EXPLORING THE MOST SALIENT FACTORS IN SPIRITUAL DEVELOPMENT WITH HOSPICE NURSES

By
Amy L. Barr
University of New Hampshire
aly22@unh.edu

ABSTRACT

The purpose of this study is to examine spiritual development among hospice nurses who work in palliative care. Data was obtained using qualitative, in-depth interviews with 20 hospice nurses (4 males, 16 females) ages 36 to 61. The interviews were conducted at three different hospice organizations located in the northwest and northeast regions of the United States. Analyses' examined the personal adversities and individual experiences with death, dying and life-course in an effort to explain the respondent's occupational choices and faith/spiritual development. Results show that although all three explanations (adversities, death exposure and life-course) for spiritual development were evident, the most salient influence on the nurses' spiritual development was their age, reflecting a maturation of faith that began primarily before their occupations at hospice.

INTRODUCTION

Hospice is a medical organization that offers palliative care to terminally ill patients. Contrary to our conventional medical model, which implements curative or life sustaining treatments, palliative care instead uses pain and symptom management without life prolonging measures and is a relatively new phenomenon in the United States (Wasner, Longaker and Borasio, 2005). Hospice care provides terminally ill patients (of all ages but primarily used by older individuals) and their families with physical, emotional, social and spiritual care in an attempt to help their patients die with dignity and a higher quality of life (Harrison et al. 2005). While more individuals are opting for hospice (Coile, 2002), there is very little research that examines health professionals who offer palliative care.

My research seeks to understand more about the spiritual component of the nurses who work for hospice. In general, spiritual development has many different explanations in contemporary culture. As identified by previous research, the most salient factors implicated for spiritual development include: adversities and negative life events, such as divorce or the death of a loved one (Wink, 1999); exposure and experiences with death (McGrath, 2003; Reed, 1987);

and age or a gradual maturation where later life stages are associated with spiritual development (Atchley, 2006; Dillon & Wink, 2007). Given the factors that have been found to be important for spiritual development, hospice nurses are a particularly suitable population for examining processes surrounding death and spiritual development.

To contribute to our understanding of how these medical professionals build meaning and spiritual development, the study uses a qualitative approach based on interviews with 20 hospice nurses. The interviews were coded for themes about the nurse's occupational trajectory, their spiritual development and the extent to which their work at hospice has influenced their faith. It is important to clarify that for the purposes of my research, I define *spirituality* following Dillon & Wink (2007) to mean spiritual seeking versus church-centered religiousness (ibid: 121).

A focus on palliative care and the professionals who provide it has larger sociological implications related to the changing demographics in the United States. Due to the aging of the baby boomers and an increase in life expectancy, concerns are increasing about how younger and smaller birth cohorts are going to care for and financially support the aging. Therefore, knowing more about the medical professionals who specialize in this care is unquestionably of great need.

BACKGROUND

Research in the fields of religion, spirituality and aging indicates that health care professionals are often exposed to adversities as a result of working with the terminally ill. For example, being at the bedside of dying patients can challenge the palliative care worker's sense of self because they are a witness to the pain experienced by their patients and families (Currow & Hegarty, 2006). These experiences could potentially affect faith and spiritual development. Along with experiences within the job, a hospice nurse's spiritual development may have developed as a result of life events experienced outside or prior to their work with hospice. For example, the loss of a loved one or the stress of a divorce may act as life changing event (Wheaton, 1999) that can influence the occupational and/or faith trajectories of the hospice nurse.

Lastly, age is a factor that has been found to explain spiritual development. Within the scientific study of religion, researchers have found that gradual maturation is the strongest

explanation for increased spirituality. This finding suggests that later adulthood is associated with spiritual development (Atchley, 2006; Dillon & Wink, 2007).

Adversities and Negative Life Events: Influences on Faith

The Sociology of religion and mental health fields often address the effects of adversities or critical life events such as bereavement, illness and stress on an individual. Wheaton (1999), discusses how stressors such as being fired from a job, getting a divorce, or the death of a loved one can be life-changing events and explains that many individuals who experience such events go through "post-traumatic growth" (Wheaton, 1999). Although Wheaton does not discus spiritual development as a result of post-traumatic growth, an increasing number of studies are finding a correlation between religion or faith and its benefits for both mental and physical health (Jones, 2004).

