



Original Article

**Spiritual distress among novice nurses during role transition at a university teaching hospital in Pakistan**

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ARTICLE INFO

Received 18 September 2018  
Revised 31 November 2018  
Accepted 01 December 2018  
ePublished 01 April 2019  
Published 01 June 2019

Available online at:  
<http://npt.tums.ac.ir>

**Key words:**

novice nurses;  
role transition;  
spiritual distress;  
workplace;  
retention;  
spiritual growth

ABSTRACT

**Background & Aim:** Novice nurses often find it difficult to adjust in the workplace especially during the role transition phase and may find spiritual distress if they find their work meaningless and dissatisfying. The following paper aims to elaborate on the unique aspect of spiritual distress among novice nurses' during their role transition phase and its impact on nurses' retention, self-efficacy, and job satisfaction.

**Materials & Methods:** Grounded theory approach was taken. A purposive sample of novice nurses who had graduated within the last six months were selected as participants. Individual in-depth interviews were taken. Data was analyzed using constant comparative analysis approach. Data was transcribed, translated, and various categories were formulated. Ethics was obtained from the University Research Ethics Board.

**Results:** Most novice nurses were facing spiritual distress during their role transition phase. Spiritual distress was affecting their productivity, satisfaction and quality of work in the hospital.

**Conclusion:** This study informs existential motives to be incorporated in occupational health policies within a hospital setting to smoothen role transition as well as to improve quality care and job satisfaction among novice nurses.

**Introduction**

Spirituality is a universal phenomenon, a dimension of human person, and thus an important dimension of nursing practice (1). Spirituality is a subjective experience, defined as a search for meaning and purpose in life, and connectedness with self and others, nature or some higher being (2). Spirituality inspire us to achieve our

optimal being and promote our self-awareness (3). It is central to an individual's overall wellness and has been an inner source of strength especially when dealing with uncertainty and chaos in one's personal and professional lives.

Spirituality also influences our actions, attitudes and behaviors at the workplace. The greater the experience of personal purpose and meaning in one's work, the greater the organization commitment of the individual will occur (4), otherwise the

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individual may end up experiencing spiritual distress, if such needs remains unaddressed (5). Workplace spirituality is defined as the recognition that employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community (6). It is significant to note that for some people spirituality at work involves a religious connotation while for others it is based on their own personal values and philosophy (7). Workplace spirituality is important in nursing profession due to the nature of nurses' work, social values, and ethical standards. Workplace spirituality involves a sense of wholeness, integrity, connectedness, and deeper values among individuals at work (8). It offers recognition and as sense of fulfillment among individuals at work, promotes self-growth, generates feelings of joy and well-being (9). Having a sense of community and meaningful work is highly valued in workplace spirituality. Research studies have shown that that workplace spirituality enables professionalism and has been displayed to ameliorate stress and burn outs, improves the professional quality of life, increases employees' productivity, morale, work effectiveness, and productivity (8).

Role transition is a phase which encompasses uncertainties and therefore, brings anxiety and stress. A novice nurse faces a variety of stressors as a result of new role, shift duties, multiple responsibilities, and increased accountability (10). High turnover among nurses often seen during the transitional phase. Engaged and satisfied personnel in hospitals affect the quality of care, safe and supportive organizational environment may assist in reducing the absenteeism and turnover (11). Therefore, nurse managers' not only look towards supporting novice

nurses' physical, social, and economic concerns whereas they need to understand and give attention to their spiritual concerns to improve retention and job satisfaction among nurses.

Improved interpersonal relationships and supportive organizational environment are closely related to workplace spirituality (12, 13). Successful transition demands supportive work environment that fulfills the employees both intrinsic and extrinsic needs ultimately leading to motivation, increased productivity, and job satisfaction. Literature is well versed about the challenges that novice nurses face during their transition phase from student to staff nurse. Yet little is known about spirituality and spiritual distress in the work place and its impact on their work satisfaction, retention, and quality of care especially among novice nurses during the role transition phase.

