-depth interviews were conducted. Themes included calling/choice of profession, experiences while on the job, dealing with stressful work conditions, and self-care. Many participants indicated they saw nursing as a calling that provided them with the opportunity to help others. They also reported their experiences at work triggered increasing levels of energy, dedication, and enthusiasm. Some participants noted faith in God increased their resilience and ability to cope. Prayer was one self-care strategy used by nurses in this study. Nurses who practiced their faith and were able to draw on social support tended to cope better than their peers even in challenging, impoverished conditions.

In a study in Ireland, Keenan and MacDermott (2016) examined how nurses personally use spirituality. This qualitative, descriptive study consisted of in-depth interviews involving eight nurses who had taken care of intellectually handcapped individuals who had died. Many nurses indicated spirituality is essential in their lives as they deal with grief, loss, and dying. Several
themes emerged during data analysis. These included grief; relationship with the child; end of life; support; helplessness due to limited experience and knowledge; the family, the funeral; and focusing on the positive. Focusing on the positive, the main focus of the study, contained a sub-theme of prayer and religion. Researchers found spirituality is not a reactive technique only used during a difficult period, but a strategy embedded within the nurses' holistic care. Spirituality allowed meaning and value when nurses face major challenges.

In another study by Lubinska-Welch, Pearson, Comer, and Metcalfe (2016) at a rural hospital, healthcare workers who used various self-care practices (play, humor, exercise, spirituality) indicated they would participate in group prayer if offered as a part of an employee support program. A convenience sample of 45 healthcare workers participated in this cross-sectional, descriptive study. A structured questionnaire was used to gather data on current self-care practices, health requests, and interests of registered nurses, licensed practical nurses, and certified nursing assistants from various departments. Although spirituality was listed as important for these providers, more emphasis was placed on fitness and nutrition.

Phillips, MacKusick, and Whichello (2018) suggested nurses who have spiritual support report improved organizational commitment and job satisfaction. These are factors that are precursors to organizational incivility when they are absent. Nurses are called to be patient and respect all patients and co-workers while providing care that is safe, satisfying, and beneficial. Prayer is the medium to connect with a higher power through instilling patience and love. People also connect to a higher power with the promotion of positivity. Multiple studies demonstrated a nurse may be able to combat incivility through spiritual self-care, ultimately enhancing organizational strength (Cherry & Jacob, 2014; Lachman, 2016).

Sample Selection

This activity was open to all healthcare members at the hospital. However, most participants were members of a convenience sample and worked on units that adjoined the location where the prayers were scheduled. Healthcare team participants included clinical and non-clinical employees (e.g., registered nurses, respiratory therapists, social workers, nursing assistants, unit secretaries) on this unit and were over age 18. Twenty-one people attended the prayer and participated in the research; seven others completed the questionnaire but indicated that they did not attend the prayer group.

Methods and Design

A 10-item questionnaire was developed by the faculty and hospital administrators. Subjective semi-structured questions were included in the survey to address topics such as what the respondent does on a regular basis before work to make the shift better (see Figure 1 for additional questions). When developing the questionnaire, researchers tried to create questions to address accurately the healthcare workers’ perceptions of group prayer. They developed the survey questions over several weeks, refining and revising the questions to

FIGURE 1. Anonymous Questionnaire Regarding Prayers

1. Is there anything you do on a regular basis prior to work (yoga, meditation, prayer, etc.) to help you feel better while you’re at work?
2. On a scale of 0-10 (0 is the worst, 10 is the best), how do you feel when you first walk into the hospital, prior to your shift? ______
3. If you participate in the prayer group, how do you feel after the prayer, on a scale of 0-10? ______
4. If you do participate, why?
5. If you do not participate, why not?

For those people that participate in the prayer group:
6. Does prayer group participation impact your day? Please explain.
7. Do you think it has any relationship to your patients’ outcomes? If so, please explain.
8. If you would like to participate, what barriers have you identified that prevent you from doing so?
9. If you participate, has this experience changed your comfort level when sharing spiritual support with your patients?

