

A SURVEY TO DETERMINE THE ATTITUDES AND KNOWLEDGES OF A
SELECTED GROUP OF PROFESSIONAL NURSES
CONCERNING SPIRITUAL CARE
OF THE PATIENT

by

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PREFACE

This study was written to provide nursing educators with information regarding the effectiveness of their educational programs in teaching undergraduate and graduate students in nursing that aspect of comprehensive nursing care which deals with the spiritual care of the patient. It became apparent to the author through reading and by conducting a related study that such a study would reveal the strengths and weaknesses of nursing education programs in this area. It is hoped that the findings of this study will be of value to schools of nursing in curriculum study and evaluation, and that the end result will improve the care of the sick.

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CHAPTER I

INTRODUCTION

Introduction to the Problem

In recent years the nursing profession, the medical profession, and allied fields of endeavor have broadened their concepts of the scope of the nurse's activities in caring for the sick. The nurse has truly become "all things to all people". With the advent of specialization and the popular employment of large numbers of ancillary nursing personnel in recent years, the position the professional nurse holds in a hospital has evolved into that of a health co-ordinator. Under medical direction, it is within her scope of responsibility to ascertain the health needs, physical or emotional, of the patient and perform the activities herself or delegate their performance to others so that these needs may be fulfilled. Needless to say, the health needs of the patient cannot be fulfilled by the nurse who does not recognize them or know some of the means for meeting them.

There has been much said and much written about the need for comprehensive nursing care. It is the kind of nursing care which the public has a right to expect from the registered professional nurse of today. It is the

kind of nursing care that progressive schools of nursing have in the past and are now exerting concerted effort to teach. It is the kind of nursing care that the registered professional nurse, herself, is endeavoring to perform. Comprehensive nursing care implies that the nurse will do all that is within her capabilities to meet the patient's physical, emotional, socio-economic, and spiritual needs.

Statement of the Problem

The problem to be explored in this study concerns that facet of comprehensive nursing care which deals with the spiritual needs of the patient. It seems apparent that the nurse cannot give spiritual care unless she understands its importance, some of the technique which are at her disposal, and some of the specific practices of the major faiths that concern the hospitalized patients of those faiths. The problem, therefore, is threefold: 1) Does the nurse understand the importance of spiritual care? 2) Does she know some of the techniques at her disposal for assisting the patient toward spiritual fulfillment? and 3) Does she know something of the religious practices of the major faiths in America that concern the hospitalized patients of these faiths?

Purpose

The broad purpose of this study was to determine if present day nurses recognize and accept their responsibilities in administering to the spiritual needs of the patient.

The specific purposes of this study which contributed to the broad purpose were:

1. To determine the nurse's knowledge of certain religious practices that concern the hospitalized patient.
2. To determine the nurse's concept of her role in the spiritual care of the patient.
3. To determine the nurse's attitude toward the clergyman as a vital member of the health team.
4. To determine the adequacy of instruction in the schools of nursing regarding the nurse's responsibilities toward the spiritual care of the sick.

Justification for the Study

The nurse holds a unique position within the social structure in any society. It is she who has intimate and prolonged contact with the person who, deprived of health, is seeking the answers to the "why" and the "how" of life. It is to her that the patient is most likely to turn for comfort and security. It is she who must recognize the needs of the patient and seek methods for satisfying them. In view of this unique position, must it not be she who understands the

importance of spiritual care to the recovery of the patient and the importance of the various religious practices to the spiritual life of the patient?

Psychosomatic medicine has revealed the complexity which is man. Much has been learned and there is still much to be learned regarding the interplay of the body, the mind, the emotions, and the soul. However, it is safe to state that one cannot be divorced from the others and the most successful treatment of the patient, regardless of the disease condition, must be aimed toward treatment of all of the human body and personality. Therefore, it follows that nursing care must be aimed toward care of the body, the mind, the emotions, and the soul.

The author became interested in the area of the nurse's role in administering spiritual care through perusal of the literature. The various writers deemed this aspect of nursing care to be most vital to the welfare of the patient. It seemed important to determine the attitude of a selected group of nurses toward this aspect of nursing care. In light of the findings of this study it is possible that schools of nursing might wish to add to or revise their curricula.

Assumptions and Delimitations

The basic assumptions of the writer at the outset of this study were:

1. Professional nurses must, in view of the nature of their work, have certain attitudes about the religious life of the patient and the nurse's role in fostering this life.

2. Professional nurses, as individual citizens from various cultural and religious backgrounds, had certain attitudes and knowledges concerning religion prior to entering nursing.

3. Professional nurses have certain knowledges concerning religious practices which affect the hospitalized patient that have been gained by virtue of formal education or work experience.

4. Professional nurses would respond to questions regarding these attitudes and knowledges honestly and thoughtfully.

The findings of this study, while indicative of the knowledges and attitudes commonly held by professional nurses, do not purport to offer conclusive evidence that these knowledges and attitudes are universally held. The scope was limited by time and the number of nurses who cooperated in the study. The nurses who cooperated in the study were graduated from the various types of schools of nursing, though there was a larger proportion of respondents who were graduated from schools which granted a baccalaureate degree in nursing than would be found on a national average. In 1955, 13.8 per cent of all students in schools of nursing in the

United States were enrolled in degree programs. (1) This larger proportion of graduates from degree schools of nursing may have been due to two factors. These are:

1. Many of the nurses who were surveyed were nursing service personnel at a tax-supported hospital associated with a degree school of nursing and which employed many of the graduates of the associated school.

2. The proportion of students enrolled in degree programs in nursing in the eleven western states exceeds the national enrollment, with 28.3 per cent of all students in these states being enrolled in such programs. (1)

Procedure

A three page questionnaire was prepared and each question was designed to amplify one or more of the specific purposes of the study.¹ The first portion of the questionnaire was aimed toward determining the attitudes of the nurses regarding spiritual care of the patient and her adequacy in giving supportive spiritual care. The first four questions of this portion were intended to yield background information about each respondent. The second portion was designed to determine the knowledges of the respondents regarding selected specific religious practices of various faiths that concern the hospitalized members of those faiths. Finally,

¹Questionnaire is included as Appendix A, p. 104.

the cooperating nurses were asked to specify the number of years they had practiced nursing.

The questionnaire was administered to two groups of nurses which are designated in the study as Group A and Group B. Group A was composed of graduate professional nurses enrolled in programs of study in preparation for positions in teaching and supervision or in public health nursing at the University of Oregon Medical School, Department of Nursing Education. Group B was composed of graduate professional nurses employed in tax-supported and in non-sectarian voluntary hospitals.

The responses to the questionnaires were tabulated and evaluated by several methods.¹ The responses were compared in the following fashion:

1. Group A was compared with Group B.
2. Graduates from degree schools of nursing were compared with graduates from diploma schools of nursing.
3. Graduates from Catholic schools of nursing were compared with graduates from non-Catholic sectarian schools and with graduates from secular schools.
4. Respondents with less than five years experience in nursing were compared with respondents with five to ten years experience and with those with ten and more years experience.

¹Master tabulations are included as Appendix B, p. 108.

From the findings conclusions and recommendations were drawn which would be of concern to nursing educators and schools of nursing in curriculum study and revision.

This study was conducted during the academic year of 1956-57 while the writer was a graduate student at the University of Oregon Medical School, Department of Nursing Education.

Definition of Terms

For the purpose of this study the following terms are defined:

1. Comprehensive nursing care is the art and science of nursing the whole patient; his body, his mind, and his spirit. It includes the care of the patient's physical, emotional, spiritual, and social needs, as well as health teaching and planning for rehabilitation and restoration of the patient to the family and to society. (3)

2. Spiritual care of the sick is that particular aspect of comprehensive nursing care which is concerned with the recognition of the needs, doubts, and conflicts concerning religion which assail a patient in time of illness. Spiritual care implies an understanding and an appreciation of religious practices of patients and their families and the methods by which the nurse may assist them in the use of certain tangible resources in fulfilling their need for relating themselves to the purposes and meanings of life.

3. The health team is the entire group of persons who, by virtue of their education and/or employment contribute toward the physical, environmental, emotional, socio-economic, or spiritual well-being of the patient. Members of the health team include all levels of employees within the hospital and members of the nursing and allied professions who contribute toward some aspect of the patient's well-being though employed by other agencies or insitutions. Inherent in this concept of team work in patient care is the recognition of the patient's doctor as the team captain or director.
(35)

4. Knowledge is that outcome of learning which involves the acquisition of truths, principles, and generalizations which are incorporated into the sum of the individual's experiences and, therefore, into her learning.
(6)

5. An attitude is a complex mental pattern which causes the individual to act in a relatively constant manner. It is slow to develop and slow to change. (6)

6. An understanding is the generalization, interpretation, translation and application of knowledge so that it applies to a specific situation. (6)

7. Ministratign is the service which, by virtue of professional education, a member of a profession is peculiarly equipped to render.

8. Degree schools of nursing are those schools which grant a baccalaureate degree in nursing to their graduates.

(33)

9. Diploma schools of nursing are those schools which grant a diploma in nursing to their graduates. (33)

10. Basic education is the educational program designed for those students with no previous experience in nursing which prepares them to perform professional nursing.

Throughout this study the term nurse indicates a graduate registered professional nurse. References to the nurse are in the feminine gender due to the preponderance of women over men engaged in nursing. References to the Catholic Church indicate the Roman Catholic Church unless otherwise specified.

Overview of Thesis

This study has been organized into four chapters. Chapter I, Introduction, has denoted the problem, the purpose of and justification for the study, the assumptions and delimitations of the study, the procedure utilized, and definitions of pertinent terminology. Chapter II, Survey of the Literature, will present a survey of pertinent literature and related studies. Chapter III, An Analysis of the Data, will be devoted to an analysis and interpretation of the data obtained from the responses to the questionnaire. Chapter IV, Summary, Conclusions, and Recommendations, will include

a summary with conclusions and recommendations that have resulted from an interpretation of the data obtained.

CHAPTER II

SURVEY OF THE LITERATURE

Review of Related Literature

Much has been written concerning the spiritual nature of nursing. Christ performed many miracles of healing and had compassion for the sick and the early Christians sought to emulate Him by caring for the sick and the helpless.

For fifteen centuries after its foundation Christian religious spirit pervaded the endeavors of man. The benevolent qualities that characterize western civilization are due to its influence. In it nursing as an organized service to society had its inception and development. (15)

Nursing in the early Christian era was primarily concerned with the welfare of the patient's immortal soul. "The nurse was once a "sister", ignorant of the technique of modern nursing, but persistently concerned about religion."

(7)

Throughout the early centuries of the Christian era men and women religious performed or supervised the organized care of the sick. The early European hospitals were either administered by the Universal Church or by civil authorities who contracted with religious orders for the nursing care that was performed in these institutions. With the Reformation and the advent of Protestantism there developed a new pattern in the care of the sick in Europe. Calvinism,

Lutheranism, Zwinglianism, and Anglicanism became state religions in the countries that responded to these persuasions. "The monks and nuns were driven out of the institutions in the Protestant countries and there was no one to replace them," (15) The poor and the sick were still with them and the religious wars that ensued, as well as the epidemics which continued, made the plight of the unfortunates unbearable. Under Catholicism the poor had been esteemed; now they were reduced to a state of disgraceful pauperism. Luther attempted to organize good works on a voluntary basis but did not succeed. People who believed in justification by faith alone could not be expected to give themselves to good works. Luther's alternative was to introduce a state system of relief. (15) This situation was the background for the appalling conditions that existed in many hospitals during the seventeenth, eighteenth, and into the nineteenth centuries in Europe and America. The depraved, the criminal, the mentally ill, and the paupers were hired as nurses for the smallest possible wage. Those who cared for the sick had not spiritual motives, but rather were motivated by greed or sadism.

It was during the nineteenth century that Florence Nightingale recognized the crying need for competent, skillful, and compassionate care of the sick. "In 1860, Miss Nightingale began the reform of nursing through establishment of a modern school in which the art of nursing might be

taught." (34) Miss Nightingale was most cognizant of the need for the nurse to accept spiritual care of the patient as an integral part of nursing. She said, "Nursing has to nurse living bodies and spirits." (34) In his biography of Miss Nightingale, Woodham-Smith has said:

She never ceased in countless letters, in numberless interviews, to hold up before her nurses' eyes the spiritual nature of their vocation, to instill into them not only the high standard of efficiency on which she was adamant but a sense of the presence of God. (34)

In America there had been earlier endeavors to prepare women for nursing, however, Bellevue Hospital, in 1873, was the first to establish a school of nursing patterned on the Nightingale system. (11) Sister Helen of the English order of All Saints was the first superintendent of nurses and it seems likely that the spiritual nature of nursing was emphasized in that school and many of the other early schools. Very soon after the establishment of the early schools of nursing in America it became apparent to the public, the medical profession, and to hospital administrators that the "trained nurse" was a most valuable asset to the hospital and society in giving competent care to the sick. Therefore, there was an overwhelming demand for the services of such nurses and for hospital care and as a result hospitals expanded in size and number throughout the nation at a phenomenal rate. Many of these hospitals, whether large or small and regardless of facilities, established schools of

nursing to meet the nursing needs of the institutions. (16) Many of these schools were established by religious groups and are still operated under their auspices. Their motives in developing hospitals and nursing schools undoubtedly included a desire to give spiritual care to the sick.

Nursing literature prior to 1935 is practically devoid of mention of the nurse's responsibilities toward the spiritual care of the patient. An exception to this would be some mention of the Catholic sacraments and the Jewish dietary regulations in some of the nursing arts textbooks. The lack of concern in the literature regarding the spiritual nature of nursing might be explained by the constant struggle of this fledgling profession to meet the constantly growing demands of the public and the medical profession for skilled nursing care. In contrast to these demands, nurses were being exploited to the utmost by the many poor schools of nursing established and operated primarily for economic gain and "to provide better nursing for the hospital". (16) At the same time technical strides made by the medical profession and other allied professions were tremendous, and it was necessary for nursing, too, to make great technical strides. In view of these factors, the reasons for lack of concern in the literature regarding the spiritual nature of nursing are self evident. However, it is safe to assume that individual faculty members and individual schools of nursing, particular-

ly these operated under the auspices of religious groups emphasized this aspect of nursing care. Prior to 1935 the profession, as a whole, was primarily concerned with the quality and the standards of education in schools of nursing and in providing a more technical type of preparation for nurses. It is only in the last twenty years that the profession has become increasingly aware of the socio-economic, psychological, and spiritual factors that are inherent in the person who is emotionally or physically ill and authors have written extensively in these areas. Of the period following 1935, Roberts wrote:

Beneath the growing emphasis on specialization in the clinical areas in both medicine and nursing, there was increasing evidence of concern about the social, psychological, and spiritual needs of patients. The sick body, to quote Miss Nightingale, is something more than "a reservoir for storing medicines. . . ." (26)

Religion, whatever its might be, has two purposes, namely, "to describe the world in which we live in a rational way so that man may understand it and to supply an answer to the "how" of life and living". (10) Though the individual may not be an actively practicing member of any faith, he will necessarily have doubts and fears regarding the "how" and the "why" of life. That these doubts and fears are emphasized during illness is readily apparent.