The following paper aims to deliberate on the significance of spiritual distress among novice nurses during their transition phase from the university to a practice setting and its impact on their adjustment into the role, retention, work productivity, and job satisfaction. The paper also informs existential motives to be incorporated in occupational health policies within a hospital setting to smoothen role transition as well as to improve quality care and job satisfaction among novice nurses working in hospital setting.

### *Nursing in Pakistani Context*

As a predominantly female profession, nurses in Pakistan have a low social image and status; and nursing leaders have to face a lot of challenges in uplifting the image of the nurses in the country (14, 15). Nursing in Pakistan continues to face critical

problems, both in preparing and retaining competent nurses. In many nursing schools in Pakistan, the traditional model of nursing education is prevalent (hospital-based nursing rather than university based), which affects the quality of education and training of nurses, nonetheless nursing standards in the country is changing gradually over time. According to (16), there are only 47,200 nurses on the register, the nurse: patient ratio is 1:60, and nurse: doctor ratio is 1:25. The Pakistani healthcare is impacted by the acute shortage of nurses, lack of good educational nursing institutions, low nursing wages and societal respect, and poor working conditions in most of the public as well as and private sectors.

## **Methods**

A grounded theory approach was used to study the experiences of role transition among novice nurses. This paper elaborates on one of the major themes under the original study i.e. spiritual distress among nurses experienced during role transition phase. A purposive sampling approach was used, and in-depth individual interviews were conducted among female Muslim novice nurses, mean age (22 years), who graduated within the last 6-8 months and working in medical-surgical units of the hospital. It is important to note that all the nurses who participated in the study were Muslims and belonged to the Shia Ismaili Muslims, sect of Islam.

Consent was obtained from the participants before the interview. Ethical approval was obtained from the university ethics board. Average interview was about 60-90 minutes. Interviews were held in participant's original language i.e. Urdu, were transcribed, and then translated into

English using single translation approach. Data were analyzed through constant comparative analysis until concepts were related and hypotheses were formed. Details about the methodology used in the paper can be found in our initial paper (10). For the purposes of this paper, spiritual distress is defined as a disruption in a person's belief or value system. It may occur when a person is unable to find sources of meaning, hope, love, comfort, strength, and connection in life or when conflict occurs between his/her beliefs and what is happening in their life. It may affect his or her entire being.

## **Results**

### *Feeling of emptiness and guilt*

Study findings were evident that nurse participants were experiencing feelings of emptiness and guilt, common signs of spiritual distress along with other role transition challenges such as reality shock and burn outs, shift duties, increased responsibilities, and multiple work stressors. Additionally, nurses reported that they were unable to practice their routine religious practices and rituals and therefore feeling emptiness and lack of connectedness towards God. Inability to attend religious prayers, meet their family, and friends, and lack of socialization resulted in feelings of despair and spiritual distress.

For the nurse participants, the prayer place was not only a place for performing religious rituals and practices, but also a place for socialization with friends and community. Prayer place served as a faith institution, where they used to perform several voluntary services towards the community. As a result of shift duties, they were unable to attend and practice

their routine religious and spiritual activities. Moreover, they reported that they do not enough space or facilities at the hospital where they can perform their religious rituals during their break timings during the shifts. Sometimes, on special religious occasions, they are unable to exchange their shift duties with other staff which also sometimes caused distress. As one of the participants said:

During my student life, I used to go to Jamat Khana (prayer place) regularly. Now I miss that part in my life. I feel lost sometimes, and heavy hearted. My soul questions me that now I don't have time to remember Allah (God)".

*Similarly, another participant added:*

When I miss any of my religious ceremony due to work, I feel very bad. Sometimes, you can exchange your duty with another staff but sometimes you cannot. There are times when the whole month pass, and I am unable to attend any religious ceremony. I ask myself, O God! Now what will happen?

