ASIA-PACIFIC NAZARENE THEOLOGICAL SEMINARY

THE BELIEFS OF SELECTED FILIPINO CHRISTIAN NURSES WORKING IN NORWAY ON INTEGRATING PRAYER IN GIVING MEDICAL CARE TO PATIENTS

A Thesis Presented to

The Faculty of Asia-Pacific Nazarene Theological Seminary (APNTS)

In Partial Fulfillment of the Requirements for the Degree

Master of Arts in Intercultural Studies

with Concentration on Contextualization Studies

By

Mary Jubelyn Grijaldo-Pantano

March 2024

ASIA-PACIFIC NAZARENE THEOLOGICAL SEMINARY

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SUBMITTED BY

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ENTITLED
THE BELIEFS OF SELECTED FILIPINO CHRISTIAN NURSES WORKING IN NORWAY ON INTEGRATING PRAYER IN GIVING MEDICAL CARE TO PATIENTS

AS PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
MASTER OF ARTS IN INTERCULTURAL STUDIES
WITH CONCENTRATION ON CONTEXTUALIZATION STUDIES

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ABSTRACT

This study's primary goal is to explore the beliefs of the selected Filipino Christian nurses in regard to the integration of prayer in giving medical care to their patients. The respondents believe that prayer helps patients meet their biological, psychological, social, and spiritual needs, and despite challenges, there are factors encouraging this integration. The study involved ten Christian nurses from the Philippines working in Norway, to investigate the integration of prayer into patient care.

The study utilized Florence Nightingale's holistic person framework (Nightingale 1860; adapted from Dossey et al. 1995) and Beebe, Beebe, and Ivy's self-concept components (2016), employing both qualitative and quantitative data as its design principle. It used focus group discussions (FGD) and survey questionnaires to address four research questions, along with member checks and triangulation to ensure validity and reliability. The survey questionnaire data were analyzed using a weighted arithmetic mean and MAXQDA software was used to analyze the FGD interview.

Research question one provided the respondents' demographic profile. The study involved six females and four males, aged between thirty and fifty, with a range of employment in Norway spanning two to eleven years.

Research question two examined respondents' beliefs about prayer and patients' biological, psychological, social, and spiritual needs. Respondents believe integrating prayer into patient care will help meet their patients' biological needs, improve the nurse-patient relationship, and fulfill their duty to pray for patients.

Research question three explored challenges nurses face in integrating prayer in clinical settings. The respondents indicated that religious differences, language barriers, inadequate spirituality training, unanswered prayers, spiritual dryness, and time constraints are some of the challenges that they face in integrating prayer into patient care.

Research question four investigated factors influencing prayer integration in clinical settings. The research participants identified personal testimony, patient appreciation, spiritual training, religious surroundings, and workplace rules and regulations as factors that influence prayer integration into patient care.

Finally, based on the findings of the study, the following recommendations were formulated: (1) To the nurses: respect patients' cultural and religious beliefs, respect professional boundaries, understand workplace ethical guidelines, and use translation tools for effective communication. Nurses should also learn the local language, understand Norwegian culture, and use translation apps when interacting with non-native speakers; (2) To the academic community: integrate spirituality and prayer into the nursing curriculum, provide faculty training, and offer spiritual support services for students, including opportunities for prayer, meditation, and reflection; (3) To missions agencies: offer training programs for Christian nurses interested in mission work, focusing on cross-cultural communication and spiritual care, and pair them with experienced mentors for guidance and practical advice; (4) To local churches: facilitate prayer groups for nurses, offer individual or group prayers before or after shifts, and facilitate sessions where nurses can come together to pray for patients, colleagues, and the community.

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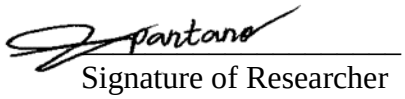

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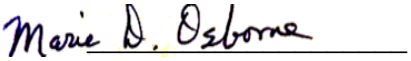

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Mary Jubelyn Grijaldo-Pantano (Researcher)

March 8, 2024 (Date)

DEDICATION

To the Filipino Christian nurses serving locally and abroad, this thesis is dedicated. May your light continue to illuminate the path of healing and bring comfort to those in need. Your unwavering commitment to serving others reflects the compassion and love exemplified by our Savior.

ACKNOWLEDGEMENTS

Finishing this research is not just a milestone; it is a testament to my dedication and perseverance. It is the culmination of years of hard work, late nights, and countless revisions. This research helps me to keep pushing forward, stay focused, and never lose sight of the goal. This research will be my legacy.

The completion of this research would not have been possible without the unwavering support and encouragement of my beloved husband, Pastor Celso: you fueled my journey through the challenging realms of academia. Your love has been my anchor, and your belief in my capabilities has been my greatest strength. To my precious daughter, Christina Jewel (CJ), who filled my days with joy and inspiration: Your innocence and laughter provided the motivation to persevere, showing me the profound purpose behind every late-night study.