To be sick is to be a stranger, naked, stripped of vigor, weakened by lack of determination, feverish by helplessness, bared by broken confidence; a stranger among strange people, even one's clothes

changed for a queer abbreviated gown. To be sick is to pass through strange places of the spirit; the night before an operation, with its haunting dreads and imaginings, the taking of an anesthetic, the struggle with post-operative discomforts. To be sick is to face the uncertainty of diagnosis, the loneliness of convalescence, the difficulties of facing life as a cripple or an invalid. . . . To be sick is to be in prison, imprisoned in one bed, one room, ward, building; imprisoned within one's helplessness and one's handicaps, chained to the threat of death. (7)

If the nurse is truly to care for the sick and meet all of the patient's nursing needs, must she not do all within her power to assuage these fears and doubts? Dicks has written, "It is important for the nurse, who has such intimate contact with her patient and stands in such a strategic position to be of help, to understand not only the spiritual needs of the patient but also the means and methods which organized religion has for meeting those needs". (10)

The public, as consumers of nursing service, expect and have a right to expect the physical care performed by nurses to be accompanied with understanding, compassion, and a sense of dignity and respect for the worth of the individual.

The patient has the right to expect the nurse to understand that religion has to do with man's most basic concern--his concern with the meaning of life.

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The religious patient has the right to expect the nurse to understand that for him the appropriation of this ultimate meaning involves the use of certain tangible religious resources. These religious resources fall into two distinct types. The one comprises general religious practices and the other special religious practices. In the general groups are included such common experiences as the use of prayer, corporate worship, reading of devotional

literature, and a sense of the sacredness of such basic experiences as birth, life's ultimate commitment and death. (2)

This need for acceptance of the spiritual nature of nursing and for knowledge regarding specific religious practices that are important to the religious patient is probably best summed up by Irene Robertson Youts, director of student personnel at Bellevue School of Nursing. She said:

Psychosomatic medicine, with its emphasis on the whole person, brings into new focus the nurse's need to understand the spiritual as well as the physical and mental requirements of her patients--and of herself and her co-workers. Because the nurse must lend strength to those who depend upon her, and because of her own need for serenity in the presence of soul-shaking experiences she encounters, a philosophy which recognizes nursing as a real ministry is basic to her being a good nurse. If she is to minister successfully to patients of all creeds, she must appreciate the values of the various religious beliefs and understand religious practices other than her own. (36)

Perhaps to the individual nurse, regardless of her religious faith, the most bewildering aspect of spiritual care is the specific methods by which she may accomplish this nebulous facet of nursing care. She has been taught not to moralize or appear shocked or offended when her patient's beliefs or standards are not comparable to her own. She has been taught to never "argue religion" with her patients. Now, then, can she help the non-believer who blasphemes against what she holds to be sacred? How can she help the patient who is doubting the justice of a loving God who allows His children to suffer? If the nurse understands that

all people share the same basic needs and each in his own way is seeking the answers to the "how" and the "why" of life, she will better understand the doubts and fears he is expressing. Those who are ill often have a great need to express their hostilities and by listening and striving to understand them the nurse is rendering spiritual care.

If she listens sympathetically and with concern for the feelings that are back of the words that people speak, she is actually performing a healing ministry aiding the work of the physician to a degree that cannot be measured. When a person is encouraged to talk about himself in a way that helps him see into himself, then the way is being cleared for the healing forces to do their work. (31)

In addition to listening and trying to understand the patient's doubts, fears, and anxieties, there are several specific functions the nurse may perform to comfort the religious patient, regardless of his faith. They are prayer, either with or for the patient, reading of devotional literature suitable to the patient's religious affiliation, and recognition of the need for the ministration of the patient's clergyman. (12) The role of the patient's clergyman cannot be minimized in his spiritual care.

It is the nurse's responsibility to recognize her limitations in the realm of spiritual care and to determine the religious patient's needs for the ministrations of the clergyman. It is therefore, her responsibility to call the clergyman so that he may further assist the patient. (24)

When the nurse assumes the spiritual responsibility of a patient, the same line of authority follows as when she assumes physical responsibility in the absence of a physician. The nurse remains as an

assistant and co-worker of the minister of religion just as she does of the physician. Consequently, the same ethical conduct follows, namely: the "spiritual first aid" which she administers should be reported to the hospital chaplain or the clergyman who is responsible for the patient's present and future welfare. At no time is the nurse to replace a minister of religion, but at all times she is to cooperate with him for the patient's spiritual health. (21)

Many writers agree that there are specific times when pastoral visits are indicated regardless of the particular religious faith of the patient. Dicks says:

Pastoral visits are necessary in times of great emotional stress; that is, during critical illness, before surgery, during a prolonged illness, or when a patient realizes the possibility of physical handicap. When a patient or a member of his family requests a visit from the clergyman, or in the case of the dying patient, there is a definite indication for the nurse to notify a pastor of the patient's religious faith. (10)

In caring for hospitalized patients in most communities, the nurse encounters adherents to many if not all of the faiths, sects, or denominations that are active within this country. Each of these segments of organized religion has religious practices that are held to be most important by its adherents.

It is in the area of special religious practices that the nurse will be confronted with considerable variety. Each particular faith has spiritual resources that are special aid to its adherents, to disregard or minimize their significance can produce adverse effects on the patient's recovery. (2)

It would be pointless and virtually impossible for the nurse to know all of the religious practices of all of the religions whose adherents she might encounter. Many of the

practices will not concern the church member who is ill and, therefore, need not concern the nurse. However, in the three major divisions of religion in the United States, that is, Catholicism, Judaism, and Protestantism, there are certain religious practices of which the nurse should be cognizant in order to assist her patients to express their needs for relating to their God.

Roman Catholic writers are most explicit concerning the spiritual care of the sick. In essence they say, "As Roman Catholics, we believe that Jesus Christ was born into this world, lived, suffered, and died for the spiritually sick man. He left behind Him the spiritual medicine to cure the ills of the soul--the sacraments". (22) The sacraments of the Roman Catholic Church which will concern the nurse are Baptism, which is necessary for a soul to gain heaven; Holy Eucharist or Holy Communion, the consecrated body of Jesus administered to the communicant as spiritual food; Penance or Confession, necessary to cleanse the soul of sin and gain God's grace; and Extreme Unction, the rite which prepares those in serious danger of death for eternity. (12) The nurse may summon a priest at any time to administer the sacraments to the patient. Baptism, because of its vital nature, may be performed by anyone who uses the prescribed form and does so in good faith. "In cases of unbaptized persons, when the nurse feels that the priest will not arrive before the death of the patient, the nurse should administer

the sacrament of Baptism herself, or get a Catholic who is present to do so." (22) The form used consists of saying the words: "I baptize you in the name of the Father, the Son, and the Holy Ghost" while pouring water upon the head of the individual. This must be done in the case of an abortion or delivery of a non-viable fetus and the words should then be prefaced by saying, "If you are alive". (5)

Often Catholic patients will wish to receive the sacrament of Penance while hospitalized, and it is the nurse's responsibility to provide as much privacy as is possible at this time. Catholic chaplains are most willing to bring Holy Communion to hospitalized patients. The communicant is required to fast after midnight, though oral medications may be taken. (12) The nurse should prepare the patient for Communion by making him clean and his bed and environment clean and orderly. There should be a table covered with clean linen and a glass of water at the bedside. The priest will bring the other articles needed.

The sacrament of Extreme Unction is administered to those who are in danger of death, and the nurse should notify a priest immediately if a Catholic patient appears likely to die or has died suddenly without receiving the sacrament. The hands and feet are anointed in this rite, therefore, they should be exposed for the priest. Extreme Unction may be performed within as much as two hours following death as it

is not known the exact time the soul leaves the body. (21)

The Catholic Church laws of fast and abstinence may be abrogated in the case of illness though most hospitals do not serve meat on Fridays. Catholic chaplains will advise hospitalized Catholics that they may eat whatever is served them while they are hospitalized. (12)

The nurse must realize that, in times of sickness, the priest is not only a solace, but the means by which the patient can obtain the sacraments, which in the Catholic patient's religious beliefs, are necessary for his salvation. Therefore, the nurse should summon a priest when the patient or his family requests a priest, before surgery, at times of critical illness, for the dying patient, and for the patient who has died suddenly and has not received the sacraments. (22)

The nurse working with the Jewish patient should understand that there are three factors of Judaism; the Orthodox, the Conservative, and the Reformed. The Orthodox, and, for the most part, the Conservative Jews are ritualistically observant. The Reformed Jews are rarely ritualistically observant. The religious practices of the ritualistically observant Jew will be of the greatest concern to the nurse. "In working with ritualistically observant Jewish patients, the nurse will need to understand these religious practices and rites: dietary regulations, circumcision, care of the

deceased, observance of Sabbath and holy days, and religious ministrations." (30)

The dietary regulations followed by the Orthodox Jew are much too complex and lengthy to be extensively considered in this study; however, the nurse should know that pork and all pork products are forbidden as are all fish that do not have scales and fins and all birds of prey. Milk or milk products and meat must not be mixed or served at the same meal. (20) In many hospitals "kosher" kitchens are available for preparing "kosher", or correct, food for the Jewish patient. The dietary laws may be abrogated in the case of illness, however, the ritualistically observant Jewish patient would probably experience physical and psychological revulsion upon being served pork, shrimp, or creamed meat dishes, and the thoughtful nurse would prevent the serving of such items. (30)

According to Jewish custom, all male babies must be circumcised on the eighth day and this is done by a functionary called a Mohel. In modern practice it is often done while the mother and baby are still hospitalized and may be performed before the eighth day. (12) It is a time for rejoicing and prayers and the family will often request a room where they may pray, drink a toast, and enjoy some refreshments with their rabbi, friends, and relatives.

A Jewish patient who is nearing death may request a confession-prayer (Vi'dui) which may be recited by the

patient himself or read for him by a rabbi or a member of the family. If none of these is present the nurse should assist the patient in performing this rite. The appropriate prayers may be found in any Jewish prayer book. (20)

The deceased Jew's body must be cared for with respect and must be buried in its entirety, that is, previously amputated limbs or blood from a massive hemorrhage at the time of death must be buried with the ritualistically observant Jew. (12) The nurse should also know that Jewish law forbids mourning and traveling on the Sabbath.

If the death of a Jewish patient occurs on the Sabbath (Friday sunset to Saturday sunset) the Orthodox or Conservative family may request that the body be not removed from the hospital until the Sabbath is over. Hospitals that have a morgue can comply with this request. These too may request that on the death of a patient, that the body be not washed before removal from the hospital. This is to be done later by members of the Burial Society (Chevra Kadisha) in co-operation with the Mortician. (20)

The Jewish holidays are each Sabbath; Rosh Ha-Shanah or New Year; Yom Kippur or The Day of Atonement; Succoth or Feast of Tabernacles; Chanukah or Feast of Lights and Dedication; Purim or Feast of Lots; Pesach or Passover; and Shebuoth or Feast of Weeks. Passover occurs in the early spring, usually around the middle of April, and lasts eight days. The dominant symbol of the festival is the unleavened bread (Matzoth) and the observant patient will, no doubt, prefer being served this instead of regularly baked bread. (20)

The patient who is a regular attendant at the synagogue will chafe at his inability to attend services for the various holidays. He can, however, find an acceptable substitute for these in the various programs of Jewish religious services broadcast over the radio. (20)

The nurse must appreciate the position of the rabbi in the spiritual life of the Jewish patient.

The rabbi represents religion, that power which can help individuals bear and overcome difficulties. It is advisable, therefore, that he should be called during crisis periods so that he may sustain the patient with the solace of prayer and faith. (30)

The family unit is especially important to a Jewish patient. In his religion, his home is one of the central places in which he practices his faith.

This sense of family unity and solidarity is also a heritage from the past. It has many roots. The commandments in the Hebrew Bible and later rabbinic literature deal with the honor and respect due to parents and the responsibility of children for their welfare. They include in their scope other members of the family. (20)

This value which the Jewish patient places on his family life gives rise to a need for the nurse to understand the patient-family desire for family responsibility in sickness.

There could be volumes written on the various religious beliefs of the American people who are neither Roman Catholic nor Jewish. Included in these faiths would be the Eastern Orthodox Churches, the non-Orthodox Eastern Churches, the Western Catholic but non-Roman Churches, the "Bridge" faiths such as the Lutheran Church and the Episcopal Church, and the Protestant churches. To relieve confusion on the part of the

nurse it may be said that the Eastern Orthodox Churches, the non-Orthodox Eastern Churches, the Western Catholic Churches, and, in many instances, the "Bridge" faiths rely heavily on the same sacraments employed by the Roman Catholic Church. Baptism, Confession, and Holy Communion are vital to members of these faiths and, for the most part, the ministrations of the patient's clergyman at the hour of death are considered essential. (21)

The religious practices of the many Protestant faiths are varied. Most of them subscribe to infant Baptism, however, it is not considered essential to gaining heaven. The Quakers take exception to this and do not baptize by water, and the Baptists and several other less known sects baptize only those who have reached the age of reason and then only by immersion. (21) Many of the Protestant faiths practice Communion and it may be served to the hospitalized patient. In most cases fasting prior to Communion is not necessary. Members of these faiths will rely heavily upon reading devotional literature and prayer.

Because it is virtually impossible to know the beliefs of all of these denominations, the nurse should consult the patient, his family, or the patient's clergyman when in doubt of the proper procedure for handling a given situation. Protestant clergymen, for the most part, prefer being notified when members of their churches are hospitalized; when they are nearing death; when they are encountering

emotional crises; and when they are preparing to undergo major surgery.