Due to religious and spiritual distress, most nurses reported that they experience dis-satisfaction, inability to connect with their work which in-turn affected their quality patient care. Moreover, due to lack of flexibility in their work routines and organizational facilities nurses were experiencing religious and spiritual distress. They were unable to fulfil their religious and spiritual needs and were going into despair, guilt, and dissatisfaction.

#### *Lack of Meaning and Connectedness*

Nurses reported lack of meaning and connectedness towards their role and responsibilities due to extraneous shift

work, increased workload, staff shortages, and lack of appreciation from the seniors. As one of the participants reported: ...definitely, it's very tiring as you are working for 20 hours and when there are no incentives attached to it....

*"If you do double duty then your patient care is compromised. Your own health gets affected. It's very difficult. The whole time you are standing, walking, and working and there is no relaxation. Sometimes, it's so busy that you don't get time to eat even. You don't get a coupon or any other facility to eat."*

Nurses also reported having emotional outbursts such as crying spells, irritability, anger, and lack of quality patient care due to work pressures and lack of support. *"You go and cry in the lounge of the unit."* Participants said:

*"Sometimes, we get so frustrated after such a long shift, as a result the patient suffers. The patient wish that you should respond nicely to them. But if you are tired then how you can communicate nicely with the patient and their family."*

*"Initially, it was difficult for me to adjust in the unit. I called home that I don't want to continue. I don't like the environment. I don't want to continue."*

Findings indicate that participants were going through an emotional and spiritual distress and were unable to find meaning in their work and other responsibilities. Staff shortages, increased workload, and lack of appreciation from seniors were affecting their care values and self-integrity.

#### *Feelings of loneliness and Isolation*

Most participants felt that their personal life is greatly affected in the role transition phase. They missed their personal and social life. They were going

through existential distress, unable to balance between their personal and professional roles. When asked about their personal life, one respondent said in despair: *“It is affected to a large extent....”* Another added, *“I am a hostellite. Soon after my shift, I go back to my room and sleep. I feel I don’t have any personal life....”*

Most participants felt that they get so tired and frustrated after work that they cannot enjoy their social life. They cannot see or visit their family and friends, attend social gatherings, and go for outing and thus having difficulty in coping and finding time for themselves. They missed the important aspect of their spirituality, their relationship with family and others. Consequently, they were feeling isolated, lonely, and stressed. Participants said:

“I have no social life at all. No watching TV or movies or any such thing, nothing at all. I just come back from my shiftwork and sleep. These days, that’s what life is all about.”

“it’s been 8 months I haven’t had lunch, dinner or any meal with my family. Even if my family asks me for going out, I just refuse. I get so tired that I don’t feel like going with them. My personal life has got totally disturbed.”

Some felt that their overall health is affected, *“Everything has finished. Our health has been affected. We are so tired now.”*

Findings indicate that nurses were experiencing moral and spiritual distress and needed support and care. They were experiencing compassion fatigue in their work which was affecting both their physical, emotional and spiritual health as well as their professional quality of life.

## **Discussion**

Every human is spiritual. Existential quest has always been a central theme of, “human search for meaning in life” and while striving to pursue this goal, an individual sense of self plays an important role by imparting a sense of identity and influencing the self-esteem to move forward and explore more while searching for the ultimate reality (17). Every individual person possesses personality traits such as a positive self-esteem, internal locus of control, coping effectively with stress, high levels of tolerance, as well as emotional intelligence.

Spirituality promotes resilience and enables a person to cope effectively with stress (18). Findings were evident that novice nurses in their role transition phase were often surrounded with high levels of stress and therefore requires strategies for coping and resilience. Novice nurses often need an environment that can help them find their self and enable them to balance their personal and professional values. Lack of spirituality, disempowerment, gender biases, lack of autonomy, power dynamics, all of these factors can eventually lead to self-collapse and existential distress. Similar findings were reported in other studies (4, 13).