Another form of adversity addressed in the death and dying literature includes events surrounding the end-of-life stage. End-of-life can be a time of great adversity that brings about meaning-seeking, both for the individual facing his/her own mortality and for those involved in the patient's death process (Moremen, 2005). Currow & Hegarty (2006) looked specifically at the adversities around death. They suggest that nurses experience a great deal of "suffering at the bedside of the dying," where an individual's sense of self is often challenged. The experiences nurses' face when caring for the terminally ill include witnessing the physical, emotional, existential, social, sexual, and possibly financial issues. Health care professionals may feel helpless when unable to relieve the suffering of the patients and their families, which can represent important adversities in nurses' lives.

Experiencing Death: Fear & The Afterlife

Contemporary Americans are criticized as suffering from 'death denial' (Bregman, 2006) due to their inability to acknowledge death. In writing about death, Melvin Kimble (2003) explains the paradox associated with individuals and their notions of death. For example, he explains that although death is a widespread stage of life that everyone must go through, at the individual level it is no ordinary event. Kimble (2003) also explains that although we can intellectually understand death, we have a difficult time experientially believing in it. One reason for this could be because we live in a highly technological and medically advanced

society in which individuals are living longer lives, both in sickness and in health, allowing us to distance ourselves from experiencing death. Although traditionally "death as a biological event related to the cessation of life is religiously neutral" (Kimble, 2003), people developed an understanding of death via religion and religious/spiritual meanings (i.e. linked to notions of the afterlife). Despite this so-called "death denial," recent studies have revealed that there has been an increase in Americans' belief in life-after-death (Greeley & Hout 1999). For example, the percentages of Catholics, Jews, and individuals with no religious affiliation have reported increased beliefs in life-after-death (Greeley & Hout 1999).

Other studies that link religion and spirituality to death suggests that faith buffers against personal fears of death known as death anxiety. For example Paul Wink (2006) conducted a study of Christian men and women and found that religiousness and spirituality are both positively related to a belief in the afterlife. But his findings suggested that only religiousness and not spirituality buffer against death anxiety (Wink, 2006). Rasmaussen and Johnson (1994) however, found that individuals who see themselves as spiritual also experienced lower death anxiety.

Although there is evidence suggesting the importance of religion and spirituality in response to death, there is less research that focuses on what triggers this 'inward journey' while witnessing terminal illness and death (Hermann, 2006). There is also little research that focuses on what levels of spirituality are needed to adequately care for the dying. These links are important to the study because those with high levels of death anxiety are unlikely to pursue a career in palliative care. However, since lower levels of death anxiety are associated with greater spiritually, it is important to examine the processes associated with faith development.

Life Course as an Explanation of Spiritual Development

One of the assumptions often made in literature about spirituality and palliative care is that terminal illness tends to increase faith or meaning seeking (Wasner, Longaker & Borasio, 2005). This is contradicted however in more recent studies (Atchley, 2006; McGrath, 2003), which find that patients at the end-of-life do not always seek spiritual or religious comfort (McGrath, 2003) and that deeper spirituality can be explained not by terminal illness, but rather by personal growth experienced through achieving particular life stages (Wink & Dillon, 2002).

One longitudinal study examining spiritual growth in later adulthood found that, "Most people develop a personal system as a result of decades of learning through their life experiences. Some people don't learn much from life, but most do…" (Atchley, 2006: 21). Atchley (2006) believes that the personal systems we develop create our values, aspirations and fears, and that many middle-age adults, because of their life experiences, have developed self-confidence and "a feeling that they can influence their own fate." He states that spiritual development begins to be actively pursued in midlife when people start asking questions about their own mortality, purpose of life and what legacy they will leave, questions that emerge when individuals begin to age and experience the deaths of their family and cohorts (Atchley, 2006).

The aging process as an explanation for spiritual development was also supported in a study done by Robin Moremen (2004). Moremen (2004) conducted in-depth interviews with 26 older women who *were not* experiencing bereavement from a significant loss or suffering from a terminal illness, factors which are commonly associated with spiritual seeking. From these interviews, it was found that in the absence of bereavement and impending death, spiritual questioning could be explained as a "natural part of the aging process as one approached the end of the life span" (Moremen, 2004).