The Church of Jesus Christ of Latter Day Saints, which is commonly known as the "Mormon" Church does not consider itself Protestant, but rather Christian. The nurse should be aware that members of this church do not drink alcohol, coffee, or tea. Some of the members wear a garment, similar to underwear, which has a religious significance and in earlier days was never to be entirely removed from the body. In modern practice, church members are advised to remove their garments when they are to be hospitalized. (12)

The Seventh Day Adventist Church holds certain beliefs that are peculiar to them and of interest to the nurse. They observe the Sabbath of the Jews; that is, Saturday. They do not eat pork, fish not having fins and scales, or birds of prey. The church recommends abstinence from the use of tea, coffee, and refined foods. Meat from animals that are ruminants and have a cloven hoof is permitted, though the church discourages their use as it is felt that in the last days all meat will be diseased. (12)

Review of Related Studies

Previous studies which are related to this area in nursing function are few and of doubtful value in amplifying this study.

Studies which have been done but which the writer was unable to obtain are: Senior Nursing Student Evaluation of the Religion Course in Selected Non-Collegiate Schools of Nursing, a master's thesis by Sister Magda Marie Adrion accepted by Catholic University of America, Washington, D. C.; Implication for Education in Maternity Nursing from a Study of Catholic Rituals among a Selected Sample of Catholic Families, a master's thesis by Sister Beatrice Marie Gallant accepted by Catholic University of America, Washington, D. C.; and The Role of the Nurse in the Moral and Religious Development of the Child, a master's thesis by Sister Mary Noreen McGowan accepted by St. Louis University.

In June, 1946, the Frances Payne Bolton School of Nursing of Western Reserve University accepted a master's thesis by Magdalene E. Rolier titled, Would an Understanding of the Dietary Laws and Customs of the Jewish People Increase the Effectiveness of the Graduate Professional Nurse in Jewish Homes? The procedure for this study consisted of the administration of questionnaires containing queries regarding the extent of observance of the various Jewish dietary laws and observance of the Sabbath and Jewish holidays. It was administered to equal numbers of Jewish young people of the three factors of Judaism. The study revealed a wide diversity of degrees of adherence to dietary laws and other religious practices between each factor and within each group. As would be supposed, the Orthodox group most nearly

adhered to the traditional code, many of the Conservative group adhered to the traditional code but showed a strong inclination toward eliminating some of the more difficult and strenuous regulations, and the Reformed group rarely followed the Jewish laws concerning dietary restrictions. This author deduced that an understanding of the dietary laws and related customs is vital to a nurse employed in a Jewish home if she is to develop an effective working relationship with the patient and the family. It would also be well for the nurse to be aware of the original purposes of the Jewish dietary laws and the present day purposes. The author quotes from The Three Pillars, by Deborah Melamed who said:

The Jewish Dietary Laws, which may have had a sanitary and humane origin, serve as a means of separating Israel from its neighbors. This separation, however, is not regarded as an end in itself. It is considered the necessary condition for the fulfillment of a high and exalted aim. The discipline which the Dietary Laws impose is intended to develop the moral tone and character of the individual Jew. This developed moral tone must serve as the chief characteristic of the Jewish people who are to be witnesses of the Eternal and a priest people among the nations. Hence, these Dietary Laws have a twofold purpose-- to develop the inner spiritual and moral purpose of the Jew, and to make him a spiritual force in the midst of mankind.

Regardless of the value ascribed by the Jew to observing or not observing the dietary laws, the nurse in a Jewish home must first ascertain the degree of observance of the family. If the laws are observed, assistance may be solicited by the nurse from a member of the family in food selection and

preparation. The author further stated, "To a great number of people, although they are no longer mindful of the dietary restrictions and in some instances scarcely consider themselves Jews, the use of pork in any form is very distasteful." Regarding the observance of Yom Kippur, the author said:

A knowledge of the strong appeal which the twenty-four hour Yom Kippur fast holds for many Jews, and an understanding of the real anguish which failing to observe this regulation causes the pious Jew, would be valuable for the nurse. Even Jews who are no longer very loyal to their heritage, and can almost be considered guilty of apostasy, feel the sacredness of this day and many attend at least a part of the all day worship and prayer service held in the synagogue. Many in this same group also observe the fast to a certain degree. Knowing that any ceremony with so much meaning for the individual and one which has been observed for a lifetime, can become so much a part of that person that to break away would not only be a very distressing thing but in some instances might even cause psychological trauma, the nurse will be much more understanding of the patient who desires to fast regardless of his physical condition. She will also be more sympathetic with the extremely pious individual who feels that even brushing the teeth on Yom Kippur is prohibited.

It was recommended that schools of nursing in urban areas with large numbers of Jews in the community should include in their curricula the basic underlying principles of these dietary laws and the religious significance placed upon their observance, particularly by the Orthodox and Conservative Jews. (27)

In January, 1955, the Catholic University of America accepted a master's thesis by Sister Mary David Carson titled, Study of a Selected Group of Catholic Hospitals to

Determine Their Policies in Caring for the Spiritual Welfare of the Non-Catholic Patient. The procedure utilized in this study was a nineteen item questionnaire which was responded to by seventy-five Catholic hospitals in thirty-five states having bed complements of two hundred to three hundred and fifty beds. The data obtained from the participating hospitals indicated: that they were vitally concerned with the spiritual welfare of the non-Catholic patient; that 88 per cent ask the non-Catholic patient of which church he is a member upon admission; that 17.3 per cent ask the non-Catholic patient whether or not he wishes to have his minister notified of his admission to the hospital; that 14.7 per cent have non-Catholic clergymen on call for emergencies; that 80 per cent have their personnel call the clergymen of the non-Catholic patient who requests a pastoral visit; that 26.7 per cent ask the family of the non-Catholic patient to notify his minister when he is seriously ill; that 33.3 per cent have morning and night prayers over the public address system; that 78.5 per cent distribute "My Daily Prayer" cards to patients; that 57.3 per cent have libraries where the non-Catholic patient has access to books that might help to meet his spiritual needs; that the majority of the hospital chaplains visit the non-Catholic patients; that all the hospitals allow pastoral visits by other religious; that seventy-three of the seventy-five hospitals instruct their personnel concerning the spiritual care to which the non-

CHAPTER III

AN ANALYSIS OF THE DATA

The primary purpose of this study was to determine if nurses recognize and accept their responsibilities in administering spiritual care to the patient. Four contributory objectives were then formulated. These were:

1. To determine the nurse's knowledge of certain religious practices that concern the hospitalized patient.
2. To determine the nurse's concept of her role in the spiritual care of the patient.
3. To determine the nurse's attitude toward the clergyman as a vital member of the health team.
4. To determine the adequacy of instruction in the schools of nursing regarding the nurse's responsibilities toward the spiritual care of the sick.

A check-list type questionnaire was designed to elicit the desired information. Each question was intended to amplify one or more of the contributory objectives of the study. The questionnaire was divided into two parts. Part A consisted of four questions pertaining to the respondent's religious affiliation and to her education which had prepared her for professional nursing, as well as seven questions concerning attitudes toward the nurse's role in spiritual care. It was noted that some of the questions in this

portion, while primarily intended to determine attitudes also indicated knowledges and understandings. Two questions in this portion requested the respondents to express their reasons for the attitudes they had indicated in response to the questions. Questions five and eight in part A were designed to be self-validating to facilitate determination of each respondent's understanding of the term "health team" as well as determination of the attitudes that develop from this concept of total patient care. Part B of the questionnaire consisted of eleven questions designed to determine the knowledge of the respondents regarding selected specific religious practices and beliefs of various faiths that concern hospitalized members of those faiths. Finally, each respondent was asked to specify the number of years she had practiced nursing.

The questionnaire was administered to two groups which are designated in this study as Group A and Group B. Group A was composed of professional nurses enrolled at the University of Oregon Medical School, Department of Nursing Education, preparing for positions in teaching and supervision or in public health nursing. The questionnaire was administered to this group during class time. Forty questionnaires were administered to this group; all questionnaires were completed and returned. Group B consisted of professional nurses employed in tax-supported and in non-sectarian voluntary hospitals. The questionnaires were distributed to each nurse

personally and each nurse was allowed two days to complete the questionnaire and return it to the writer. Forty-three questionnaires were distributed to this group and thirty-eight, or 88.4 per cent were completed and returned. The total number of questionnaires administered to the two groups was eighty-three, and the total return was seventy-eight, or 94 per cent.

Table I illustrates the distribution of questionnaires administered and returned by Groups A and B.

Table I
DISTRIBUTION OF RESPONSES TO QUESTIONNAIRES
BY GROUPS A AND B

Selected groups	Number administered	Number of responses	Per cent return
Group A	40	40	100.0
Group B	43	38	88.4
Total	83	78	94.0

It was necessary to ascertain certain information concerning the religious and experience background of each of the cooperating nurses, as well as the type of school of nursing from which each had been graduated. These data were useful in determining some of the influences which might be assumed to have contributed to the formation of attitudes and the acquisition of knowledges by the respondents. It was also desirable to determine the respondents' religious, educational, and experience backgrounds to identify the constituency of the group surveyed. In tabulating the responses to this

identifying information it was apparent that the respondents could best be categorized by dividing them into graduates from degree and diploma schools; graduates from Catholic, non-Catholic sectarian, and secular schools of nursing; and participants with none to five years, five to ten years, and ten or more years experience in nursing. The responses to all questions were tabulated according to these selected groups.

Table II indicates the constituency of the selected categories according to the type of educational program from which the respondents were graduated.

Table II

DISTRIBUTION OF RESPONDENTS ACCORDING TO TYPE OF PROGRAM
FROM WHICH THEY WERE GRADUATED

Type of program	Group A		Group B		Total group polled	
	Number	Per cent	Number	Per cent	Number	Per cent
Degree	8	20.0	14	36.8	22	28.2
Diploma	32	80.0	24	63.2	56	71.8
Total	40	100.0	38	100.0	78	100.0

The respondents were graduated from schools conducted under the auspices of several religious groups as well as schools which were secular in nature. The respondents who were graduated from Episcopalian, Evangelical, Jewish, Lutheran, Methodist, Methodist Episcopal, and Seventh Day Adventist schools will be henceforth referred to in this study as graduates from non-Catholic sectarian schools of nursing.

Table III denotes the auspices under which the schools of nursing which graduated the respondents were conducted.

Table III

DISTRIBUTION OF RESPONDENTS ACCORDING TO AUSPICES
UNDER WHICH SCHOOL OF NURSING
WAS CONDUCTED

Auspices of school	Group A		Group B		Total group polled	
	Number	Per cent	Number	Per cent	Number	Per cent
Non-Catholic sectarian						
Episcopal	3	7.5	1	2.6	4	5.2
Evangelical			1	2.6	1	1.3
Jewish	1	2.5	2	5.3	3	3.8
Lutheran	7	17.5			7	9.0
Methodist	3	7.5			3	3.8
Methodist Episcopal	1	2.5			1	1.3
Seventh Day Adventist	1	2.5	2	5.3	3	3.8
Sub-total	16	40.0	6	15.8	22	28.2
Catholic	16	40.0	8	21.1	24	30.8
Secular	8	20.0	24	63.1	32	41.0
Sum-total	40	100.0	38	100.0	78	100.0

The years of experience in nursing indicated by the respondents ranged from none to twenty-five. Table IV indicates the constituency of the group polled according to years of work experience.

Table IV

DISTRIBUTION OF RESPONDENTS ACCORDING TO YEARS
OF WORK EXPERIENCE

Years of Experience	Group A		Group B		Total group polled	
	Number	Per cent	Number	Per cent	Number	Per cent
0-5	10	25.0	20	52.6	30	38.5
5-10	9	22.5	11	28.9	20	25.6
10 or more	21	52.5	7	18.5	28	35.9
Total	40	100.0	38	100.0	78	100.0

To identify further the constituency of the group polled, each respondent was asked to specify her present church affiliation. Table V denotes the variety of religious preferences of the cooperating nurses.

Table V

DISTRIBUTION OF CHURCH PREFERENCES OF RESPONDENTS

Church	Number	Per cent of respondents
Bahai	1	1.3
Baptist	4	5.1
Catholic	17	21.8
Christian	6	7.7
Church of Christ	1	1.3
Church of God	1	1.3
Congregational	3	3.8
Episcopal	3	3.8
Jew, Orthodox	1	1.3
Lutheran	6	7.7
Methodist	12	15.4
Nazarene	1	1.3
Nondenominational	2	2.6
Presbyterian	9	11.5
Seventh Day Adventist	2	2.6
Sub-total	69	88.5
none indicated	9	11.5
Sum-total	78	100.0

Expressed Attitudes

The first attitude the cooperating nurses were asked to indicate concerned their acceptance or rejection of the patient's clergyman as a member of the health team. Approximately 91 per cent of the respondents in all groups accepted the clergyman as an integral member of the health team, while three rejected his membership and four declined to respond to the question. That seven nurses either responded negatively to the question or failed to respond might have been due to lack of written policies and procedures in many hospitals regarding the utilization of the clergymen in the community. One nurse indicated that she did not feel the clergyman was a member of the health team but wrote in, "He should be".

Table VI verifies the acceptance of the clergyman as a member of the health team by the majority of the group polled.

Table VI

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
CLERGYMAN'S POSITION ON HEALTH TEAM

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	36	90	3	7.5	1	2.5
Group B	35	92.1	0	0	3	7.9
<u>Basic Education</u>						
Degree	19	86.4	1	4.5	2	9.1
Diploma	52	92.8	2	3.6	2	3.6
<u>Auspices of basic school</u>						
Catholic	22	91.6	1	4.2	1	4.2
Non-Catholic sectarian	20	91.0	1	4.5	1	4.5
Secular	29	90.7	1	3.1	2	6.2
<u>Years of experience</u>						
0-5	27	90.0	1	3.3	2	6.7
5-10	18	90.0	1	5.0	1	5.0
10 or more	26	92.9	1	3.6	1	3.6
Total of group polled	71	91	3	3.8	4	5.1

Question number six in part A of the questionnaire had six parts and the responses to each portion were tabulated separately. This question was posed to determine the nurses' attitudes toward the patient's need for pastoral ministrations in times of stress, emergency or imminent death. The clergymen, Catholic, Protestant, and Jewish, who have written regarding spiritual care of the sick consider their ministrations at these times to be vital to the patient and the

patient's family, and of considerable consequence to the patient's recovery or psychological adjustment to the situation. In addition to the comforting and counseling which is offered by clergymen of all faiths at these times, the Catholic clergyman usually offers the sacraments of Penance and Communion to patients preparing to undergo major surgery, and always administers the sacrament of Extreme Unction to the dying. Clergymen who have written in this area consider it the nurse's responsibility and prerogative to determine the existence of a need for a pastoral visit and summon the appropriate clergyman when the need exists. (7,10, 12,17,31) Several of the respondents qualified some or all of the parts of this question by writing in, "only if requested". All such responses were tabulated as negative since they appear to indicate a lack of understanding of the nurse's responsibility in this area.