Additional comments: ________________________________

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Ethics

An affiliated university’s Institutional Review Board and the hospital’s review board approved the research before initiation of the study. Information about the voluntary nature and implied consent of the activity (survey) was placed on one side and the questionnaire was placed on the other side of a document (see Figure 1). The study was performed in a 330-bed hospital in the midwestern United States.
create meaningful, clear, objective, relevant questions that were simple to answer (Connell et al., 2018). After face validity was achieved through careful examination of the questions by the research team, several other nurse leaders were invited to review and assist with revision of the survey questions. Questions then were reviewed by the hospital’s evidence-based practice committee, the hospital’s chief nursing officer, and hospital administrators before the study began. Researchers believe the multiple revisions and reviews by others contributed to improved content validity of the survey questions.

This study was conducted using a descriptive qualitative methodology to examine the meaning of prayer for healthcare providers. Qualitative research relies on naturalistic experiences (Polit & Beck, 2017). Candid responses to questions are characteristic of descriptive research, thus providing an eclectic, straightforward description of phenomena (Sandelowski, 2000). Spirituality and prayer are appropriate topics for qualitative studies as these are fundamental to humans’ life experiences. Survey research is a nonexperimental method to capture data regarding a person’s beliefs, feelings, and attitudes with the use of direct questions (Polit & Beck, 2017).

Participants’ comments were evaluated thoroughly and codes emerged with inductive coding. Initial coding consisted of becoming familiar with the comments; line-by-line coding was performed to identify categories and themes (Polit & Beck, 2017). The Giorgi method of analysis, as described by Polit and Beck, was applied. In Giorgi’s view, researchers do not return to participants but validation of findings is achieved solely by the investigators. Data saturation was obtained with 28 participants.

Data were collected over 30 days (September 2017). Reflexivity was obtained by bracketing notes and processing personal thoughts throughout data analysis. Following completion, participants placed anonymous questionnaires in a secured locked box. Participation in the prayer groups was voluntary and optional. Prayers lasted approximately 1-2 minutes and were held in the same location each day. Simple, nondenominational prayers consisted of a chaplain praying for positive patient outcomes and the well-being of healthcare workers.

Trustworthiness

Faculty and hospital administrators had no way to perform a member check due to the anonymous paper surveys, which resulted in the inability to validate responses and allow researchers to employ fully the Giorgi method of analysis. However, the anonymity of participants contributed to more honest responses. Face-to-face interviews also would have allowed a more thorough investigation and an enriched discussion regarding group prayers. Due to the nature of this small study and the use of paper questionnaires, researchers were unable to control for the Hawthorne effect (McCambridge, Witton, & Elbourne, 2014). Additionally, participants answered questions regarding how they felt before and after the group prayer. The authors developed the questionnaire for this study and there is no information available regarding its validity. Therefore, this study does not have a true pre-test and post-test design. Identifying and addressing these limitations may assist the authors with a better design for a larger, more robust study in the future.

Findings

Comments from each question were examined carefully by the researchers, identifying patterns of codes within the data. This process enabled three themes to emerge as phenomena related to the research question: a more positive day, reflected in the care I give, and a touchy subject.

A More Positive Day

The first question asked participants their reasons for attending the group prayer and the third question asked how the prayer influenced their workday. Feeling positive about my day, comradeship, support system, and team members were common codes associated with these questions. Many wrote they felt better when they attended the prayer group.

Healthcare workers indicated attending the prayer group made their work easier on some level. One individual wrote, “It just makes me feel a lot better to pray before I start my shift and it’s nice to do with a whole group.” A participant said attendance “gives me strength and motivation to get through the day.” Another person noted, “I feel it is good practice! It helps me get through the day.” Other participants stated, “It makes me feel like I have a more positive day if I participate,” and “Yes, I enjoy the morning comradery. I enjoy spending time in prayer with my team members.” Some used the words calming, supportive, and relaxing. A participant wrote, “It softens my heart and encourages me to do my best.” Another person commented, “It makes me feel like the staff has a shield we would not have if we did not participate.” One participant wrote the following:

I feel like prayer softens my heart and praying together promotes unity within my co-workers. I feel it is very important to acknowledge God, who is over all, offer [our] thanks to Him and humbly ask for His help to care for others.