Late 20th century scholars have questioned whether spirituality and religious involvement can be explained by a cohort effect (Hout & Greenly, 1987; Roof, 1999; Rossi, 2001; Wuthnow, 1998). Wuthnow (1998) states that, "The 1960s and 1970's provided new opportunities for [Baby Boomers] to expand their spiritual horizons. In the 1960's, Christian theologians declared that God was dead, and the decade ended with millions of Americans discovering that God could be approached and made relevant to their lives in more ways than they had ever imagined," (Wuthnow, 1998: 53). However, findings from a longitudinal study in which individuals interviewed as children in the 1920s and 1930s were re-interviewed four times in adulthood suggested otherwise. Wink and Dillon (2002) found that, "All participants, irrespective of gender and cohort, increase significantly in spirituality between late-middle (mid-50s/early 60s) and older adulthood," (Wink & Dillon 2002: 79).

Although, there is very little literature that merges health care and the spirituality of the medical professional, this article attempts to fill in some of the gaps by addressing several

questions. First, do hospice nurses come to hospice with established views on faith and death? Also, what role does their job at hospice have on their construction of death and/or on their established beliefs? Finally, given their views on spirituality and death, what offers the greatest explanation for these views: exposure to adversities, death experiences, or a life course perspective that emphasizes spiritual development as a natural process of aging?

METHODS

While many researchers have utilized quantitative survey data to establish changing trends in church attendance, percentage of persons in particular denominations, and American beliefs about life-after-death (Greeley & Hout, 1999; Hout & Greeley, 1987), qualitative methodologies, however, are more useful for studying spirituality because they allow for greater insight into the nuances of religious and spiritual discourse (Becker & Eiesland, 1997). Also, given the complexity of religious meanings, the qualitative approach allows me to gain some clarity on what might otherwise be ambiguous: how individuals construct their beliefs.

The qualitative approach I used involved semi-structured interviews with registered nurses (RNs) who are currently employed by a Hospice organization. Interviews lasted 30 to 90 minutes using research questions I began developing after taking a Hospice volunteer training course in the winter of 2006 in New England. The hospice nurses interviewed were employed at three different hospice organizations located in Montana, New Hampshire and New York.

Sample

The participants of this study were all volunteers recruited with informed consent letters distributed by participating hospice administrators in each hospice. The nurses interested in participating either contacted me directly or I contacted them after receiving their information. After meeting the nurse and explaining the interview procedures, the nurses then consented to participating in recorded interviews.

This study consisted of interviews with 20 hospice nurses. Three nurses were from Montana and five nurses were from New Hampshire, all of which were interviewed face-to-face. The remaining 12 nurses were from the New York and were interviewed over the phone. Of the total sample, sixteen nurses were female and four nurses were male.

The hospice nurses that were interviewed ranged in age from 36 to 61 years old, but the majority of the nurses were 40 to 50 years old and only two nurses under the age of 40. There were eight nurses who were raised Catholic, while seven were raised Protestant. Nineteen of the nurses identified themselves as being spiritual, five of which said that they were both religious and spiritual. One nurse reported being unsure about her faith.

Interview Analysis

First, each interviewee was given a pseudonym to protect confidentiality. Then each interview was transcribed and analyzed by coding for patterns and themes. The themes included the nurse's trajectory to nursing and hospice, the adversities that influenced their occupational choices and/or faith, their religious trajectories and how being around death affected their personal notions of death and faith. Nurses were also questioned about why they wanted to be a nurse and how they started to work for hospice.

I also asked the nurses about their faith or meaning-seeking trajectories to help determine whether their path to hospice, or their experiences (such as being around death) once at hospice, influenced their faith in any way. The nurses were also encouraged to share their narratives about how being a hospice nurse influenced their faith and its connectedness (or lack of connectedness) to their occupational lives. For instance, in order to work around death does an individual have to have gone through or suffered from a personal adversity? Does being around death influence the nurse's spiritual development or their own personal notions of death? What experiences are needed to pursue a career in palliative care? And does an occupation in hospice contradict how they were trained as curative versus palliative care nurses?