In the first portion of this question the respondents were asked to indicate if they felt obligated to summon a clergyman for the Catholic patient having major surgery. The group of respondents with ten or more years experience in nursing displayed the greatest recognition of the need for a pastoral visit in this situation, with 82.1 per cent responding positively. The group with none to five years experience in nursing displayed the least recognition of the need for pastoral care in this situation with only 65 per cent responding positively to the question. Of the total

responses to the question, 73.1 per cent were positive, 25.6 per cent were negative, and one of those polled declined to respond to the question.

Table VII illustrates the distribution of responses to the first portion of question number six in part A of the questionnaire.

Table VII

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE CATHOLIC PATIENT
HAVING MAJOR SURGERY

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	30	75.0	9	22.5	1	2.5
Group B	27	71.1	11	28.9	0	0
<u>Basic education</u>						
Degree	16	72.7	6	27.3	0	0
Diploma	41	73.0	14	25.0	1	2.0
<u>Auspices of basic school</u>						
Catholic	18	75.0	6	25.0	0	0
Non-Catholic						
sectarian	17	77.3	4	18.2	1	4.5
Secular	22	68.7	10	31.3	0	0
<u>Years of experience</u>						
0-5	21	70.0	9	30.0	0	0
5-10	13	65.0	7	35.0	0	0
10 or more	23	82.1	4	14.3	1	3.6
Total of group polled	57	73.1	20	25.6	1	1.3

The second portion of the sixth question in part A of the questionnaire was concerned with the nurse's attitude toward summoning a clergyman for the Protestant patient who is preparing to undergo major surgery. Again the group with ten or more years experience in nursing displayed the greatest acceptance of the patient's need for pastoral care in this situation, with 67.9 per cent responding positively to the question. The group with none to five years experience in nursing expressed the least acceptance of this situation as an indication for pastoral care, with only 26.7 per cent responding positively to the question. Of the total responses to this question, 42.3 per cent of the group polled denoted this situation to be an indication for a pastoral visit, 56.3 per cent did not denote it to be an indication, and one of the group did not respond to the question.

Table VIII illustrates the distribution of responses to the second portion of question number six in part A of the questionnaire.

Table VIII

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE PROTESTANT
PATIENT HAVING MAJOR SURGERY

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	20	50.0	19	47.5	1	2.5
Group B	13	34.2	25	65.8	0	0
<u>Basic education</u>						
Degree	8	36.4	14	63.6	0	0
Diploma	25	44.6	30	53.6	1	1.8
<u>Auspices of basic school</u>						
Catholic	13	54.2	11	45.8	0	0
Non-Catholic sectarian	9	40.9	12	54.5	1	4.6
Secular	11	34.4	21	65.6	0	0
<u>Years of experience</u>						
0-5	8	26.7	22	73.3	0	0
5-10	6	30.0	14	70.0	0	0
10 or more	19	67.9	8	28.6	1	3.5
Total of group polled	33	42.3	44	56.3	1	1.4

The third portion of question number six in part A of the questionnaire dealt with the nurse's recognition of the need for pastoral care in the event that a Jewish patient was faced with the prospect of undergoing major surgery. The group of respondents with ten or more years experience in nursing again gave the largest number of positive responses, with 60.7 per cent expressing a positive reaction to the statement. The group with none to five years experience in

nursing again expressed the least acceptance of this situation as being an indication for summoning the patient's clergyman, with only 30 per cent responding positively. Of the entire group surveyed, 43.6 per cent denoted the situation to be an indication for pastoral care, 53.8 per cent did not denote it to be an indication, and two nurses declined to respond to the question.

Table IX denotes the distribution of responses to the third portion of question six in part A of the questionnaire.

Table IX

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE JEWISH PATIENT
HAVING MAJOR SURGERY

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	20	50.0	18	45.0	2	5.0
Group B	14	36.8	24	63.2	0	0
<u>Basic education</u>						
Degree	7	31.8	14	62.6	1	5.6
Diploma	27	48.2	28	50.0	1	1.8
<u>Auspices of basic school</u>						
Catholic	13	54.2	11	45.8	0	0
Non-Catholic sectarian	10	45.5	11	50	1	4.5
Secular	11	34.4	20	62.5	1	1.1
<u>Years of experience</u>						
0-5	9	30.0	20	66.7	1	3.3
5-10	8	40.0	12	60.0	0	0
10 or more	17	60.7	10	35.7	1	3.6
Total of group polled	34	43.6	42	53.8	2	2.6

It would appear that maturity and experience, more than any other factors, were responsible for the positive reactions to these first three parts of the sixth question. That there was a rather wide disparity between the attitudes of the group toward the Catholic patient and the Protestant or the Jewish patient faced with the same situation was probably due to the heavy dependence of Catholics upon the sacraments which are administered by a priest. For the most part, the

Protestant and Jewish clergy offer their care in the form of prayers, devotional reading, and counseling which are not mandatory to any specified situation, but generally applicable to many situations.

The fourth portion of the sixth question in part A of the questionnaire was concerned with the nurse's obligation to summon a clergyman for the critically ill Catholic patient. Over 90.0 per cent of all groups of respondents except those with five to ten years experience in nursing answered this question with a positive response. All of the respondents with none to five years experience in nursing and all who were graduated from Catholic schools of nursing answered this question in the affirmative. The total responses of the group surveyed were seventy-four in the affirmative, three in the negative, and one nurse failed to respond to the question.

Table X shows the distribution of responses to the fourth portion of question number six in part A of the questionnaire.

Table X

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE CRITICALLY
ILL CATHOLIC PATIENT

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	37	92.5	2	5	1	2.5
Group B	37	97.4	1	2.6	0	0
<u>Basic education</u>						
Degree	21	95.3	1	4.7	0	0
Diploma	53	94.6	2	3.6	1	1.8
<u>Auspices of basic school</u>						
Catholic	24	100	0	0	0	0
Non-Catholic sectarian	19	86.2	2	9.1	1	4.7
Secular	31	96.9	1	3.1	0	0
<u>Years of experience</u>						
0-5	30	100	0	0	0	0
5-10	17	85	2	10	1	5
10 or more	27	96.4	1	3.6	0	0
Total of group polled	74	94.9	3	3.8	1	1.3

The respondents were asked to express their attitudes toward the necessity for pastoral care for the critically ill Protestant patient in the fifth portion of question six in part A of the questionnaire. The group with ten or more years experience in nursing, 82.1 per cent of whom responded positively to the statement, displayed the greatest understanding that this situation is an indication for pastoral care. The group with none to five years experience in

nursing and the group who were graduated from secular schools of nursing displayed the least acceptance of the situation as being an indication for pastoral care, with 43.3 per cent and 43.7 per cent respectively responding to the question in the affirmative. Of the total group polled, forty-eight nurses denoted the situation to be an indication for pastoral care, twenty-eight did not denote it to be so, and two nurses failed to respond to the question.

Table XI denotes the distribution of responses to the fifth portion of the sixth question in part A of the questionnaire.

Table XI

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE CRITICALLY
ILL PROTESTANT PATIENT

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	29	72.5	10	25.0	1	2.5
Group B	19	50.0	18	47.4	1	2.6
<u>Basic education</u>						
Degree	13	59.1	8	36.4	1	4.5
Diploma	35	62.5	20	35.9	1	1.6
<u>Auspices of basic school</u>						
Catholic	20	83.3	4	16.7	0	0
Non-Catholic						
sectarian	14	63.6	7	31.8	1	4.6
Secular	14	43.7	17	53.1	1	3.2
<u>Years of experience</u>						
0-5	13	43.3	16	53.3	1	3.4
5-10	12	60.0	8	40.0	0	0
10 or more	23	82.1	4	14.3	1	3.6
Total of group polled	48	61.5	28	35.9	2	3.6

In response to the final portion of the sixth question in part A of the questionnaire which was concerned with the nurse's obligation to summon a clergyman for the critically ill Jewish patient, the group with ten or more years experience gave the largest proportion of positive responses, with 78.6 per cent of this group answering the question in the affirmative. The group which displayed the least acceptance of this obligation were those nurses graduated

from secular schools of nursing; only 40.6 per cent of this group responded positively. Of the total group polled, 61.5 per cent answered the question in the affirmative, 34.7 per cent in the negative, and 3.8 per cent of the group polled declined to respond to the question.

Table XII illustrates the data obtained from the sixth portion of question six in part A of the questionnaire.

Table XII

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING MINISTRATIONS
OF THE CLERGYMAN TO THE CRITICALLY
ILL JEWISH PATIENT

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	28	70.0	10	25.0	2	5.0
Group B	20	52.6	17	44.7	1	2.7
<u>Basic education</u>						
Degree	11	52.4	9	42.8	2	2.8
Diploma	37	66.1	18	32.1	1	1.8
<u>Auspices of basic school</u>						
Catholic	20	83.3	4	16.7	0	0
Non-Catholic sectarian	15	68.2	6	27.3	1	5.6
Secular	13	40.6	17	53.1	2	6.3
<u>Years of experience</u>						
0-5	13	43.3	16	53.4	1	3.3
5-10	13	65	6	30	1	3.5
10 or more	22	78.6	5	17.9	1	3.5
Total of group polled	48	61.5	27	34.7	3	3.8

The responses of the entire group polled to the final three portions of the sixth question in part A of the questionnaire demonstrated a similar variance between the attitudes regarding the ministrations of the clergyman to the Catholic patient and to the Protestant or the Jewish patient, as was displayed in the responses concerning his ministrations in the event of major surgery. In each case approximately 30 per cent more of the respondents indicated that they believed the patient who was critically ill had a greater need for pastoral care than the patient who was to have major surgery performed.

The number of respondents who indicated that they did not feel obligated to summon a clergyman for the critically ill Catholic patient was negligible. This was probably due to the emphasis of the Catholic Church upon the absolute necessity for every Catholic to receive the sacrament of Extreme Unction when in danger of death. It would appear that all types of schools of nursing have taught this aspect of spiritual care rather well.

While the majority of the respondents considered it necessary to summon a clergyman to administer spiritually to the critically ill Protestant or Jewish patient, approximately 35 per cent did not indicate that they felt it to be necessary. This may be due to the nature of the ministrations of these clergymen at such a time. Though the Jewish faith recommends a confession prayer for the dying it is not

obligatory that it be recited by a rabbi, as it may be recited by the patient himself, or any other person present and able to recite it for him. The clergymen of these faiths, for the most part, offer prayer, devotional reading, and counsel to the patient and his family, none of which is mandatory according to the individual church doctrines. Another factor which may have influenced the number of negative responses was hospital admission policies which rarely request information concerning specific church affiliations, but merely ask the patient to specify whether he is a Catholic, a Protestant, or a Jew. Thus it is often virtually impossible to ascertain the patient's church affiliation so that an appropriate clergyman may be summoned.

It would appear that maturity and experience, more than any other factors, contributed the most to an understanding that the Protestant and the Jewish patient have a need for pastoral care at the hour of death.

The seventh question in part A of the questionnaire was intended to ascertain the respondents' understanding of their responsibility in determining the existence of a need for pastoral care and in initiating action to meet this need. The question was, "Should the nurse call the patient's clergyman for a pastoral visit only when the patient or his family requests such a visit?". A negative response would have indicated the nurse's understanding of this responsibility.

It is possible that a great number of the respondents did not read this question carefully or that it was phrased in such a manner as to confuse the respondents. In response to the question, the group who were graduated from degree schools of nursing displayed the greatest understanding of the nurse's responsibility in initiating the action necessary to obtain pastoral care when the situation indicates such care; however, only 45.5 per cent of this group responded in this manner. The group who were graduated from Catholic schools of nursing indicated the least understanding of this facet of the nurse's responsibility in giving spiritual care, with but 16.7 per cent responding negatively to the question. The total group's response to this question indicated a very poor understanding of the nurse's role in initiating action to meet the spiritual needs of the patient, with only 29.5 per cent responding to the question negatively and 66.7 per cent responding positively. Three of the nurses polled did not respond to the question.

It would appear that there were several factors that influenced the type of response elicited by this question. The factors, though mere conjecture by the writer, which probably influenced the group surveyed to respond as they did were:

1. The participants may not have read and understood the question properly.

2. The participants felt that to initiate action in this area might be considered tantamount to proselytizing.

3. The participants felt that summoning the patient's clergyman, without the patient's specific request for such a visit, might indicate to the patient that his condition was more grave than he had previously believed and that death must, therefore, be imminent.

Table XIII illustrates the distribution of responses to question number seven in part A of the questionnaire.

Table XIII

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING INDICATIONS
FOR PASTORAL VISITS

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	28	70.0	11	27.5	1	2.5
Group B	24	63.2	12	31.6	2	5.2
<u>Basic education</u>						
Degree	12	54.5	10	45.4	0	0
Diploma	40	71.4	13	23.2	3	5.4
<u>Auspices of basic school</u>						
Catholic	19	79.2	4	16.7	1	4.1
Non-Catholic sectarian	14	63.6	7	31.8	1	4.6
Secular	19	59.4	12	37.5	1	3.1
<u>Years of experience</u>						
0-5	18	60.0	11	36.7	1	3.3
5-10	13	65.0	6	30.0	1	5.0
10 or more	21	75.0	6	21.4	1	3.6
Total of group polled	52	66.7	23	29.5	3	3.8

In response to question number eight in part A of the questionnaire, all of the cooperating nurses indicated that they did not feel that the patient's clergyman was interfering with the medical or nursing care when he attempted to counsel or comfort the patient.