I would like to express my deepest gratitude to my dedicated thesis adviser, Dr. Nativity Petallar, your guidance and expertise have been instrumental in shaping this work. Your patience, encouragement, and invaluable insights have left an indelible mark on my academic journey. Additionally, I extend my heartfelt appreciation to my meticulous proofreader, Marie Osborne, whose keen eye and attention to detail polished this thesis throughout. Your commitment to excellence has elevated the quality of this work, and I am deeply grateful for your dedication.

To my program director Dr. Eileen Ruger: my sincere gratitude for your guidance and unwavering support throughout my seminary journey. You have been my guiding light in shaping my understanding and approach to mission work. Your guidance has

instilled in me a profound sense of purpose and conviction in carrying out Christ's mission.

I am also grateful to the esteemed panelists; whose constructive feedback and thoughtful critiques enriched the depth and breadth of this thesis. Your insights have challenged me to think critically and have contributed significantly to the refinement of my research.

I would like to thank my family, Papa Juel, Mama Beverly, my brothers (Juey, Juberay, Jumarc, Juchris) and sisters (Jube Rose and Sheba), whose unwavering support, understanding, and sacrifices made this academic pursuit possible. Your love provided the foundation upon which I built my aspirations, and for that, I am profoundly thankful.

Above all, to God, the source of wisdom and inspiration, I give thanks. Your guidance has been my light in moments of uncertainty, and Your grace has carried me through every challenge. This thesis is dedicated to You, the ultimate source of strength and purpose in my life.

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LIST OF ABBREVIATIONS

BON	Board of Nursing
BSN	Bachelor of Science in Nursing
COVID-19	Coronavirus 2019
FGD	Focus Group Discussion
MAXQDA	Max Quality Data Analysis Software
NLE	Nursing Licensure Examination
PRC	Professional Regulations Commission

CHAPTER I

THE PROBLEM AND ITS BACKGROUND

Background of the Study

Before studying in the seminary, I worked in a hospital in the Philippines for almost two years. Then, I went abroad and worked in in-home healthcare services in Norway. The country of Norway has become a home to thousands of Filipino immigrants to augment the nation's labor force. David Nikel reports that, at the beginning of 2021, Filipinos formed one of the largest groups of immigrants in Norway with 23,058 settlers (2021). Brian Kerr documents that Filipino nurses were requested to help in the fight against the coronavirus 2019 (COVID-19) crisis in Norway (2020). Many Filipino nurses have become popular and well-liked in Norway because they are hardworking and place a high value on their work.

In Norway, I took care of a Muslim patient and also native Norwegian patients. This gave me the experience of working with patients of different beliefs and cultures. I then realized that nurses have to ensure that a patient can receive optimal unbiased care. Susan Newfield, Mittie Hinz, and Donna Tilley assert that nurses should take into consideration their patients' beliefs (2007, 801). A nurse could unintentionally offend the patient if there is a lack of recognition of differences in beliefs, especially in the nurse's belief about prayer. In this experience of working with different cultures, I then noticed that though spirituality is recognized by nurses as important to health, not much attention

has been given to prayer in nursing practice in Norway because nurses are untrained on how to contextualize their beliefs regarding prayer and implement it within the context of the patients and in a manner they will understand. Therefore, I looked at this study as an opportunity to inspire Filipino Christian nurses working in Norway and in other countries to recognize the importance of prayer in giving holistic care to patients.

Prayer is one of the domains of spirituality. Richard James Foster believes that prayer helps a person to have a continuing relationship with God, and he considers it the most essential of all the spiritual disciplines (2009, 33). Watchman Nee is confident that "The prayer of a believer is but the voicing of the Lord's will in heaven" (1977, 3). Richard Albert Mohler Jr. emphasizes that most Bible scholars and pastors would affirm that every Christian needs to pray (2018, 12). This is the basis for one of the dilemmas that Filipino Christian nurses in Norway have to face. Audry Berman et al. maintain that nurses need to examine their own beliefs and how their beliefs can affect the way they think and make decisions (Berman et al. 2014, 90). Doreen Westera, emphasizes that nurses will likely engage with the patient's spirituality if a nurse gives importance to his or her own spirituality (2017, 96).

Nurses may be called upon to pray with or for patients as part of their holistic care. According to YeounSoo Kim-Godwin, most nurses believe in prayer and use it to pray for themselves and to pray for their patients. Most of these nurses pray frequently for confidence to make the right decisions and that no injury or harm will happen to patients under their care. Most nurses have a strong belief in the power of prayer because when they pray for their patients, mysterious intervention from God happen every so often. However, Kim-Godwin suggests that, in spite of having an awareness of nurses'

personal beliefs and having a good purpose in integrating prayer in giving medical care to patients, nurses need to take into consideration that the patients' personal beliefs are not always similar to the nurse's beliefs (2013, 210-11).