FINDINGS

Adversity & Hospice

One of the themes that emerged in my research was the presence of adversity in the nurses' lives including life events such as death of a child, parent or partner, personal illness and divorce. Of my total sample, 12 nurses (60%) talked about one of these adversities in their life. Of the 12, four of them said the event inspired them to work for hospice, but did not influence their faith.

My first example of this is described by Colleen, who had been nursing for 40 years, "Doing hospice before hospice existed." Although Colleen knew she wanted to be a nurse since she was 5 years old, she did not become passionate about palliative care until the death of her own daughter. Colleen explained:

> When I had my family, my first daughter was born with a heart defect…which was corrected at the clinic…but left her profoundly brain damaged, she wasn't that way at birth and so then I thought this must be the reason that I went into nursing, that God directed me on this path so that I could raise this child who was obviously going to need a lot of help…then my oldest daughter died when she was fourteen and then I went into hospice.

After Colleen stated that she "went to hospice," she further explained that she did not simply start working for hospice, but that she was actually one of the founding members of the organization that now employs her. As explained by a few of the nurses, the actual implementation of hospice in this country was a great grassroots effort by nurses, patients and families. So after the death of her daughter, Colleen and a few other nurses began a 'Volunteer Hospice', which is not to be confused with the volunteer component that hospice has today allowing lay individuals to take a volunteer course through hospice and visit terminally ill patients. In the late 70s, nurses like Colleen were volunteering their time, without pay, to take care of patients and families in an attempt to help them die more comfortably. Therefore, not only did the death of her daughter direct her to work for hospice, but it inspired her to help change the face of modern medicine.

What was also evident from Colleen's interview was her faithful convictions. "God directed me on this path," she said, explaining that she was raised an American Baptist Christian and now attends a non-denomination church. However, Colleen does not see the death of her daughter as an acute time that influenced her faith. Thus, Colleen does not see the death of her child as a "spiritual turning point," but rather as a critical event that influenced her to help other families and patients who were dealing with terminal illness. Although Colleen's faith is evident in her dealing with the death of her daughter, this event did not change her religious or spiritual practices in anyway.

Like Colleen, Colin was also inspired to work for hospice after the death of his partner. However, unlike Colleen, Colin is one of only three nurses who said that his adversity also increased his spirituality. Colin, who was previously worked in retail shifted from the corporate executive track into work as a hospice nurse. When I asked him why, his answer was straightforward:

> I lost a partner to AIDS in 1996 and got involved with Hospice as his support during that time. And after the death I said (to myself), 'I need to be doing something more meaningful with my life,' and so went to school specifically to be a hospice nurse and to hopefully work here, and upon graduation 2001, was hired here…I would not do any other type of nursing. I have no interest in it.

Colin was his partner's primary care giver. Once his partner received his diagnosis, Colin took a volunteer course to "find out all he could about death and dying." Along with taking care of his partner of 10 years, he also served as an active volunteer for hospice. Colin spoke about how grateful he was for his volunteer training and experience because, as he explained it, he went through "anticipatory grief," as he started to recognize "what was coming down the pike" for him and his partner.

Colin's personal adversity led him to be a hospice nurse, but he also feels that the experience of his partner's death has made him a more spiritual person, too. Colin believes that, "a lot of people experience [increased faith] because they are watching someone who is dying search for meaning and reconnection." Though Colin's partner was raised Catholic, he did not identify with Catholicism until the end of his life when he began using rosary beads and symbolic icons from his childhood to reconnect with his faith. Colin said, "It increases your spirituality as you witness someone else doing it."

Evan, like Colin, told a story of adversities that led him to become a hospice nurse and a more spiritual person. Before I could begin asking Evan my usual opening interview questions, Evan asked, "Do you know anything about my story?" When I told him that I was not familiar with his story, he began,

> I was told that I had advanced throat cancer. I had no risk factors. I never smoked. I never used tobacco. I have never used drugs. I have no sexually transmitted diseases. There was no...everyone in my family lives into their 90's. I thought I had a bad wisdom tooth one summer and ignored it, and I finally went into the dentist, and the next thing I know, a

> day later, I went to an ENT (ear, nose, throat) specialist, and I was told I had stage four terminal cancer that had metastasized…This was three and a half years ago…Now I am in remission.