This question was posed for two reasons. These were:

1. To validate question number five in part A and determine each respondent's concept of the health team.

2. To ascertain the group's attitude toward the clergymen who make hospital calls.

In view of the unanimous negative response to the question, it seems apparent that all those nurses polled understood the concept of the health team in achieving total patient care, and that the entire group had a positive and appreciative attitude toward the clergymen who make pastoral visits to the sick.

Question number nine in part A of the questionnaire asked each respondent to indicate her attitude toward praying either with or for a patient, and to explain the reason for her response. The group who were graduated from non-Catholic sectarian schools of nursing displayed the greatest recognition of prayer as a nursing function and a great benefit to the patient, with 81.8 per cent of this group responding in the affirmative. The group with none to five years experience in nursing responded in similar proportions, with 80.0 per cent responding positively to the question. The group who were graduated from Catholic schools of nursing indicated the least acceptance of this activity being a nursing function, with 58.3 per cent of this group indicating that the nurse should pray with or for her patient. The total group polled displayed a relatively high positive approach to this aspect of spiritual care, with 70.5 per cent of the respondents indicating that they would pray with or for the

patient and 25.6 per cent indicating that they would not do so. Three of the group polled did not answer the question.

The explanation for the responses to the question were varied. A total of seventeen of those who answered the question positively gave no explanation for their responses. Of those who answered the question positively, twenty-three explained that they would do so if requested by the patient; seven stated that they would do so if they felt it would help the patient; three made the comment that any Christian, nurse or non-nurse should and could help the patient by prayer if the situation indicated it; three stated that a nurse should be able to do this but personally felt inadequate to pray with the patient; one nurse stated that she always prayed for her patients and with them if it was the patient's desire; and one nurse said that the nurse should pray for any patient, but only with those of her own faith. Of those who responded negatively to the question, ten nurses did not explain their attitudes toward this aspect of spiritual care; three nurses said they would pray with the patient only in a situation where a clergyman was not available and the patient seemed sincere in his request for prayer; two of the group said that they would only pray for the patient; one of the group stated that this was the clergyman's area of responsibility and not the nurse's; one nurse stated that she felt this area to be too personal; and one of the group said that

she would do so as a person but not as a nurse.

It would appear that the majority of the group of nurses surveyed felt that they should, as nurses, pray for their patients and with them if requested to do so. There was displayed definite appreciation of the comfort and assistance that prayer affords the patient.

Table XIV indicates the distribution of responses to question number nine in part A of the questionnaire.

Table XIV

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING PRAYING
WITH OR FOR A PATIENT

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	29	72.5	11	27.5	0	0
Group B	26	68.4	9	23.7	3	7.9
<u>Basic education</u>						
Degree	15	68.2	6	27.3	1	4.5
Diploma	40	71.4	14	25.0	2	3.6
<u>Auspices of basic school</u>						
Catholic	14	58.3	8	33.3	2	8.4
Non-Catholic						
sectarian	18	81.8	4	18.2	0	0
Secular	23	71.9	8	25.0	1	3.1
<u>Years of experience</u>						
0-5	24	80.0	5	16.7	1	3.3
5-10	14	70.0	5	25.0	1	5.0
10 or more	17	60.7	10	35.7	1	3.6
Total of group polled	55	70.5	20	25.6	3	3.9

In response to question number ten in part A of the questionnaire concerning the need for the nurse to administer spiritual care to the sick though they may be members of faiths other than the nurse's, there was a definite recognition of spiritual care as being a facet of comprehensive nursing care that must be provided for all patients. The group who were graduated from Catholic schools of nursing responded unanimously that the nurse should assist all patients toward fulfillment of their spiritual needs. The graduates from non-Catholic sectarian schools indicated the least recognition of spiritual care being inherent in comprehensive nursing care, however, only 13.6 per cent of this group responded negatively to the question. Ninety-three and six tenths per cent of the group polled responded positively to this question and only 6.4 per cent indicated that they should not assist all patients toward spiritual fulfillment. One of the group who was a Roman Catholic and responded negatively to the question wrote in this statement: "Strictly speaking, Catholics are not allowed to do this." This person had apparently misinterpreted her church's doctrines.

It would appear that the five nurses who responded negatively to this question were more influenced by their personal religious beliefs than their professional preparation or experience in the formation of their attitudes

on this subject.

Table XV illustrates the large proportion of respondents in all groups surveyed that recognized spiritual care as an integral part of comprehensive nursing care.

Table XV

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF RESPONDENTS TO QUESTION CONCERNING THE NEED FOR NURSES TO ADMINISTER SPIRITUAL CARE

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	38	95.0	2	5.0	0	0
Group B	35	92.1	3	7.9	0	0
<u>Basic education</u>						
Degree	21	95.5	1	4.5	0	0
Diploma	52	92.9	4	7.1	0	0
<u>Auspices of basic school</u>						
Catholic	24	100	0	0	0	0
Non-Catholic						
sectarian	19	86.4	3	13.6	0	0
Secular	30	93.8	2	6.2	0	0
<u>Years of experience</u>						
0-5	28	93.3	2	6.7	0	0
5-10	19	95	1	5.0	0	0
10 or more	26	93.2	2	6.8	0	0
Total of group polled	73	93.6	5.0	6.4	0	0

Question number eleven in part A of the questionnaire, which asked each participant to indicate her adequacy in giving spiritual care to patients of religious faiths other than her own, yielded an illuminating variety of responses in

the explanations given by each nurse for her positive or negative response to the query.

The group who were graduated from Catholic schools of nursing indicated that they felt the most able in this area, with 79.2 per cent answering the question in the affirmative. The group who were graduated from degree schools of nursing indicated that they felt the least able to fulfill the spiritual needs of patients of religious faiths other than their own, with only 31.8 per cent answering this question positively. Of the entire group surveyed, 56.4 per cent said that they felt able to accomplish this aspect of nursing care and 42.3 per cent said that they did not feel able to do so. One nurse failed to respond to the question.

Six of the nurses who responded positively to this question did not explain their responses. Of the respondents who did explain their affirmative answers to the question, ten said they could do so because of the universal beliefs that are common to all religions; six said they felt able only in giving such assistance as procuring religious materials and summoning the appropriate clergyman when necessary; six indicated that they felt able to assist such patients only to a limited degree; five mentioned listening to the patient as an aid to spiritual fulfillment; five said they felt that they could assist patients in this area by demonstrating interest in and tolerance of another's faith; three nurses stated that the various religion classes that

they had attended had enabled them to accomplish this type of assistance; two mentioned reading of devotional literature to the patient as a means of giving spiritual aid to the patient; and one nurse mentioned prayer as being useful in accomplishing this facet of nursing care.

Of those participants who answered the question in the negative, fourteen nurses did not explain their answers. Of those who did explain their negative responses, seventeen said that they lacked adequate knowledge of other religious faiths to be able to assist patients of other faiths toward spiritual fulfillment, though one nurse qualified this statement by stating that a knowledge of the universal beliefs which are common to all faiths could enable her to do so to a limited degree. One respondent stated that a difficulty in spiritual or emotional expression and communication rendered this activity impossible for her and one nurse stated that she felt this entire problem to be a personal, rather than a professional, matter.

Those nurses who answered the question positively and qualified their responses by saying they could assist such patients only by procuring religious materials and summoning an appropriate clergyman, or to a limited degree, and those who felt a lack of knowledge limited them in this area displayed a limited insight into the problem, while those who mentioned devotional reading, prayer, listening, interest in,

and tolerance of another's faith, and the universal beliefs common to all faiths, perhaps demonstrated the greatest degree of insight into this aspect of nursing care.

Table XVI illustrates the distribution of responses to the eleventh question in part A of the questionnaire.

Table XVI

COMPARISON OF ATTITUDES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING ABILITY
TO ADMINISTER SPIRITUAL CARE

Selected groups	Distribution of responses to question					
	"Yes" responses		"No" responses		No answer	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	27	67.5	13	32.5	0	0
Group B	17	44.7	20	52.6	1	2.7
<u>Basic education</u>						
Degree	7	31.8	15	68.2	0	0
Diploma	37	66.1	18	32.1	1	1.8
<u>Auspices of basic school</u>						
Catholic	19	79.2	4	16.7	1	4.1
Non-Catholic sectarian	13	59.1	9	40.9	0	0
Secular	12	36.9	20	62.5	0	0
<u>Years of experience</u>						
0-5	13	43.3	16	53.3	1	3.4
5-10	12	60.0	8	40.0	0	0
10 or more	19	67.9	9	32.1	0	0
Total of group polled	44	56.4	33	42.3	1	1.3

In summing up the responses of the group surveyed to the seven questions intended to disclose attitudes toward spiritual care, several facts have become apparent. The

selected groups did not, on the whole, display as much disparity in their attitudes toward spiritual care as might have been anticipated, however, those respondents with ten or more years experience in nursing indicated the greatest degree of acceptance of the various aspects of spiritual care surveyed in part A of the questionnaire with an average of 75.3 per cent of this group responding to all of these questions appropriately. The average percentage of appropriate responses of the other selected groups were: 74.7 for the graduates from Catholic schools; 71.9 for Group A; 69.6 for the graduates from diploma schools of nursing; 69.3 for the graduates from non-Catholic sectarian schools of nursing; 65.8 for those nurses with five to ten years experience in nursing; 64.8 per cent for the graduates from degree schools of nursing; 64.7 for those nurses with less than five years experience in nursing; 64.2 for Group B; and 63.3 for the graduates from secular schools of nursing. It would appear, therefore, that experience and maturity, more than any other factors, were responsible for the formation of the attitudes necessary to accomplish spiritual care of the patient. This survey would seem to indicate that Catholic schools of nursing, diploma schools of nursing, and higher education in nursing fields have been the most effective types of nursing education programs in the development of the appropriate attitudes necessary for the accomplishment of spiritual care of the sick.

Knowledge of Selected Religious Practices

The final page of the questionnaire, or part B, consisted of eleven questions concerning selected specific practices of various religious faiths that concern the hospitalized members of those faiths. The responses to the questions were to be indicated in one of three columns which were headed "I believe", "I do not believe", and "I do not know".

Question number one in part B of the questionnaire was concerned with the Catholic belief regarding Baptism. The Catholic Church teaches that Baptism is necessary for the removal of the stain of original sin, and is essential if the individual is to gain heaven. (5) This belief should be of great concern to the nurse in that there are approximately 33,400,000 baptized Catholics in the United States (12) and the sacrament is frequently administered by a priest or a lay person to hospitalized children or adults.

All of the respondents who were graduated from Catholic schools of nursing answered this question correctly. The group with the largest proportion of incorrect responses to the question had less than five years experience in nursing, however, there was not a significant difference between any of the selected groups in the proportion of incorrect answers to this question. The percentage of respondents in the selected groups who indicated that they did not know the

Catholic belief regarding the sacrament of Baptism did not denote a significant variance. Eighty-eight and five tenths per cent of the total group surveyed answered the question correctly, 5.1 per cent answered the question incorrectly, and 6.4 per cent indicated that they had no knowledge of the Catholic Church's doctrine regarding Baptism.

Table XVII indicates the distribution of responses to question number one in part B of the questionnaire.

Table XVII

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
CATHOLIC BELIEF REGARDING BAPTISM

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	35	87.5	1	2.5	4	10
Group B	34	89.5	3	7.9	1	2.6
<u>Basic education</u>						
Degree	19	86.4	1	4.5	2	9.1
Diploma	50	89.0	3	5.5	3	5.5
<u>Auspices of basic school</u>						
Catholic	24	100	0	0	0	0
Non-Catholic						
sectarian	18	81.8	1	4.5	3	13.7
Secular	27	84.4	3	9.4	2	6.2
<u>Years of experience</u>						
0-5	26	86.7	3	10.0	1	3.3
5-10	18	90.0	0	0	2	10.0
10 or more	25	89.3	1	3.6	2	7.1
Total of group polled	69	88.5	4	5.1	5	6.4

Though most of the Christian faiths practice Baptism, the beliefs concerning its purpose and the benefits which it accrues to the individual vary widely from one faith to another. While most Protestant faiths baptize infants, they do not feel it is essential for salvation of the soul. A number of Protestant faiths do not baptize persons until they have gained the age of accountability, which, in most cases, is felt to be near the thirteenth year of life. The Baptist Church and several other less known church groups attribute no saving power to Baptism. They designate Baptism as an ordinance and value it as an identification with God and a confession of faith. (12)

Question number two in part B of the questionnaire was concerned with the Baptist Church's belief concerning Baptism. The groups indicating the largest proportions of correct answers to this question were Group B, graduates from secular schools of nursing, and nurses with less than five years experience in nursing, with 31.6 per cent, 31.3 per cent, and 30.0 per cent respectively answering the question correctly. The graduates from non-Catholic sectarian schools of nursing indicated the largest proportion of incorrect answers to the question, with 59.1 per cent of this group answering the question incorrectly. The group with the largest proportion of respondents who denoted that they did not know the Baptist belief concerning Baptism was those nurses with less than five years experience in nursing.

The entire group surveyed displayed a distinct lack of knowledge regarding this subject, with only 23.1 per cent answering the question correctly, while 43.6 per cent answered it incorrectly, and 33.3 per cent of the respondents indicated that they did not know the answer.

In 1953, there were 17,500,634 Baptists in the United States. (25) It would, therefore, appear desirable that something of their beliefs as well as the beliefs of other Protestant faiths concerning Baptism be taught in schools of nursing. Knowledge of their belief regarding Baptism would be of special importance to those nurses working in obstetrical, gynecological, and pediatric nursing, and would relieve the nurse of the task of having to trouble the family about their desires in this matter at a time of crisis.

Table number XVIII denotes the distribution of responses to question number two in part B of the questionnaire.