In a survey conducted about the opinions and practices regarding prayer among 1,221 rehabilitation health professionals conducted by Schoenberger et al., it was shown that rehabilitation health professionals used prayer regularly, a large number of nurses used prayer as their personal practice, and twenty point five percent reported praying as part of their personal lives. Among respondents who pray personally, forty-nine point seven percent also use it professionally themselves, and forty-one percent of respondents who pray personally make referrals to professional clergy for prayer (2002, 62-65). Silva et al. observe that the personal beliefs of the nurses regarding prayer are influenced by their spiritual practices, experiences, and training (2015, 8820). Puchalski et al. highlight that the spiritual care given by healthcare providers (nurses) to the patients is most effective when it is reflected in their personal beliefs (2014, 642–49). However, according to Kristen L. Mauk and Nola A. Schmidt, to support the autonomy of the patients, there will be situations in which a nurse has to set aside his or her beliefs (2004, 202). There are different beliefs among people of different cultures. Thus, it is important that nurses be aware of their patients' personal beliefs when integrating prayer in giving medical care. Accordingly, sharing my findings and helping nurses grow in their personal beliefs about prayer and in their ability to use it in a way that makes sense to others could be rewarding.

Theoretical Framework

This study adapts two frameworks: (1) Florence Nightingale's concept of the holistic person and (2) the self-concept components set forth by Steven Beebe, Susan Beebe, and Diana Ivy. Florence Nightingale's framework of the holistic person, as cited in Haughton, focuses on treating the patient as a whole person (Haughton n.d.). This means that a nurse may provide care to their patients' biological, psychological, social, and spiritual dimensions (Figure 1).

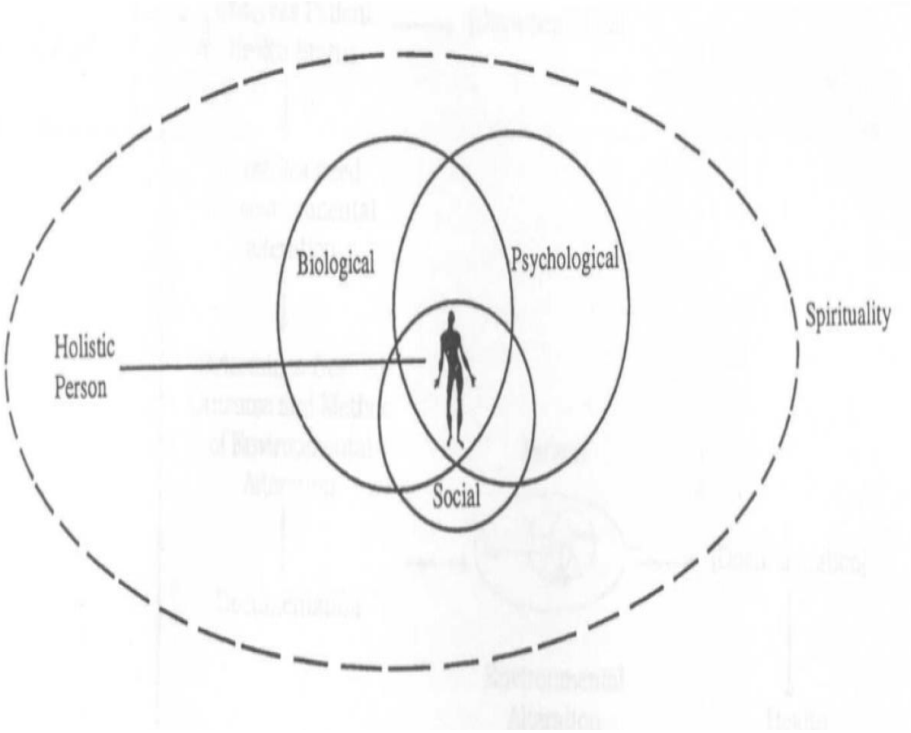

Figure 1. The Holistic Person as Conceived by Florence Nightingale (Adapted from Dossey et al. 1995, 256)

The holistic person model is helpful to nurses when they provide nursing care to their patients as a whole being. This model emphasizes that the patients' biological, psychological, social, and spiritual aspects have a mutual influence on each other. This

framework can contribute to the nurses' understanding that, in order to promote holistic nursing care, a patient's biological, psychological, social, and spiritual dimensions are inseparable.

The nurse's vocation is serving the needs of patients as whole persons. Florence Nightingale was the first nurse to highlight the importance of holistic care (Keegan 1987, 499). This approach has been adopted by Northeastern State University in Tahlequah, Oklahoma (2017). Nightingale is regarded as the founder of modern nursing. She was concerned with the effect of sickness on the biological, psychological, social, and spiritual health of the patient.