Evan has only worked for hospice for about three months, but he felt he was uniquely qualified to work there because of his own life experience. Although he has not worked there for a long time, he feels comfortable and believes the families whom he supports, and his co-workers are happy with his performance. Evan's personal life adversities had a dual effect on him: they inspired him to become a hospice nurse and to develop religiously and spiritually. He explained that he was raised as a Methodist and was active in the church as a child and teenager, but "drifted away from it" as he grew older. He then said, "I came back to, uh, it when I got cancer like a lot of people do. I mean, it's kind of typical…" Evan's experience supports my original assumption that when facing a terminal illness, people tend to seek religion and spirituality.

Although nine of the hospice nurses (45%) mentioned divorce in their narratives, only two of the nurses said their divorce influenced their faith. Brian was one of these nurses. While the grief from his divorce did not inspire him to attend nursing school or become a hospice nurse, it did impact his spirituality. He said,

> There have been a lot of things that have influenced my beliefs…having gone through a divorce and all the things that go along with that, having my child involved, and listening to the counsel of others from different spiritual backgrounds have all really shaped part of my spiritual beliefs.

From my sample, Colleen's case represents the majority of the nurses who related that they began working for hospice as a result of an adversity in their life, but did not experience an increase of faith. Colin, Evan and Brian however all experienced an increase in their faith due to an adversity. My original hypothesis was that adversities were catalysts for religious or spiritual growth. However, it seems that for Colin, Evan and Brian, these life events solidified a faith that had been looming, which is typical for those who are grieving or facing hardships in their life.

<u>Death Exposure, Faith and Death-Anxiety</u>

The following section is about how the patient's dying process and the associated experiences affected hospice nurses. For example, the narratives of the hospice nurses in my

sample illustrate the ways in which being around death has affected or not affected their own personal notions and feelings about their own death and faith. To further explore the affects of being around death and its relationship to faith, I asked the hospice nurses questions about these experiences and how they influenced their personal notions of death and faith.

Of my sample only four of the nurses said that working at hospice or being around death had increased their faith. Although one nurse said for her work with hospice has increased her spirituality by "leaps and bounds," the remaining 16 nurses said that their work at hospice has not influenced their faith. The themes that emerged from these nurses include: low death anxiety associated with high levels of faith as well as a new perspective on life.

The following narratives are consistent with the studies that link low death anxiety with faith. Three of the nurses explained that they were not afraid of death because they had strong faith, which was present before they started to work for hospice.

Linda supports the link between low death anxiety and faith with this explanation:

> I was really settled, very, very settled, before going into hospice because I'm a very spiritual person, and I believe, I'd given my life to the Lord many years ago. I believe that there is a plan for my life, and I'm not afraid of...pretty much, I'm not afraid of anything. My philosophy is 'I go,' and if it's my time to go and the Lord's going to take me, then he will. I mean, I'll try not to be foolish and do foolish things, like walk out on thin ice. But I don't let things hold me back that some people might be afraid of.

As an example of her trust in God and the absence of her fear of death, Linda told me that she had always wanted to fly, yet she was about to take her pilot's test. Although people remind her constantly how dangerous flying is, she replies, "If indeed I don't come back one day, then, Amen! I'm with the Lord, and don't you cry."

Sara also says that her faith extinguishes her fear of death. When I asked Sara if working around death has influenced her personal notions of death, she said:

> I need to preface [my answer] to that questions with a statement that I'm a very strong Christian, and I was before I came into hospice. And sometimes I wonder how people can [work in hospice] without having faith, how they could be a hospice nurse without having a faith to fall back on, or to believe in. But I've never been worried about my own death or what will happen in the future.

Sara said that although hospice had not influenced her notions of death, her work at the bedside of dying patients had taught her more about what to expect of the process of dying and death.