Workplace spirituality ensues meaning and connectedness to the work goals and provides a sense of control among nurses. It generates hope and empowerment and provides a higher sense of inner self and satisfaction. On the other hand, a lack of connectedness may lead to spiritual distress and despair. Nursing graduates who are not assisted in the successful role transition may end up in diminishing and discarding ethical and practice standards for institutional routines and bureaucratic compliance (19). Moreover, it can limit

their work commitment and produce role conflict, thereby causing moral distress and workplace burnout (13).

Faith and spiritual practices serve as protective factors against spiritual and existential distress (3, 20, 22). Faith/spirituality foster hope which in-turn promotes self-efficacy generates positive feeling and increases the coping abilities of the health care providers. The sense of connectedness towards one beliefs and practices generate happiness, peace, and self-satisfaction and connectedness (22). Spirituality at workplace have been found to play an important role in self efficacy, motivation and hope among healthcare providers (4, 8, 21). Literature is evident that spirituality is a major coping resource and often manifested as performing religious ritual and routines or serving the community especially among the faith communities (22).

Attending religious activities and ceremonies in church or a prayer place serve as a means of socialization and support and decrease the feelings of withdrawal, isolation, distress, and hopelessness (20). A positive relationship between hope and general self-efficacy (or perceptions of ability to achieve goals) essential to employee motivation, satisfaction, and spiritual wellbeing at workplace (23). Nurses are greatly affected by workplace spirituality due to the social and ethical nature of their work.

Inability to find meaning in work, connect with self and others may lead to spiritual distress leading to dissatisfaction and high turnover among novice nurses. It is therefore necessary to provide a spiritually conducive environment for nurses where they can express and experience their inner self and spirituality

(13). Such kind of environment would enhance self-empowerment, self-efficacy and improve quality patient care.

### **Recommendations**

At the organizational and leadership level, a lot of improvisation and transformation are needed to minimize spiritual distress and support nurses in their role transition phase. Nurse managers must look for cues for spiritual distress among nurses in order to improve nurses' commitment or work engagement towards their caring profession. Rather than just relying entirely on extrinsic forms of motivation (i.e., monetary) other forms of support such as careful listening, frequent reflections, regular counseling, and psychological reassurance on a regular basis should be given high importance. A healing environment includes listening to and witnessing the suffering of the others, connecting suffering, and spirituality, and inviting self-reflections on the individual person's stories (3). These strategies can assist in overcoming spiritual distress or suffering and can promote a sense of spiritual satisfaction and peace among novice nurses.

Literature also suggests that spirituality is determined individually by cultural and social forces (21). This reemphasizes that organizational work policies should reflect social and cultural context. Hospitals or other healthcare organization must foster a working environment for novice nurses where there is a positive association between spirituality at work and employee job outcomes such as positive self-image, job satisfaction, and meaningful actions and attitude. Human resource policies should be based on humanitarian and transcultural grounds at the organizational level to

assure appropriate and person-centered occupational safety. Such reforms will not only reduce turnover among nurses but will also promote the professional ethics among the novice staff, enhance their productivity and job satisfaction, eventually raise the standards of quality nursing care within the hospital settings.

### **Limitations**

The study was conducted in a single setting and therefore, limits the generalizability. More studies are recommended in similar multiple settings. Some words in the data may have lost their original meanings due to translation reasons. Some nurses might have felt to provide socially acceptable answers in the interviews.

### **Conclusion**

This paper calls for nurse managers along with higher leadership to provide an organizational culture that encourages an optimum level of workplace spiritual support and existential satisfaction for all novice nurses. Regular professional mentoring should address novice nurses' emotional and spiritual concerns and look for strategies to resolve those concerns from a cultural and social context. Such endeavor will boost confidence, trust, and positive attitude among novice nurses and will bring in a meaningful workplace environment where nurses can find joy and inner satisfaction during their role transition process. Healthcare organizations can achieve excellence in care and leadership by focusing on the inner lives of nurses and fostering spiritual and self-fulfilling nursing and patient care.

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