In Nightingale's book *Notes on Nursing*, it is clearly stated that she regularly provided holistic care to her patients. For Florence Nightingale, looking at the patients' biological, psychological, social, and spiritual aspects is vital for the healing process, and prayer is one facet of this. Barbara Dossey and Lynn Keegan, authors of the book, *Holistic Nursing: A Handbook for Practice*, observe, "Although Nightingale's theory has not been developed in the same sophisticated manner as more modern theories, her work stands as a remarkable treatise on reflective and thoughtful practice" (2009, 82).

The second framework that was used in this study is Beebe, Beebe, and Ivy's components of self-concept, namely, attitudes, beliefs, and values (Figure 2).

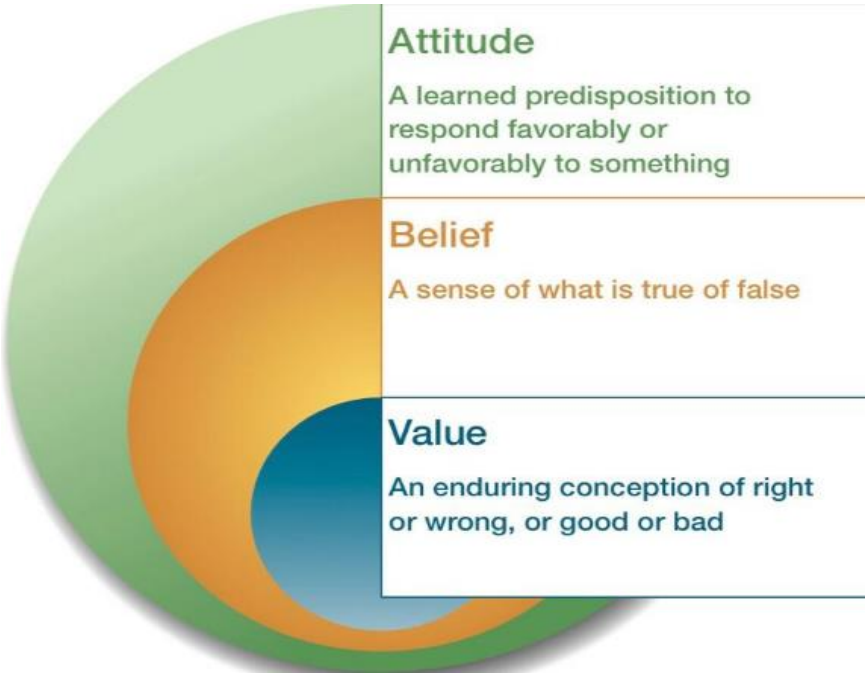

Figure 2. Self-Concept Components (Beebe, Beebe, and Ivy 2016, 349)

Attitude is "a learned predisposition to respond favorably or unfavorably to something; a like or dislike" (Beebe, Beebe, and Ivy 2016, 349). Values represent a person's understanding of what is good or bad. Belief is a perception of what is true or false (Beebe, Beebe, and Ivy 2016, 349). In this study, I only focused on the component of "beliefs," because it is closely related to the foundation on which the Filipino Christian nurses working in Norway structure reality, i.e., what they understand to be true or false (Beebe, Beebe, and Ivy 2016, 33). The self-concept components conceived by Beebe, Beebe, and Ivy make up the person's internal identity or personal explanation of who they think they are, which is usually unchanging (2016, 33).

Nurses care for patients at some of the most vulnerable moments of their lives, so it is vital that nurses have the skills to give holistic care to their patients, and this includes spiritual care. That is why it is important for nurses to know their personal beliefs, as this understanding will increase their capacity for making decisions. Catherine Robichaux says that there are moments when nurses encounter struggles with their own beliefs and addressing this issue may help the nurses to choose what action to take in any particular situation. A better understanding of nurses' personal beliefs is essential in order for them to know how to act or make a decision in a given situation because, even though the nurse may have the same beliefs as others, the specific version of what is true or false still belongs to the individual nurse (2016, 3-8).

Concerning the "beliefs" that nurses may have in integrating prayer in medical care, I adapted the items enumerated by Sonia H. Wisdom in her dissertation, "Nurses' Attitudes and Perceptions Regarding Their Role in Incorporating Prayer in Practice" (2020, 174; see Appendix A). These items include statements that "reflect the healing power of prayer," "relevance to the nursing profession," "prayer being a religious act," and others. Wisdom also enumerates some negative beliefs that nurses may have on integrating prayer in medical care. These include: (1) "not knowing how to pray;" (2) "prayer is not an easy thing to do;" (3) "being uncomfortable seeing nurses praying for patients;" and (4) others (2020, 174).

These theoretical frameworks show that prayer has been a part of nursing practice at least since the early 1900s and that nurses' beliefs can influence their actions when integrating prayer in giving medical care to their patients. Nurses' personal beliefs about

prayer can help them in making a decision so they can provide better and richer support to patients.