Many of the nurses also talked about Americans' misconceptions of death due to its portrayal on television and in the movies as an acute event instead of as a process. Although death can be sudden and happen in seconds or minutes, many deaths, such as those caused by terminal illness, are longer processes with recognizable stages. This more realistic view of death is what Sara has acquired in the course of her work. However, this knowledge has not changed the way she feels about her own death.

The following nurses illustrate how being around death, while not increasing their faith, has changed their perspectives on life. Beth explained that as she has gotten older, working for hospice has taught her "not to sweat the small stuff." She says that working with terminally ill people "keeps you focused." Beth believes it has even influenced the way she has raised her children, in that she now understands how important it is to tell people you love them, and to live your life without worrying about next week or next month because you never know what can happen. Leslie too, feels that working for hospice has changed the way she lives her life. She said that she has a "greater appreciation for life" and her exposure to death has made dying "less scary."

Therefore, in my sample, the majority of the nurses' spiritual development has not been influenced by their exposure to death. While some of the nurses claim that their lack of fear is due to their strong faith, others say that their exposure has influenced their perspectives on life, not death or spirituality.

Age, Death and Spirituality

The final theme in my research is how age influences spiritual development. It is worth noting again in this section that the ages of the nurses in my sample range from 36 to 61 years old, with 11 nurses in their 50s and only five nurses in their 40s or under. With the exception of one nurse in my sample who is one of two nurses under the age of 40, each nurse said that they were spiritual. Five of these nurses also viewed themselves as religious. The following findings are examples of the nurses who explicitly viewed their age as an influence on their faith.

For example, when I asked Amanda how her transition to hospice went after working for so many years in other fields of nursing, and she replied:

> I love it…I think it's my age, too. I couldn't have done this at 35. I don't know if I could have done it at 45. I think at those ages for me, anyway, um, there's a natural push to [be involved in] healing and preserving life. But as you get older, you start to relate [to older patients' situations]; you only have so much time left to live, too. You start to be concerned about what you're doing with your life and what legacy you're going to leave and what's important at the end of life, so you start to think more about that. And in nursing, in medical care, in nursing especially, if you tend to have...if you're introspective, you're going to really look at those issues...and you've dealt with people in their lives...if you've been a nurse all your life constantly, those are normal things for a nurse to think about...for me, anyway...for a lot of women I know, anyway.

As Amanda explains, it seems that age is directly associated with the curative mode. In the United States particularly, we believe in technology that is sophisticated enough to prolong the body's existence. However, there comes a point, perhaps with age, that we each must grapple with the reality of our mortality despite our powerful medical knowledge. The nurses referred frequently to age and important life experiences as enabling them to work at hospice.

Heather expressed an uncertainty about what has had the greatest influence on her spirituality: She explained, "I don't know how much of that is hospice and how much of that is my age. I'm sure if I did not work for hospice, my spirituality would have evolved anyhow. I'm just not sure how much." Colleen also said, "You can't help living and maturing and not have your faith grow." These hospice nurses illustrate how important maturation may be as an explanation for spiritual development. They also demonstrate an introspective recognition of this process.

Heather offered some insight into the variety of nursing trajectories found among the nurses in this sample. As an administrator at the hospice organization for which she works, she has seen and worked with many nurses and now believes, "It is not real possible for a young nurse to graduate from school and come [directly] to hospice because they need life experiences." Heather expanded further on what Amanda touched on earlier in talking about her age, saying that perhaps one needs a certain amount of exposure to death and socialization before feeling comfortable in this line of work. Heather simply stated, "It is hard to work around death

unless you have some life experiences with it, and thus it is highly unlikely to ever see young nurses, in their twenties, applying at hospice."

In summary, the majority of the nurses came to hospice with established views on death, which for many of them was tied to a faith. Among the hospice nurses in my study, their own notions of death were most affected by personal life adversities and age. It is perhaps telling that the majority of nurses in my sample were in their mid to late adulthoods and many of them attribute their mature age with the ability to work around death.

DISCUSSION

The purpose of my research was to focus on examining the hospice nurses and their individualist ethos, in order to better understand how it contributes to spiritual development. Greater utilization of palliative care together with the increased interest in spiritual development makes hospice nurses an especially suitable sample to examine the factors important for spiritual development.