Table XVIII

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
BAPTIST BELIEF REGARDING BAPTISM

Selected GROUPS	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	20	50.0	6	15.0	14	35.0
Group B	14	36.8	12	31.6	12	31.6
<u>Basic education</u>						
Degree	10	45.5	4	18.2	8	36.3
Diploma	24	42.9	14	25.0	18	32.1
<u>Auspices of basic school</u>						
Catholic	11	45.8	4	16.7	9	37.5
Non-Catholic sectarian	13	59.1	4	18.2	5	22.9
Secular	10	31.3	10	31.3	12	37.4
<u>Years of experience</u>						
0-5	9	30.0	9	30.0	12	40.0
5-10	11	55.0	2	10.0	7	35.0
10 or more	14	50.0	7	25.0	7	25.0
Total of group polled	34	43.6	18	23.1	26	33.3

Since the earliest times in history many religions have ascribed certain dietary practices with religious significance. The foundations for these beliefs are as varied as the dietary practices to which the various faiths adhere. The Seventh Day Adventist Church prohibits the use of pork, fish without fins and scales, and birds of prey. The basis for this practice is the Biblical command found in "Leviticus", Chapter eleven, verses one through eleven. The

meat of animals that are ruminants and have a cloven hoof, as well as herbivorous fowls, and fish having fins and scales are permitted by the Seventh Day Adventist Church, though many church members abstain from their use because of Biblical prophecies telling of the day when the flesh of all animals will be contaminated and unfit for human consumption.

(12)

There were 275,733 Seventh Day Adventists in North America in 1953 (28) with large numbers of them residing in the Western part of the United States. Therefore, it would seem advisable that nurses should be aware of the dietary practices of this faith, particularly those who are working in areas where large numbers of Seventh Day Adventists reside.

In response to the third question in part B of the questionnaire concerning the dietary restrictions of the Seventh Day Adventist Church, the group who were graduated from degree schools of nursing indicated the largest proportion of correct answers, with 36.3 per cent denoting that they did not believe the statement to be true. The graduates from non-Catholic sectarian schools of nursing responded with the largest proportion, 68.2 per cent, of incorrect answers to the question. The graduates from degree schools of nursing also had the largest proportion of respondents who indicated that they did not know the answer to the question.

Only 26.9 per cent of the total group polled answered the question correctly, while 60.3 per cent answered it incorrectly, and 12.8 per cent indicated that they did not know the practice of the Seventh Day Adventist Church in this area.

Table XIX illustrates the distribution of responses to question number three in part B of the questionnaire.

Table XIX

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING SEVENTH
DAY ADVENTIST DIETARY PRACTICES

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	25	62.5	10	25.0	5	12.5
Group B	22	57.9	11	28.9	5	13.2
<u>Basic education</u>						
Degree	10	45.5	8	36.3	4	18.2
Diploma	37	66.1	13	23.2	6	10.7
<u>Auspices of basic school</u>						
Catholic	14	58.3	6	25.0	4	16.7
Non-Catholic sectarian	15	68.2	6	27.3	1	4.5
Secular	18	56.3	9	28.1	5	15.6
<u>Years of experience</u>						
0-5	16	53.3	9	30.0	5	16.7
5-10	13	65.0	6	30.0	2	5.0
10 or more	18	64.3	6	21.4	4	14.3
Total of group polled	47	60.3	21	26.9	10	12.8

The fourth question in part B of the questionnaire dealt with the Jewish Sabbath, which, since antiquity, has been and is now celebrated on the seventh day of the week, or Saturday. The Jews traditionally celebrate the Sabbath and all religious holidays beginning at sun-down of the evening prior to the day and ending at sun-down of the day celebrated. Though the ritual, dietary restrictions, and many other aspects of the religious practices of the Jewish Orthodox group have been modified or eliminated by the Conservative and Reformed factors of Judaism, the practice of reserving the seventh day of the week as a day of worship and rest has been held to by all groups. The ceremonies, practices, and restrictions prescribed by Jewish law concerning the Sabbath have been altered by the Conservative and Reformed groups. Whatever the religious persuasion of the Jew may be, the Sabbath is, to him, a day apart, which was given to his people by God, and he will wish to observe it in a manner which to him is satisfying. (20) Because there are approximately 5,000,000 members of the Jewish faith in the United States (28) it would seem needful for the nurse to be aware that the Jewish Sabbath is Saturday if she is to be able to help him observe it as he sees fit.

In response to this question, the graduates from degree schools of nursing, the graduates from secular schools of nursing, group B, and those nurses with less than five years

experience in nursing indicated the largest proportions of correct answers, with 72.7 per cent, 71.9 per cent, 71.1 per cent and 70.0 per cent respectively, of the nurses in each group indicating that the Jewish Sabbath is not Sunday. The groups who responded with the greatest proportions of incorrect answers to the question were the graduates from non-Catholic sectarian schools and group A, with 31.8 per cent and 27.5 per cent respectively of the members of these groups answering the question incorrectly. The graduates from Catholic schools of nursing and non-Catholic sectarian schools of nursing displayed the greatest lack of knowledge on this subject, with 25.0 per cent and 22.7 per cent respectively of the nurses in these groups indicating that they did not know when the Jews celebrated their Sabbath. The total group polled indicated an inadequate knowledge of the day reserved by Jews for the Sabbath, with only 61.5 per cent answering the question correctly, while 23.1 per cent answered it incorrectly, and twelve of the nurses polled indicated that they did not know the day of the Jewish Sabbath.

Table XX denotes the distribution of responses to question number four in part B of the questionnaire.

Table XX

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
THE JEWISH SABBATH

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	11	27.5	21	52.5	8	20.0
Group B	7	18.4	27	71.1	4	10.5
<u>Basic education</u>						
Degree	5	22.7	16	72.7	1	4.6
Diploma	13	23.2	32	57.1	11	19.7
<u>Auspices of basic school</u>						
Catholic	3	12.5	15	62.5	6	25.0
Non-Catholic sectarian	7	31.8	10	45.5	5	22.7
Secular	8	25.0	23	71.9	1	3.1
<u>Years of experience</u>						
0-5	5	16.7	21	70.0	4	13.3
5-10	6	30.0	11	55.0	3	15.0
10 or more	7	25.0	16	57.1	5	17.9
Total of group polled	18	23.1	48	61.5	12	15.4

Because there are approximately 2,715,825 Americans who are baptized Episcopalians, (28) and the Episcopal Church, in its religious practices, is very similar to many of the non-Roman Catholic Churches and many of the "bridge faiths", it would appear important that the nurse should be acquainted with the religious practices of this faith. The Episcopal Church teaches that Baptism is necessary for the removal of the stain of original sin from the soul, however, it also

teaches that God is able and will call to Heaven those worthy souls who have not been baptized. In practice, the Episcopalians baptize infants whenever it is possible to do so. (12)

The selected groups of nurses surveyed in this study did not demonstrate a wide variance in their knowledge of the Episcopalian practice of Baptism, however, the graduates from non-Catholic sectarian schools responded with the largest proportion, 72.7 per cent, of correct responses, and the graduates from Catholic schools of nursing responded with the largest percentage, 16.7, of incorrect answers. The group who were graduated from degree schools of nursing had the largest proportion of respondents who indicated that they had no knowledge of the practice of the Episcopal Church regarding Baptism. Of the total group surveyed, only 64.1 per cent felt the statement to be true, while 9.0 per cent thought it to be false, and 26.9 per cent did not know whether it was true or false.

The distribution of responses to question number five in part B of the questionnaire are indicated in Table XXI.

Table XXI

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
EPISCOPAL BAPTISMAL PRACTICE

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	27	67.5	3	7.5	10	25.0
Group B	23	60.5	4	10.5	11	29.0
<u>Basic education</u>						
Degree	12	54.5	2	9.1	8	36.4
Diploma	38	67.9	5	9.1	13	23.0
<u>Auspices of basic school</u>						
Catholic	15	62.5	4	16.7	5	21.8
Non-Catholic sectarian	16	72.7	1	4.5	5	22.8
Secular	19	59.4	2	6.2	11	34.4
<u>Years of experience</u>						
0-5	21	70.0	1	3.3	8	26.7
5-10	10	50.0	3	15.0	7	35.0
10 or more	19	67.9	3	10.7	6	21.4
Total of group polled	50	64.1	7	9.0	21	26.9

Question number six in part B of the questionnaire concerned the Jewish dietary practices and was posed to determine the knowledge of the group surveyed concerning the departure of most of the Reformed Jews and many of the Conservative Jews from the Jewish dietary laws.

The nurses polled displayed a very limited knowledge of this subject. The graduates from degree schools of nursing, with 45.5 per cent of this group answering the question

correctly were the most well informed of the selected groups on this question, while the graduates from Catholic schools of nursing, with 75.0 per cent of this group indicating that the statement was true, responded with the greatest percentage of incorrect responses. The graduates from secular schools of nursing had the largest proportion, 15.6 per cent, of respondents who indicated that they did not know the dietary practices of the three factors of Judaism. Of the entire group polled, only 26.9 per cent answered the question correctly, while 61.5 per cent answered it incorrectly, and 11.6 per cent indicated that they did not know the answer to the question.

Table XXII denotes the distribution of responses to the sixth question in part B of the questionnaire.

Table XXII

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
JEWISH DIETARY PRACTICES

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	26	65.0	9	22.5	5	12.5
Group B	22	57.9	12	31.6	4	10.5
<u>Basic education</u>						
Degree	10	45.5	10	45.5	2	9.0
Diploma	38	67.9	11	19.7	7	12.4
<u>Auspices of basic school</u>						
Catholic	18	75.0	5	21.8	1	3.2
Non-Catholic sectarian	14	63.5	5	22.8	3	13.7
Secular	16	50.0	11	34.4	5	15.6
<u>Years of experience</u>						
0-5	18	60.0	8	26.7	4	13.3
5-10	11	55.0	7	35.0	2	10.0
10 or more	19	67.9	6	21.4	3	10.7
Total of group polled	48	61.5	21	26.9	9	11.6

The seventh question in part B of the questionnaire was posed to determine the knowledge of the group polled concerning the Catholic Church's sacrament of Baptism. This sacrament, because of its importance, may be administered by any person who uses the prescribed form, and does so in good faith. Because nurses, particularly those working in obstetrical, gynecological, or pediatric units, are often the only persons in attendance when a baby or a fetus appears

unlikely to survive, it is essential that they understand that, regardless of the nurse's own religious affiliations, she can and must baptize such children born of Catholic families. (12)

In response to this question, all of the group polled who were graduated from Catholic schools of nursing indicated the correct answer. The group who had the least knowledge of this subject were those nurses who were graduated from non-Catholic sectarian schools of nursing, with 68.2 per cent of this group answering this question correctly. Of the total group polled, 87.9 per cent of the respondents indicated that the non-Catholic nurse could baptize a Catholic baby, 9.0 per cent indicated that she could not perform this sacrament, and four of the nurses surveyed did not know who could perform this rite.

The distribution of responses to question number seven in part B of the questionnaire is illustrated in Table XXIII.

Table XXIII

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING BAPTISM
OF A CATHOLIC BY A NON-CATHOLIC

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	34	85.0	4	10.0	2	5.0
Group B	33	86.8	3	7.9	2	5.3
<u>Basic education</u>						
Degree	19	86.4	1	4.5	2	9.1
Diploma	48	85.7	6	10.7	2	3.6
<u>Auspices of basic school</u>						
Catholic	24	100	0	0	0	0
Non-Catholic sectarian	15	68.2	6	27.3	1	4.5
Secular	28	87.6	1	3.1	3	9.4
<u>Years of experience</u>						
0-5	25	83.3	3	10.0	2	6.7
5-10	17	85.0	1	5.0	2	10.0
10 or more	25	89.3	3	10.7	0	0
Total of group polled	67	87.9	7	9.0	4	5.1

Because there are approximately 1,246,362 members of The Church of Jesus Christ of Latter Day Saints with headquarters in Salt Lake City, Utah, and 152,850 members of the Reorganized Church of Jesus Christ of Latter Day Saints with headquarters in Independence, Missouri, it would seem needful for nurses to have knowledge of the unique religious practices that members of this faith consider important to their spiritual life. The religious practice of this faith

which was selected for investigation in this study concerned the "Mormon" garment which has a religious significance and, in the past, was never to be completely removed from the body. In recent years, church leaders have advised their constituents to remove their garments when hospitalized. (12)

Question number eight in part B of the questionnaire concerned this practice. Of the selected groups in this survey, the group who were graduated from Catholic schools of nursing denoted the largest percentage, 41.7, of correct responses, while the group who were graduated from non-Catholic sectarian schools indicated the largest proportion, 36.3 per cent, of incorrect responses. The graduates from degree schools of nursing, those nurses with less than five years experience in nursing, and Group B responded with the largest proportions, 63.6 per cent, 63.3 per cent, and 63.1 per cent respectively, of answers which indicated that they did not know the answer to this question. Of the total group polled, only 32.1 per cent were aware of the current practice of The Church of Jesus Christ of Latter Day Saints, while 15.4 per cent of the group indicated that the garment may not be removed, and 52.5 per cent did not have any knowledge of this practice.

Table XXIV illustrates the distribution of responses to question number eight in part B of the questionnaire.

Table XXIV

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING THE
REMOVAL OF THE "MORMON" GARMENT

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	10	25.0	12	30.0	18	45.0
Group B	2	5.3	12	31.6	24	63.1
<u>Basic education</u>						
Degree	2	9.1	6	27.3	14	63.6
Diploma	10	17.9	18	32.1	28	50.0
<u>Auspices of basic school</u>						
Catholic	2	8.3	10	41.7	12	50.0
Non-Catholic sectarian	8	36.3	3	13.7	11	50.0
Secular	2	6.2	11	34.4	19	59.4
<u>Years of experience</u>						
0-5	2	6.7	9	30.0	19	63.3
5-10	2	10.0	6	30.0	12	60.0
10 or more	8	28.6	9	32.1	11	39.3
Total of group polled	12	15.4	24	32.1	42	52.5

The third question in part B of the questionnaire which concerned Catholic religious practices was question number nine. The practice which was considered in this question was Extreme Unction, the sacrament of the Church in which the senses are anointed with holy oil by a priest. The sacrament is only administered to those in danger of death; however, it may be administered within two hours following apparent death. (21)

The cooperating nurses in all of the selected groups responded with a relatively high proportion of correct answers to this question and there was little variation in the percentages of correct responses between the groups. The group of nurses with five to ten years experience in nursing, and the group who were graduated from non-Catholic sectarian schools responded with the smallest proportions, 60.0 per cent and 63.5 per cent respectively, of correct answers. These groups also had the largest proportions, 22.1 per cent of the graduates from non-Catholic sectarian schools of nursing and 20.0 per cent of those nurses with five to ten years of experience in nursing, of responses which indicated that they did not know the Catholic Church's practice regarding Extreme Unction. Of the total group polled, 71.8 per cent of the respondents indicated the correct answer to the question, 15.4 per cent the incorrect answer, and 12.8 per cent did not know the answer.