Conceptual Framework

Figure 3 demonstrates the conceptual flow of the research as it relates to Nightingale's holistic approach to the nursing profession as well as to the beliefs of nurses regarding the integration of prayer when giving medical care.

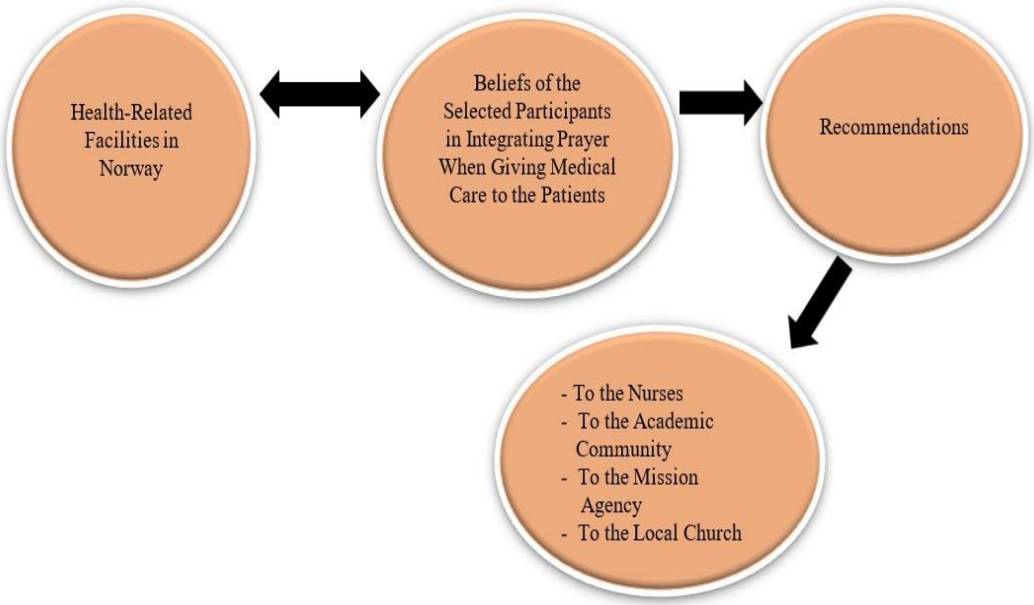

Figure 3. Conceptual Framework

The first circle signifies the health-related facilities in Norway, such as hospitals and home healthcare services, where the participants are working. The left-right arrow signifies the connection between Norway and the participants in the study, i.e., the Filipino Christian nurses. The second circle signifies the participants' beliefs regarding the integration of prayer in giving medical care to the patients in connection to Florence Nightingale's view of the whole person and the self-concept components. Based on the

data that was gathered, the last circle represents the recommendations that are offered to the respondents, to the academic community, to the mission agency of the Church of the Nazarene, and to the local church.

Statement of the Problem

The present study seeks to examine this main question: What are the beliefs of selected Filipino Christian nurses working in Norway regarding the integration of prayer in giving medical care to patients? The following are the sub-problems of the study:

1. What are the demographic characteristics of the selected Filipino Christian nurses working in Norway?
    a. Gender
    b. Age
    c. Number of years working in Norway
2. What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of the following?
    a. Prayer and the patient's biological needs;
    b. Prayer and the patient's psychological needs;
    c. Prayer and the patient's social needs; and
    d. Prayer and the patient's spiritual needs
3. Based on the experiences of the selected Filipino Christian nurses working in Norway, what are the challenges to integrating prayer in the clinical setting?

4. Based on the experiences of the selected Filipino Christian nurses working in Norway, what encourages them to integrate prayer in the clinical setting?

Significance of the Study

This study is significant to the nurses themselves, to the academic community, to missionaries, and to the church. First, it can give encouragement to nurses concerning their beliefs regarding the integration of prayer in clinical practice according to the patients' and professionals' boundaries and competencies, aiming for effective holistic care. This study also aims to encourage nurses, especially Filipino Christian nurses working in the Philippines, to believe that God can use them to pray for the sick and work through them to bring healing to the patients. It is my hope as well that this study can be of benefit to Filipino Christian nurses working in Norway and across the globe and for them to be identified as culturally competent nurses capable of providing holistic care to patients with a culture different than theirs.

Second, this study is significant to the academic community because it intends to bring encouragement to nursing instructors both in the classroom and in the clinical area. It provides a strong foundation for emphasizing spirituality to help enhance the knowledge and the understanding of the nursing students with regard to their own beliefs about prayer that might be helpful in caring for patients.

Third, this study is also significant to mission-sending agencies. The results of the study could help the leaders of missions' organizations that recruit and train missionary applicants with a nursing background. It provides insights and strategies as to how missionary nurses can contextualize their beliefs in prayer in a way that is appropriate

and meaningful in a particular culture as they are commissioned to travel across the world to proclaim the gospel of salvation. Nurses who are conscious of sharing their faith could be used by God to be a witness to the message of salvation in a strategic and appropriate way.