The three main conclusions from my study are that hospice nurses are often spiritual with established views of death when they enter hospice work; that they have low death anxiety, which appears related to their high levels of spirituality; and that adverse life experiences and maturation offered the most likely explanations for their spiritual development. Nineteen of the nurses I interviewed (95%), viewed themselves as being spiritual, five of those said they were both religious and spiritual and only one of the nurses said that she was unsure, but respected both spirituality and religion. In defining themselves as spiritual or religious, the nurses supported Roof's classifications of religious and spiritual identities (Roof 1999). For example individuals like Linda, a born again Christian, see themselves as "spiritually minded Christians" (Roof, 1999: p. 176).

Past research suggests that life adversities, such as bereavement from the death of a loved one or the stress and grief suffered in a divorce, can be life-changing events (Wheaton, 2003) and include a turning point in spiritual development and meaning seeking. However for the hospice nurses in my sample, their life adversities did not appear to significantly affect their faith development. The majority of adversities that led the nurses to hospice involved taking care of a dying family member. The six nurses that faced adversities as a result of caring for a dying child

or parents said that their experience influenced them to take a job at hospice, but did not influence their faith. Only two nurses talked about a traumatic life event as influential in working in palliative care and increasing their spirituality.

The most significant life-changing adversity reported by the nurses was divorce (experienced by just under half of my sample), which played a role in taking a job at hospice, but not their spiritual development. With the exception of two hospice nurses who cited a particular event that made them more spiritual, most of the nurses expressed their spiritual development as a much more fluid, diffuse process.

As far as death experience and being around the end-of-life stages of their patients as 'death professionals," I did not find a significant impact of these events shaping the nurses' faith. A few nurses said that they witnessed their patients become more spiritual on their death-bed, and that the dying process reaffirmed a faith from a previous time in their life, but for the most part, there were no "Eleventh hour conversions of aging sinners preparing at last to meet their Maker…" (Iannaccone, 1990: 301).

Being witness to death or being witness to the bereavement experiences of patients' families also did not increase spirituality. Exposure to death, however, did influence the nurses' 'philosophies of life,' and 'death detail,' meaning that being around death has made them 'not sweat the small stuff' while encouraging them to take care of their wills and sharing their personal end-of-life wishes. Two of the nurses also said that being around death has not made them more spiritual, but has increased their curiosity about what the after-life is like. Therefore, although a few nurses said that working at hospice has influenced their spirituality, I found the hospice nurses had preexisting faith before their work at hospice, and that death experiences did not cultivate significant faith or a spiritual awakening.

Personal notions of death were also closely tied to existing faith beliefs: the greater their faith or spirituality, the lower their death-anxiety. Throughout this research it became evident in the nurses' narratives and their responses to my questions that their own views on death and spirituality are associated with their age and experience. Many of the nurses indicated that understanding and acknowledging mortality comes with maturation. As Amanda stated, she is unsure that she would have been able to work at hospice when she was 35 or 45 years old

because she was not ready to face her own personal feelings regarding death and the dying process. Amanda's sentiments firmly support a life course perspective that later adulthood is a time of increased spirituality, which is associated with facing end-of-life issues. Therefore, it is not a coincidence that the average age of nurses in my sample is approximately 52 years old. As Heather, a hospice director, commented, "It takes age and experience, life experience, to work at hospice."

Caring for the dying patients bring various cultural and spiritual beliefs that are not always rooted in science to understand their own death. Death and the dying processes require that patients face the physical, emotional and spiritual challenges of their own death. This requires professionals who have established a spiritual maturity that would enable them to effectively address the challenges surrounding death (Nelson et. al 2000).

As an exploratory study, I hope my research inspires further inquires about spiritual development, death and the medical professionals who are caring for our aging population. One possible study is to investigate whether individuals can be socialized around death. As more individuals opt for palliative care and death exposure increases, it will be interesting to see if this enables younger medical professionals to work around death.

Finally, I would like to recognize the limitations present in this study. One challenge of this study is that the narratives from the nurses are their retrospective accounts of their experiences. Even though the nurses can recount their nursing trajectories with accuracy; personal recognition of something like spiritual development is a bit more ambiguous. Another limitation is the small sample size and its lack of diversity. This sample is predominately white women. Although this study cannot be generalized to the larger population due to its method and its small sample size, it does offer some important preliminary findings and ideas for future studies.