The distribution of responses of the group polled to the ninth question in part B of the questionnaire is denoted in Table XXV.

Table XXV

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING CATHOLIC
BELIEF ABOUT THE SACRAMENT OF
EXTREME UNCTION

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	7	17.5	28	70.0	5	12.5
Group B	5	13.2	28	73.6	5	13.2
<u>Basic education</u>						
Degree	3	13.6	17	77.3	2	9.1
Diploma	9	16.1	39	69.6	8	14.3
<u>Auspices of basic school</u>						
Catholic	5	21.8	18	75.0	1	3.2
Non-Catholic sectarian	3	13.7	14	63.5	5	22.8
Secular	4	12.5	24	75.0	4	12.5
<u>Years of experience</u>						
0-5	4	13.3	23	76.7	3	10.0
5-10	4	20.0	12	60.0	4	20.0
10 or more	4	14.3	21	75.0	3	10.7
Total of group polled	12	15.4	56	71.8	10	12.8

A practice of the Presbyterian Church was chosen for consideration in this study because there are over four million communicant members of the Presbyterian Church in the United States, and it is one of the stable and consistent branches of Protestantism. (28) The Presbyterian practice which was considered in the questionnaire concerned the serving of Communion to ill or hospitalized members of this

faith. Presbyterian clergymen do serve Communion to their hospitalized constituents, and the nurse should merely provide a table covered with a white cloth for this service. It would seem that nurses should be aware of this spiritual resource that is available to hospitalized members of this faith if they are to provide the best spiritual care to the patient. Question number ten in part B of the questionnaire was concerned with this practice.

In response to the question, the selected groups displayed only slight variation in the percentages of correct answers, incorrect answers, and responses which indicated that they did not know the Presbyterian doctrine on this subject. Of the total group polled, 39.7 per cent answered the question correctly, 12.8 per cent answered it incorrectly, and 47.5 per cent indicated that they did not know the answer to the question.

Table XXVI illustrates the distribution of responses to question number ten in part B of the questionnaire.

Table XXVI

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS
OF RESPONDENTS TO QUESTION CONCERNING
PRESBYTERIAN COMMUNION PRACTICE

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	4	10.0	16	40.0	20	50.0
Group B	6	15.8	15	39.5	17	44.7
<u>Basic education</u>						
Degree	2	9.1	9	40.9	11	50.0
Diploma	8	14.3	22	39.3	26	46.4
<u>Auspices of basic school</u>						
Catholic	4	16.7	8	33.3	12	50.0
Non-Catholic sectarian	2	9.0	10	45.5	10	45.5
Secular	4	12.5	13	40.6	15	46.9
<u>Years of experience</u>						
0-5	4	13.3	11	36.7	15	50.0
5-10	2	10.0	9	45.0	9	45.0
10 or more	4	14.3	11	39.3	13	46.4
Total of group polled	10	12.8	31	39.7	37	47.5

The final question in part B of the questionnaire was concerned with the need for spiritual care of patients who are not church members. The authors who have written extensively on the subject of spiritual care of the sick, have emphasized that all people, regardless of their church affiliations, have a need to relate themselves to the meanings of life. When illness occurs, the doubts and fears inherent in illness bring this need to the fore. (2,7,10,17, 32)

The question regarding this subject was posed to ascertain the participants' knowledge of the basic need of humanity for relating to a supernatural power.

In response to this question, there was not an appreciable variance in the proportions of respondents in the selected groups who indicated that they believed the statement, that they did not believe it, or that they did not know the answer to the question. The participants, for the most part, recognized this basic need by indicating that the statement was false. Of the entire group who cooperated in this study, 96.1 per cent indicated that the statement was false, while only 2.6 per cent indicated it to be true, and one respondent did not know the answer to this question.

The distribution of responses of the selected groups polled to question number eleven in part B of the questionnaire is denoted in Table XXVII.

Table XXVII

COMPARISON OF KNOWLEDGES BETWEEN SELECTED GROUPS OF
RESPONDENTS TO QUESTION CONCERNING NON-CHURCH
MEMBER'S NEED FOR SPIRITUAL CARE

Selected groups	Distribution of responses to question					
	"I believe" responses		"I do not believe" responses		"I do not know" responses	
	Number	Per cent	Number	Per cent	Number	Per cent
<u>Present status</u>						
Group A	1	2.5	39	97.5	0	0
Group B	1	2.6	36	94.8	1	2.6
<u>Basic education</u>						
Degree	1	4.5	21	95.5	0	0
Diploma	1	1.8	54	96.4	1	1.8
<u>Auspices of basic school</u>						
Catholic	1	4.2	23	95.8	0	0
Non-Catholic sectarian	1	4.5	20	91.0	1	4.5
Secular	0	0	32	100.0	0	0
<u>Years of experience</u>						
0-5	0	0	30	100.0	0	0
5-10	1	5.0	18	90.0	1	5.0
10 or more	1	3.6	27	96.4	0	0
Total of group polled	2	2.6	75	96.1	1	1.3

In analyzing the findings from part B of the questionnaire, several facts have become apparent. These notable findings are:

1. The graduates from Catholic schools of nursing who participated in the survey unanimously answered questions number one and seven concerning Catholic Baptism correctly.

2. The participants almost unanimously recognized the need of all people for spiritual care.

3. The responses of the group polled to questions number two, three, six, eight, and ten indicated a grossly inadequate knowledge of the selected Baptist, Seventh Day Adventist, Jewish, "Mormon" and Presbyterian practices.

4. The selected groups of respondents did not display a wide variation in the proportions of each group which responded correctly to the eleven questions, however, the graduates from degree schools of nursing, with an average of 60.1 per cent of this group answering all of the questions correctly, indicated the greatest degree of knowledge in this area. The average percentage of correct responses from the other selected groups was: graduates from secular schools, 58.8; nurses with less than five years experience in nursing 58.2; Group B, 58.1; graduates from Catholic schools of nursing, 57.7; nurses with ten or more years experience in nursing, 55.8; graduates from diploma schools of nursing, 55.1; Group A, 53.9; nurses with five to ten years experience in nursing, 52.7; and graduates from non-Catholic sectarian schools of nursing, 50.0.

5. The percentage of the total group polled who indicated the correct answers to each question were: 96.1 per cent of the responses to number eleven concerning the need of the non-church member for spiritual care; 88.3 per cent to number one and 87.9 per cent to number seven, both of which concerned Catholic Baptism; 71.8 per cent number nine

which concerned the Catholic sacrament of Extreme Unction; 64.1 per cent to number five concerning Episcopalian baptismal practice; 61.5 per cent to question number four concerning the Jewish Sabbath; 39.7 per cent to number ten concerning the Presbyterian Communion practice; 32.1 per cent to number eight concerning the removal of the "Mormon" garment; 26.9 per cent to number six concerning the Seventh Day Adventist Church's dietary restrictions; and 23.1 per cent to number two concerning the Baptist Church's doctrine regarding Baptism.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The problem explored in this study concerned that facet of comprehensive nursing care which deals with the spiritual needs of the patient. The writer was interested in determining whether nurses understand the importance of spiritual care, if nurses know the techniques they may employ in performing spiritual care, and if they know the religious practices of some of the major religious groups in America that concern hospitalized members of those groups.

The broad purpose of this study was to determine if present-day nurses recognize and accept their responsibilities in administering to the spiritual needs of the patient.

The specific purposes of this study which contributed to the broad purpose were:

1. To determine the nurse's knowledge of certain religious practices that concern the hospitalized patient.
2. To determine the nurse's concept of her role in the spiritual care of the patient.
3. To determine the nurse's attitude toward the clergyman as a vital member of the health team.
4. To determine the adequacy of instruction in the schools of nursing regarding the nurse's responsibilities

toward the spiritual care of the sick.

It seemed important that this area be explored for several reasons. These were:

1. The constantly broadening scope of the nurse's responsibility in ascertaining and fulfilling the patient's health needs requires that the professional nurse must recognize the needs and know some of the means for meeting them. These health needs may be physical, emotional, socio-economic, or spiritual in nature.

2. The nurse has intimate and prolonged contact with people when the stresses of illness cause them to seek with increasing ardor the comforts and security of relating themselves to their God.

3. Man is composed of a body, a mind, emotions, and a soul, all of which are inseparably intertwined. Therefore, if the nurse is to fulfill all of the nursing needs of the patient, she must minister to all facets of the human body and personality.

The procedure utilized to develop this problem was a three-page questionnaire which was administered to eighty-three professional nurses. Seventy-eight of the questionnaires were completed and returned. Forty of the nurses who cooperated in this study were enrolled in programs of study in teaching and supervision or in public health nursing at the University of Oregon Medical School, Department of

Nursing Education and are designated in the study as Group A. The remainder of the cooperating nurses were employed in tax-supported and in non-sectarian voluntary hospitals and are designated in the study as Group B. Each respondent was asked in the questionnaire to indicate the type of school of nursing from which she had been graduated, the auspices under which her school of nursing had been conducted, her church preference, and the number of years she had practiced nursing. These questions were posed to identify the group polled and to facilitate determination of some of the factors that might be assumed to have influenced each nurse's responses to the questions. The remainder of the questionnaire was composed of six questions designed to determine attitudes toward spiritual care of the patient and eleven questions designed to determine knowledge of selected religious practices of various faiths that concern hospitalized members of those faiths. The responses to the identifying information were tabulated and the respondents were then categorized into several selected groups. These were: Group A and Group B; graduates from degree and diploma schools of nursing; graduates from Catholic, non-Catholic sectarian, and secular schools of nursing; and participants with none to five years, five to ten years, and ten or more years experience in nursing. All of the responses elicited by the questionnaire were then tabulated according to these selected groups.

On the basis of the data obtained from the seventy-eight questionnaires that were completed and returned, several relatively important findings became apparent. These were:

1. The respondents almost unanimously recognized and accepted the patient's clergyman as an integral member of the health team.

2. The number of nurses polled who recognized the Catholic patient's need for pastoral care prior to major surgery and when critically ill was approximately 30 per cent larger than the number who indicated a recognition of this need by Protestant or Jewish patients under the same circumstances.

3. Approximately 30 per cent more of the respondents indicated that the critically ill patient needed pastoral care than indicated that the patient preparing to undergo major surgery had such a need.

4. Only 29.5 per cent of the group polled indicated that the nurse should determine the existence of a need for pastoral care and initiate action to fulfill this need.

5. Seventy and five tenths per cent of the nurses surveyed indicated that the nurse should pray with or for her patient.

6. There was displayed a definite recognition of spiritual care as being a facet of comprehensive nursing care with 93.6 per cent of the group surveyed indicating that the nurse should administer spiritual care to members of all

faiths.

7. Only 56.4 per cent of the nurses polled indicated that they felt able to accomplish spiritual care of the patient.

8. The group polled displayed a limited understanding of the techniques at the nurse's disposal for accomplishing spiritual care of the patient. Only ten nurses said they could perform adequate spiritual care because of the beliefs common to all religions; only five mentioned listening to the patient as an aid to spiritual fulfillment; only five said they felt that they could assist patients in this area by demonstrating interest in and tolerance of another's faith; only two mentioned reading devotional literature to the patient as a means of giving spiritual aid; and only one nurse said that prayer is useful in accomplishing this facet of nursing care.

9. The respondents with ten or more years experience in nursing indicated the largest percentage of appropriate attitudes necessary for the accomplishment of spiritual care of the sick. The educational programs that would appear to have been the most effective in the formation of appropriate attitudes are Catholic schools of nursing, diploma schools of nursing, and higher education in nursing fields.

10. The data obtained from the questions concerning selected specific religious practices revealed that: the group polled was aware that all people have a need for

spiritual care; approximately 88 per cent of the group was aware of the Catholic belief and practice concerning Baptism; 71.8 per cent of the group were aware of the nurse's responsibility in summoning a priest to administer Extreme Unction to the recently dead Catholic patient; 64.1 per cent were aware of the Episcopal baptismal practice; 61.5 per cent were aware of the Jewish Sabbath being Saturday; 39.7 per cent were aware of the Presbyterian practice of serving Communion to hospitalized church members; 32.1 per cent were aware that the "Mormon" garment may be removed when a "Mormon" is hospitalized; 26.9 per cent were aware that the Seventh Day Adventist Church permits the consumption of meat from animals which are ruminants and have a cloven hoof, herbivorous fowl, and fish with fins and scales; 26.9 per cent were aware of the dietary practices of the three factors of Judaism; and 23.1 per cent were aware of the Baptist Church's doctrine regarding Baptism.

11. The graduates from degree schools of nursing displayed the greatest degree of knowledge concerning the selected religious practices surveyed in the questionnaire with 60.1 per cent of all of the questions answered correctly by this group. Of the other selected groups the percentages of correct answers to all of these questions were: graduates from secular schools of nursing, 58.8; nurses with less than five years experience in nursing, 58.2; Group B, 58.1; graduates from Catholic schools of nursing, 57.7; nurses with

ten or more years experience in nursing, 55.8; graduates from diploma schools of nursing, 55.1; Group A, 53.9; nurses with five to ten years experience in nursing, 52.7; and graduates from non-Catholic sectarian schools of nursing, 50.0.

Thus it would appear that schools of nursing have been relatively unsuccessful in assisting their students toward the development of attitudes appropriate for spiritual care of the patient, and that maturity and experience were the factors most effective in developing appropriate attitudes. It would also appear that neither experience nor education had been effective in assisting the nurses surveyed toward acquisition of an adequate degree of knowledge of the Protestant and Jewish practices and beliefs surveyed by the questionnaire.

In view of the findings of this study it is recommended that:

1. Schools of nursing evaluate their curricula to determine the area in which they are deficient in instruction regarding the spiritual care of the sick. There appears to be a deficiency in the instruction regarding the means by which spiritual care may be accomplished by the nurse and the Protestant and Jewish beliefs and practices which concern hospitalized members of these religious groups.

2. Hospital admission policies include determination of the specific church affiliation of the patient.

It is recommended that further studies be conducted to determine:

1. The nature and scope of instruction in the various types of schools of nursing regarding spiritual care of the sick.
2. Hospital policies concerning spiritual care of patients of all religious faiths.
3. The nurse's attitudes and knowledges regarding spiritual care of the sick in other geographical areas.
4. The nurse's knowledge of the many religious beliefs and practices not surveyed by this study.
5. The patients' reactions to the "spiritual care" provided during periods of hospitalization.