Lastly, this research aims to encourage not only nurses and other medical professionals but also local churches as they equip church members who are called to the nursing profession to make a difference in their workplace.

Assumptions of the Study

The following are the assumptions of the study. First, nurses have their own perceptions and beliefs when it comes to integrating prayer in the clinical setting. Second, the spirituality of Christian nurses could affect how they treat their patients.

Definition of Terms

Beliefs are the ways in which one builds his or her understanding about what is true or false (Beebe, Beebe, and Ivy 2016, 33). Beliefs are "judgments about what is true or false—what attributes are linked to a given thing. Beliefs can be based on scientific information, feelings and intuition, or cultural norms" (Allen et al. 2019, 5).

Christian is someone who believes that "the true God saves sinners by His grace through the Person and redemptive work of the Lord Jesus Christ" (Parker 2016, 15). Edward Bosworth says, "Becoming a Christian is not merely a step taken to secure individual salvation. It is identifying one's self with a great movement to secure by a campaign of testimony the universal recognition of the Lordship of Jesus" (1901, 1048).

The research participants hold a belief in the deity of Jesus Christ and His redeeming work.

Filipino nurse signifies a person who comes from the Philippines holding a Philippine birth certificate and Philippine passport. The participants of this study are all graduates of the Bachelor of Science in Nursing (BSN) in the Philippines and passed the Nursing Licensure Examination (NLE) conducted by the Board of Nursing (BON) under the supervision of the Professional Regulations Commission (PRC) in the Philippines.

Medical care is the care provided to patients by medical professionals and by institutional providers such as hospitals, nursing homes, and home care programs (Childs 1975, 10). In this study, unless otherwise differentiated, medical care implies care provided by the Filipino Christian nurses working in different health-related facilities in Norway to provide holistic care, thereby helping the patients to improve their health and well-being.

Patient is a person receiving needed professional medical services towards improvement or protection of health (Stöppler 2021). In this study, a patient is a person who is admitted to the hospital or home health care, and in need of holistic medical care by the nurse and other medical professionals.

Prayer is not only a gesture of praise, but also of lament, petition, thanksgiving or penitence (Balentine 1992, 29-30). Prayer is the key to the heart of God. You might personally attest to the advantages of prayer and view it as the greatest joy of your life; you might appear to have little to no faith; or you might be reluctant to pray because it makes you feel too small or distant. It's likely that you've never prayed before, except in situations involving excruciating pain or terror, that you don't believe prayer is effective,

or that you have tried and were deeply disappointed. Maybe after praying for so long, God still seems far away. The Father's heart is open for you to enter. If prayer is the key, Jesus Christ holds the key to the door (Foster 1992, 2). According to John Wesley, "One who always prays is ever giving praise, whether in ease or pain, both for prosperity and for the greatest adversity" (2007, 25). The participants in this study understand that prayer is more than just making a request; prayer also means praise, thanksgiving, and adoration.

Scope and Delimitations of the Study

The following are the limitations of this study. First, this study is limited only to the "beliefs" of the selected participants on incorporating prayer in medical care. Beebe, Beebe, and Ivy identified three components of self-concept which are values, attitudes, and beliefs. I do not include values and attitudes because they deal with another set of predispositions towards doing something. In this regard, I adapted the questionnaire of Wisdom (2020) on the statements that reflect the "beliefs" of nurses about integrating prayer in giving medical care in light of the various needs of the patients (2020, 174).

The second limitation of the study concerns the participants of this research. Only Filipino Christian nurses working in Norway for at least two years were chosen to participate in this study. The rationale for determining this number of years comes from a study conducted by Barry Maude. He studied 382 immigrants from the Soviet Union to Israel and examined their psychological adjustment. It was found that the immigrants adjusted to a new culture after more than eleven months (2011, 183). Maude further added, "As expatriate personnel normally carry out overseas assignments lasting at least

twelve months they should have adequate time to overcome the effects of culture shock and adjust to living and working in the new country" (2011, 184). In the current thesis, the participants selected have worked in Norway for at least two years. This should have given them enough time to adjust. In the focus group, I asked only about the participant's beliefs regarding the integration of prayer in giving medical care to their patients while working in Norway and do not include their beliefs before working in Norway. In the survey, I adapted Wisdom's questionnaire in her dissertation (2020, 174).

Lastly, since I have had personal experience with the Norwegian culture, I am interested to choose this country for my study. But due to the travel restrictions brought about by COVID-19, traveling to Norway was not possible. Thus, I conducted FGD through Zoom and used a survey questionnaire in addition to conducting FGD.

This chapter identified the background of the study, the framework, and the research questions and problems. The next chapter will discuss the review of the literature and studies that are closely connected to the current research.