Many people indicated on the survey they prayed before work, at home, or while driving. Some listened to music or exercised to help prepare for the day. One person noted, “It helps me tremendously to pray every day prior to coming to work that God would help me to take care of the patients as Jesus would if He was their nurse today.” Relaxing was a code that appeared often. The theme reflected participants’ general belief that group prayer elevates mood and improves healthcare workers’ attitudes.
Reflected in the Care I Give

The fourth question asked participants to identify possible positive patient outcomes due to the healthcare workers’ participation in the group prayer. Again, most noted the prayer contributed to a more positive attitude, greater empathy, and a better mood, which may result in better rapport and more optimistic emotional states for the patient. One wrote, “I think it does [lead to positive patient outcomes] because I feel that if I feel more positive it reflects in the care I give.” Another echoed, “Possibly, I believe mood has an impact on care. The better one’s mood, the better the care.” One participant noted, “It better prepares me to empathize and support patients especially in oncology.” One person wrote, “Yes, I think it helps the patients because if they know more people are praying for them they tend to do better.”

A Touchy Subject

Questions two and five assisted with the identification of various obstacles to attending prayer group. The second question was regarding reasons the participants could not or did not attend the prayer. The general response was that work comes first. Several indicated they are unable to attend the short prayer due to timing concerns during a busy part of the morning when the prayers were held. Some noted they were too busy answering call lights or performing change of shift reports. The work design is that healthcare workers are frequently busy during the time prayer normally is performed. One noted, “Work comes first, sometimes [I] can’t make it to prayer.” Some noted they were not religious and the prayer participants should be praying on their own time. One person self-identified as an “atheist” and did not feel comfortable sharing this information with co-workers. The person indicated a perception of some social pressure to attend the prayer.

The last question addressed comfort regarding nurse and patient interaction; it was noted this topic continues to be a touchy subject. Most participants wrote the prayer assisted them to feel more comfortable praying with patients. Others noted they felt more comfortable sharing their spiritual beliefs with others as a result of attending the prayer group. Some noted praying with patients and offering spiritual support continued to be a touchy subject and they still did not feel comfortable talking about spirituality with their patients. One suggested it was ideally the chaplain’s job to support the patient spiritually. Another noted, “I do share support and if they accept it, I continue; if they do not, I support them to myself.”

Discussion

This study consisted of a small purposive sample from a single midwestern hospital. Larger numbers of participants will produce more rigorous and duplicable results. Additionally, data collection continued for only 1 month.

Three prayer participants indicated the timing of prayer is poor due to the clinician workflow associated with change of shift report and patient care activities. Revision to the timing of the prayer with a move to the afternoon or at a time deemed by healthcare workers as a better schedule may be considered. Authors also were concerned some healthcare workers may have felt pressured to attend.

A limitation of this study may be the inability to use chaplains’ services in more U.S. hospitals. Approximately 50% of hospitals provide in-house chaplains, making it impossible to duplicate the study to a majority of hospitals throughout the nation (Minton et al., 2016). This further complicates the role of the nurse who must address patients’ spiritual needs as required by accrediting agencies (Minton et al., 2016).

Nursing Implications

Spirituality is an inherent component of human beings, but often subjective in nature (Veloza-Grimez, Guevara-Armenta, & Mesa-Rodriguez, 2017). This multidimensional concept may or may not be related to religion, although many feel it deeply connects humans with the purpose of life and meaning of existence. While nursing is a practice-based discipline, spiritual care promotes the development of therapeutic relationships that enhance sensitive and compassionate practice. As Veloza-Grimez and colleagues suggested, nurses should recognize they have the ability to provide holistic treatment, and blend physical, physiological, and spiritual care. Additionally, to be effective care providers, nurses need to nourish spiritual elements of the self to avoid burnout and compassion fatigue.

Previous research (Crane & Ward, 2016) supported the use of holistic (mind, body, spirit) self-care by nursing staff as behavior that allows enhanced patient care. Nurses face many challenges that can lead to job changes and dissatisfaction. However, these authors found nurses who embraced and frequently implemented self-care practices coped better than other nurses who did not. The current study demonstrated many nurses are receptive to engaging in prayer with their colleagues. Further, exploration of spiritual elements may affect future coping and job satisfaction.

Conclusion

As nurses struggle to meet the needs of their patients in the current culture of health care, spiritual practices may assist with better coping (Bakibinga-Hege & Mittelmark, 2014). The results from this qualitative descriptive study indicate group prayer is helpful in many ways to participants, contributing to positive feelings, comradery, support, strength, and motivation. Participants reported feeling calmed, supported, and relaxed during and after prayer. Group prayer was found to contribute uniquely to healthcare workers’ beneficent attitudes about their work, promote positive interactions with patients and other healthcare workers, and help reduce stress (Lubinska-Welch et al., 2016).
REFERENCES