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APPENDIX A
QUESTIONNAIRE

This questionnaire is designed to ascertain the knowledges and attitudes nurses have regarding spiritual care of the patient, whatever his religious beliefs may be. The data obtained will be incorporated into a thesis written in partial fulfillment of the requirements for a Master of Science degree in Nursing from the University of Oregon Medical School, Department of Nursing Education. Your cooperation in answering these questions completely and thoughtfully will be greatly appreciated.

PART A--THE NURSE'S ROLE IN ADMINISTERING SPIRITUAL CARE

1. From what type of a basic program in nursing education were you graduated?
Diploma _____
Degree _____
2. Was your school of nursing operated under the auspices of a particular religious faith?
Yes _____
No _____
3. If your school of nursing was operated under the auspices of a religious faith please specify which faith.

4. If your a member of a church please specify which church.

5. Do you feel that the patient's clergyman is a member of the health team?
Yes _____
No _____
6. Do you feel obligated to notify the patient's clergyman in the following situations?
 - a. The Catholic patient having major surgery?
Yes _____
No _____

- b. The Protestant patient having major surgery?
 Yes _____
 No _____
- c. The Jewish patient having major surgery?
 Yes _____
 No _____
- d. The Catholic patient who is critically ill?
 Yes _____
 No _____
- e. The Protestant patient who is critically ill?
 Yes _____
 No _____
- f. The Jewish patient who is critically ill?
 Yes _____
 No _____
7. Should the nurse call the patient's clergyman for a pastoral visit only when the patient or his family requests such a visit?
 Yes _____
 No _____
8. Do you feel that the patient's clergyman is interfering with the medical and nursing care when he attempts to counsel or comfort the patient?
 Yes _____
 No _____
9. Do you feel that it is within your province as a nurse to pray with or for a patient? Please explain.
 Yes _____
 No _____
10. Do you feel that you should assist patients who are members of religious faiths other than your own to fulfill their spiritual needs?
 Yes _____
 No _____
11. Do you feel able to assist patients who are members of religious faiths other than your own to fulfill their spiritual needs? Please explain.
 Yes _____
 No _____

PART B--SPECIFIC RELIGIOUS PRACTICES THAT MIGHT
CONCERN THE NURSE

	I believe	I do not believe	I do not know
1. Catholics believe that Baptism if necessary to gain heaven.	_____	_____	_____
2. Baptists believe that Baptism is necessary to gain heaven.	_____	_____	_____
3. Seventh Day Adventists are bound by church law to abstain from eating meat.	_____	_____	_____
4. Jews observe Sunday as their Sabbath.	_____	_____	_____
5. Episcopalians practice infant Baptism.	_____	_____	_____
6. All practicing members of the Jewish faith abstain from eating pork.	_____	_____	_____
7. A non-Catholic nurse may baptize a Catholic baby.	_____	_____	_____
8. A "Mormon's" garment may not be removed even in the case of major surgery.	_____	_____	_____
9. It is not necessary to summon a priest to give Extreme Unction to the Catholic patient who has died suddenly.	_____	_____	_____
10. The Presbyterian faith does not advocate bringing Communion to a member of the church who is ill or hospitalized.	_____	_____	_____

I	I do not	I do not
believe	believe	know

11. Only the patients who are practicing members of a particular faith have a need for spiritual care.

In addition to the above questions, I would like to know how long you have been practicing nursing since your graduation.

Thank you for your cooperation in answering this questionnaire.

APPENDIX B
MASTER TABULATIONS

PART A

Question number	Group		Catholic schools	Non-Catholic sectarian schools	Secular schools	Years of Experience		
	A	B				0-5	5-10	10 or more
1. Basic education								
a. degrees	8	14	4	2	16	13	6	3
b. diploma	12	24	20	20	16	17	14	25
Total	40	38	24	22	32	30	20	28

Question number	Group		Degree	Diploma	Years of Experience		
	A	B			0-5	5-10	10 or more
2. Religious auspices of school							
a. yes	32	14	16	40	11	12	23
b. no	8	24	16	16	19	8	5
Total	40	38	22	56	30	20	28

Question Number	Group		Degree	Diploma	Years of Experience		
	A	B			0-5	5-10	10 or more
3. Auspices of nursing school							
a. Catholic	16	8	5	19	6	7	11
b. Lutheran	7	0	0	7	0	2	5
c. Episcopal	3	1	0	4	3	1	0
d. Jew	1	2	0	3	1	1	1
e. Methodist	3	0	1	2	0	0	3
f. Seventh Day Adventist	1	2	1	2	1	0	2
g. Evangelical	0	1	0	1	0	1	0
h. Methodist Episcopal	1	0	0	1	0	0	1
i. Secular	8	24	15	17	19	8	5
Total	40	38	22	56	30	20	28

Question number	Group A	Group B	Degree	Diploma	100% -			Years of Experience					
					Catholic schools	Catholic sectarian schools	Secular schools	0-5	5-10	10 or more			
4. Church preference													
a. Catholic	11	6	4	13	13	1	3	5	8	4			
b. Methodist	7	5	5	7	2	2	8	6	2	4			
c. Presbyterian	5	4	2	7	1	4	4	4	3	2			
d. Lutheran	5	1	0	6	1	4	1	2	1	3			
e. Christian	4	2	1	5	2	2	2	2	0	4			
f. Baptist	1	3	3	1	0	0	4	3	1	0			
g. Congrega-tional	0	3	1	2	1	1	1	0	2	1			
h. Episcopal	2	1	0	3	1	0	2	1	0	2			
i. Seventh Day Adventist	1	1	1	1	0	2	0	1	0	1			
j. Nondenomi-national	0	2	1	1	1	0	1	1	0	1			
k. Bahai	1	0	0	1	0	1	0	0	0	1			
l. Church of Christ	1	0	0	1	0	1	0	0	1	0			
m. Church of God	0	1	0	1	0	1	0	1	0	0			
n. Orthodox Jew	0	1	0	1	0	1	0	0	0	1			
o. Mazarans	1	0	0	1	0	1	0	0	0	1			
Sub-total	39	30	18	51	22	21	26	26	18	25			
More	1	0	4	5	2	1	6	4	2	3			
Sum-total	40	38	22	56	24	22	32	30	20	28			

Question number	Group A	Group B	Degree	Diploma	Catholic schools	non-		Years of Experience		
						Catholic sectarian schools	Secular schools			
5. Clergy on health team										
a. yes	36	35	19	52	22	20	29	27	18	26
b. no	3	0	1	2	1	1	1	1	1	1
c. no response	1	3	2	2	1	1	2	2	1	1
Total	40	38	22	56	24	22	32	30	20	28
6.-a. Pastoral care prior to Catholic having major surgery										
a. yes	30	27	16	41	18	17	22	21	13	23
b. no	9	11	6	14	6	4	10	9	7	4
c. no response	1	0	0	1	0	1	0	0	0	1
Total	40	38	22	56	24	22	32	30	20	28
6.-b. Pastoral care prior to Protestant having major surgery										
a. yes	20	13	8	25	13	9	11	8	6	19
b. no	19	25	14	30	11	12	21	22	14	8
c. no response	1	0	0	1	0	1	0	0	0	1
Total	40	38	22	56	24	22	32	30	20	28

Question number	Group		Degree	Diploma	Catholic schools	non-Catholic sectarian schools		Secular schools	Years of Experience			
	A	B				0-5	5-10		10 or more			
6.-c. Pastoral care to Jew having major surgery												
a. yes	20	14	7	27	13	10	11	9	8	17		
b. no	18	24	14	28	11	11	20	20	12	10		
c. no response	2	0	1	1	0	1	1	1	0	1		
Total	40	38	22	56	24	22	32	30	20	28		
6.-d. Pastoral care for critically ill Catholic												
a. yes	37	37	21	53	24	19	31	30	17	27		
b. no	2	1	1	2	0	2	1	0	2	1		
c. no response	1	0	0	1	0	1	0	0	1	0		
Total	40	38	22	56	24	22	32	30	20	28		
6.-e. Pastoral care for critically ill Protestant												
a. yes	29	19	13	35	20	14	14	13	12	23		
b. no	10	18	6	20	4	7	17	16	8	4		
c. no response	1	1	1	1	0	1	1	1	0	1		
Total	40	38	22	56	24	22	32	30	20	28		

Question number	Group		Degree	Diploma	Catholic schools		Catholic sectarian schools		Secular schools	Years of Experience		
	A	B			Catholic schools	Catholic sectarian schools	0-5	5-10		10 or more		
6.-f. Pastoral care for critically ill Jew												
a. yes	23	20	11	37	20	15	13	13	13	22		
b. no	10	17	9	16	4	6	17	16	6	5		
c. no response	2	1	2	1	0	1	2	1	1	1		
Total	40	38	22	56	24	22	32	30	20	28		
7. Indication for pastoral visit												
a. yes	28	24	12	40	19	14	19	18	13	21		
b. no	11	12	10	13	4	7	12	11	6	6		
c. no response	1	2	0	3	1	1	1	1	1	1		
Total	40	38	22	56	24	22	32	30	20	28		
8. Pastor interfering												
a. yes	0	0	0	0	0	0	0	0	0	0		
b. no	40	38	22	56	24	22	32	30	20	28		
c. no response	0	0	0	0	0	0	0	0	0	0		
Total	40	38	22	56	24	22	32	30	20	28		

Question number	Group		Degree	Diploma	Catholic schools	non-Catholic sectarian schools		Secular schools	Years of Experience		
	A	B				0-5	5-10		10 or more		
9. Prayer											
a. yes	29	26	15	40	14	18	23	24	14	17	
b. no	11	9	6	14	8	4	8	5	5	10	
c. no response	0	3	1	2	2	0	1	1	1	1	
Total	40	38	22	56	24	22	32	30	20	28	
10. Need for nurse to give spiritual care											
a. yes	38	35	21	52	24	19	30	28	19	26	
b. no	2	3	1	4	0	3	2	2	1	2	
c. no response	0	0	0	0	0	0	0	0	0	0	
Total	40	38	22	56	24	22	32	30	20	28	
11. Ability to give spiritual care											
a. yes	27	17	7	37	19	13	12	13	12	19	
b. no	13	20	15	10	4	9	20	16	8	9	
c. no response	0	1	0	1	1	0	0	1	0	0	
Total	40	38	22	56	24	22	32	30	20	28	

PART B

Question number	Group		Diploa	Catholic schools	Non-Catholic sectarian schools		Secular schools	Years of Experience		10 or more
	A	B			0-5	5-10				
1. Catholic baptismal belief										
a. I believe	35	34	19	50	24	18	27	26	18	25
b. I do not believe	1	3	1	3	0	1	3	3	0	1
c. I do not know	4	1	2	3	0	3	2	1	2	2
Total	40	38	22	56	24	22	32	30	20	28
2. Baptist baptismal belief										
a. I believe	20	14	10	24	11	13	10	9	11	14
b. I do not believe	6	12	4	14	4	4	10	9	2	7
c. I do not know	14	12	8	18	9	5	12	12	7	7
Total	40	38	22	56	24	22	32	30	20	28

Question number	Group		Degree	Diploma	Catholic schools	non-Catholic sectarian schools	Secular schools	Years of Experience		
	A	B						0-5	5-10	10 or more
3. Seventh Day Adventist dietary practice										
a. I believe	25	22	10	37	14	15	18	16	13	18
b. I do not believe	10	11	8	13	6	6	9	9	6	6
c. I do not know	5	5	4	6	4	1	5	5	1	4
Total	40	38	22	56	24	22	32	30	20	28
4. Jewish Sabbath										
a. I believe	11	7	5	13	3	7	8	5	6	7
b. I do not believe	21	27	16	32	15	10	23	21	11	16
c. I do not know	8	4	1	11	6	5	1	4	3	5
Total	40	38	22	56	24	22	32	30	20	28
5. Episcopal baptismal practice										
a. I believe	27	23	12	30	15	16	19	21	10	19
b. I do not believe	3	4	2	5	4	1	2	1	3	3
c. I do not know	10	11	8	13	5	5	11	8	7	6
Total	40	38	22	56	24	22	32	30	20	28

Question number	Group		Degree	Diploma	Catholic schools	Catholic sectarian schools	Secular schools	Years of Experience		
	A	B						0-5	5-10	10 or more
6. Jewish dietary practice										
a. I believe	26	22	10	36	18	14	16	18	11	19
b. I do not believe	9	12	10	11	5	5	11	8	7	6
c. I do not know	5	4	2	7	1	3	5	4	2	3
Total	40	38	22	56	24	22	32	30	20	28
7. Performing Catholic Baptism										
a. I believe	34	33	19	48	24	15	28	25	17	25
b. I do not believe	4	3	1	6	0	6	1	3	1	3
c. I do not know	2	2	2	2	0	1	3	2	2	0
Total	40	38	22	56	24	22	32	30	20	28
8. Removal of "Mormon" garment										
a. I believe	10	2	2	10	2	8	2	2	2	8
b. I do not believe	12	12	6	18	10	3	11	9	6	9
c. I do not know	18	24	14	28	12	11	19	19	12	11
Total	40	38	22	56	24	22	32	30	20	28

Question number	Group		Degree	Diploma	Catholic schools	non-Catholic sectarian schools		Secular schools	Years of Experience			
	A	B				0-5	5-10		10 or more			
9. Extremes												
Uktion												
a. I believe	7	5	3	9	5	3	4	4	4	4	4	
b. I do not believe	28	28	17	39	18	14	24	23	12	21	21	
c. I do not know	5	5	2	8	1	5	4	3	4	3	3	
Total	40	38	22	56	24	22	32	30	20	23	23	
10. Presbyterian												
Communion												
a. I believe	4	6	2	8	4	2	4	4	2	4	4	
b. I do not believe	16	15	9	22	8	10	13	11	9	11	11	
c. I do not know	20	17	11	26	12	10	15	15	9	13	13	
Total	40	38	22	56	24	22	32	30	20	28	28	
11. Spiritual												
care for all												
a. I believe	1	1	1	1	1	1	0	0	1	1	1	
b. I do not believe	39	36	21	54	23	20	32	30	18	27	27	
c. I do not know	0	1	0	1	0	1	0	0	1	0	0	
Total	40	38	22	56	24	22	32	30	20	28	28	

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