CHAPTER II

REVIEW OF RELATED LITERATURE AND STUDIES

The intent of this study is to explore the beliefs of selected Filipino Christian nurses working in Norway regarding the integration of prayer in giving medical care to patients. This chapter presents the following topics: (1) Background of the Filipino nurses in Norway; (2) Biblical bases of prayer and healing; (3) Discussion of the theoretical frameworks; (4) Beliefs of nurses on integrating prayer in giving medical care; (5) The factors that challenge nurses in integrating prayer in the clinical setting; and (6) Factors that encourage nurses to integrate prayer in the clinical setting.

Background of the Filipino Nurses in Norway

Norway is a wonderful country in the northern part of Europe. Although it is not the norm for adult children to take care of elderly parents in Norway, still Norwegian culture values in-group collectivism. According to Gillian Warner-Søderholm, "The high taxation system supports a comprehensive welfare state that in turn provides for state care of the elderly or sick—thus, the collective responsibility is not to provide a home for all generations but to contribute to the welfare state via paying one's taxes" (2012, 5). Warner-Søderholm also explains that Norway is a low power distance society because Norwegians want power to be equally shared. One might also notice that in Norwegian business practices, they do not greatly emphasize the use of formal titles when addressing

others nor dress codes to show status, and egalitarian values are encouraged in the workplace (2012, 5).

Carol Hand describes Norway as a very wealthy and peaceful country that cares for its people (2020, 5). Norway is not only a rich country, but also has a strong spiritual heritage. Norway has a population of 4.9 million and Christianity is the largest religion with 4.4 million Christians (Johnstone 2015, 247). However, Hanne Herland boldly says, "A *Norwegian Journal of Psychology* study showed that even though most believe in God, faith is not at all emphasized in the education of, for example, nurses or psychologists. Ninety-three percent of those interviewed said that there was no focus on religious faith at all during their studies, which they found to be a regrettable fact" (2020, 129).

Leaving a life in the Philippines for a new life in a country like Norway is challenging because of cultural differences. A person who enters another culture normally experiences culture shock due to the unfamiliar physical and cultural environment. Culture shock, according to Paul Pedersen, is "the process of first acclimating to a foreign environment" (1994, 1). However, Filipino nurses still choose to work abroad. Carl-Ardy Dubois, Ellen Nolte, and Martin McKee point out that there has been an agreement for free movement of nurses within the Nordic countries for about twenty years, and that Sweden, Denmark, Finland, Germany, and the Philippines are the five main countries that Norway has recruited from since 2002 (2005, 52-53).

As the population increases and people live longer, Norway's need for qualified healthcare professionals will only continue to grow. However, applying for a nursing job in Norway is not that easy. The Norwegian Directorate of Health is the agency

responsible for the authorization of nurses in Norway (Nordic Co-operation n.d.). David Nikel says, “Landing a job in Norway is the most difficult hurdle to overcome as a newcomer to the country. It is not as simple as just sending an application” (2017). Odd Bjerga itemizes the requirements needed for a healthcare worker who lives outside Europe and wants to enter Norway to get a license to work as a professional health worker. These are a valid visa to enter Norway, passing the oral and written examination of “Test in Norwegian- Advanced Level” (Bergenstesten), taking additional courses taught in Norway, and passing the two examinations in national subjects (Nasjonale fag for sykepleiere). All the requirements are submitted to the Norwegian Directorate of Health for review of the application. If the application is approved, the authorization or license card will be given to practice nursing in Norway (2013). Due to the difficulty of fulfilling all these requirements, nurses educated in the Philippines meet major obstacles in the process, slowing down and sometimes permanently blocking their access to nursing jobs in Norway. But despite it all, many Filipino nurses take this courageous journey and are determined to reach their goals. Taylor Vaugh, Marie Louise Seeberg, and Aslaug Gotehus provide data from “Statistics Norway” showing that in the year 2016, the number of Filipino nurses that were living and working in Norway was 1,117 and eighty percent of them had already stayed in Norway for more than eight years (2020, 193-94). Norwegians are very welcoming to the Filipinos and because of that, many Filipinos choose to travel and immigrate to the beautiful country of Norway.

Biblical Basis on Prayer and Healing

When God intends and is about to bestow a mercy, He gives His people a spirit of prayer to ask for it. In Jeremiah 29:12, God says, “Then you will call upon Me and come and pray to Me, and I will listen to you” (Jeremiah 29:12, The New American Standard Bible, this version is used throughout this thesis). This verse shows that God is a God who hears prayer. When His people utter their prayer requests, He listens. Jack Countryman believes that God wants His people to come to Him in prayer and He always pays attention to our prayers (2013, 5). The greatest teacher on how to pray is Jesus Christ, who taught His disciples how to pray, as seen in Matthew 6:9-13 where it says, “Pray, then, in this way: ‘Our Father, who is in heaven, Hallowed be Your name. Your kingdom come. Your will be done, on earth as it is in heaven. Give us this day our daily bread. And forgive us our debts, as we also have forgiven our debtors. And do not lead us into temptation, but deliver us from evil” (Matthew 6:9-13). People often struggle with how to pray, and scripture shows that the disciples were no different. They wanted to know how to talk to God in prayer. This reminder from Jesus in the book of Matthew on how to pray and the verse in Jeremiah could strengthen the nurses’ beliefs about prayer and its importance in giving medical care to their patients because God promises that, if a person comes to Him and calls out to Him fervently in prayer, He will surely listen.