REFERENCES

Atchley, Robert. (2006). Continuity, Spiritual Growth, and Coping in Later Adulthood. *Journal of Religion, Spirituality & Aging* 18: 19-57.

Becker, P.E., & N. Eiesland. (1997). *Contemporary American Religion: An Ethnographic Reader*. London: Altamira.

Bregman, Lucy. (2006). Spirituality: A Glowing and Useful Term in Search of A Meaning.

Omega 53(1-2): 5-26.
Coile, Jr., R.C. (2002). Hospice 2010: Expanding the Continuum of Care of an aging Society. *Russ Coile's Health Trends* 14(11): 1-7.
Currow, D., & M. Hegarty. (2006). Suffering-At the Bedside of the Dying. *Journal of Religion, Spirituality & Aging* 18: 123-136.
Dillon, M., & P. Wink. (2007). *In the Course of a Lifetime*. Berkeley: University of California Press.
Greeley, A., & M. Hout. (1999). Americas' Increasing Belief in Life after Death: Religious Competition and Acculturations. *American Sociological Review* 64(6): 813-835.
Harrison, Jeffery P., D. Ford & K. Wilson. (2005). The impact of Hospice Programs on U.S. Hospitals. *Nursing Economics* 23(2): 78-90.
Hout, M., & A. Greeley. (1987). The Center Doesn't Hold: Church Attendance in the United States, 1940-1984. *American Sociological Review* 52 (3): 325-345.
Iannaccone, L. (1990). Religious practice: A human capital approach. *Journal for the Scientific Study of Religion* 29:297-314.
Jones, James. (2004). Religion, Health, and the Psychology of Religion: How the Research on Religion and Health Helps Us Understand Religion. *Journal of Religion and Health.* 43 (4): 317-328.
Kimble, Melvin A. 2003. Final Time: Coming to the End. Pp. 449-460 in M.A. Kimble and S. H. McFadden (Vol. II), *Aging, Spirituality, and Religion: A Handbook.* Minneapolis: Fortress Press.
McGrath, Pam. (2003). Religiosity and the Challenge of Terminal Illness. *Death Studies* 27: 881-899.
Moremen, Robin. (2004). What is the Meaning of Life? Women's Spirituality at the End of the Life Span. *Omega* 50(4): 309-330.
Nelson, W., N. Angoff, E. Binder, M. Cooke, J. Fleetwood, S. Goodlin, K. Goodman, K. Kaplan, T.McCormick, M. Meyer, M. Sheenhan, T. Townsend, P. Williams and W. Winslade. (2000). Goals and Strategies for Teaching Death and Dying in Medical Schools. *Journal of Palliative Medicine* 3(1): 7-16.
Reed, P. G. (1987). Spirituality and Well Being in Terminally Ill Hospitalized Adults. *Research in Nursing and Health* 10: 335-44.
Roof, W. C (1999). *Spiritual Marketplace: Baby boomers and the remaking of American religion*. Princeton: Princeton University Press.
Wasner, M., C. Longaker & G. D., Borasio. (2005). Effects of spiritual care training for palliative care professionals. *Palliative Medicine* 19:99-104.
Wheaton, Blair. (1999). The Nature of Stressors. Pp. 328-347 in A.V. Horwitz and T.L. Scheid (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*. New York: Cambridge University Press.
Wink, Paul. (1999). Addressing End-of-Life Issues: Spirituality and Inner Life. *Generations* 23: 1-7.
Wink, Paul. (2006). Who is Afraid of Death? Religiousness, Spirituality, and Death Anxiety in Late Adulthood. *Journal of Religion, Spirituality & Aging* 18: 93-122.
Wink P. & M. Dillon. (2002). "Spiritual Development Across the Adult Life-course:

Findings from a Longitudinal Study." *Journal of Adult Development* 9: 79-94.
Wuthnow, Robert. (1998). After Heaven: Spirituality in America since the 1950s. Berkley: University of California Press.