God invites every individual into a relationship with Him that is both personal and communal. A person can come to God through Jesus Christ and ask for healing. According to Marjorie Suchocki, “Prayer is the creation of a circle of activity: God creates out of divine love; Divine love invites us in, not as disinterested observers, but as sharers in that very love. But to share in God’s love is to share in God’s work. Through

prayer, then, we are graciously made participants in God's own works of grace" (1998, 50). Suchocki further expounds that a person's prayer is opening ourselves to the will of God. "Thus, when we deign to pray for someone, we can be very sure that the one for whom we pray is loved by God" (1998, 51).

The Bible doctrine of healing emphasizes the role of prayer as a means of seeking divine intervention and comfort for the sick. In the *Church of the Nazarene Manual* it says, "We believe in the Bible doctrine of divine healing and urge our people to offer the prayer of faith for the healing of the sick. We also believe that God heals through the means of medical science" (Blevins et al. 2013, 35). In all His power, God has the capacity to heal. This can motivate nurses to pray for their patients.

God is a faithful God, and a healer. If a person sincerely prays to God, He will listen and answer the prayers and bring healing. God desires that when things get hard, a person will be firm and trust that He will meet their needs. Larry Dossey says, "It is obvious that one can attain immense spiritual heights and still get very sick" (2011, 15). The life of an American missionary to the American Indians, David Brainerd, serves as an illustration of this. He lived the life of fasting and prayer. Even though he was struggling day and night with a mortal disease, the time he spent in private prayer amounted to many hours daily. Jonathan Edwards says, "Brainerd's diary will certainly remain a classic, as a well-composed testimony of a man of action who maintained a fervent and disciplined prayer life" (2006, xii). Edwards accentuates that Brainerd's struggle shows that people can turn to God in times of weakness, whether it be spiritual, temporal, or physical. Even in the midst of illness and biological pain, Brainerd poured out his soul to God in prayer and remained faithful to his missionary call (2006, xii).

While it is possible to demonstrate the love of God in a variety of professions, few career paths better exemplify this concept than nursing. Steve Fouch says, “Of all the professions, nursing has one of the strongest claims to being rooted almost uniquely in the Gospel of Jesus Christ” (2016). Fouch adds that to be Jesus’s disciple, one needs to be involved with what others are experiencing, such as pain and suffering. Nurses ought to be part of helping those who are in need because they are called by God to do so. Moreover, Fouch uses the scripture found in Matthew 25:31-46 that those who call on the name of Jesus will be judged on how they cared for and treated those people who are in need. Fouch is certain that “to care for people in need was to care for Jesus Himself—it was an act of Christian worship” (2016). Nursing truly is serving Christ, as He commands us to care for one another.

Showing care to those in need is the life that was lived out by Jesus. Every time Jesus encountered people who were in need, whether with physical needs like sicknesses, or in emotional distress, or spiritual anguish, He showed empathy. In Mark 8:1-8, He was filled with compassion for a multitude of people and so He fed them. Luke 7:11-15 also shows that Jesus was moved to compassion for the widow who lost her son, then raised this boy from the dead. When nurses give care to their patients, it is like physically caring for Jesus Himself. Nurses will give care not just for the patients' biological needs, nor just for their physiological or social situations, but will also care about the patient’s spiritual needs.

Filipinos' Beliefs on Prayer and Healing

The Filipino expression *bahala na* is one of the characteristic traits of Filipino culture. Gemma Cruz says that *bahala* comes from the tagalog word *Bathala*, a word for God. *Bahala na* has a religious origin in its usage that epitomizes the belief of the Filipinos that God will take care of the things that are beyond their control (2010, 99). That is the reason why Filipinos are known for being prayerful. It has been reported by Filipe Miranda that a study was conducted in the year 2,000 to identify the most prayerful country in the world (2004). The study showed that the Philippines is one of the most prayerful countries in the world, along with Tanzania and Puerto Rico. In each of these countries, eighty-seven percent of the population prayed more than once a week outside of religious services. By comparison, citizens in European countries who regularly pray comprise much smaller percentages, such as in France and Estonia (fifteen percent), Denmark (seventeen percent) and nineteen percent for the southeast European country, Montenegro (2004). Miranda's words are affirmed by Jayeel Cornelio, that being prayerful is deeply embedded in Filipino culture. Cornelio points out that the majority of the Philippine population are Catholic, and that therefore, prayer is a common everyday occurrence and a highly practiced religious activity among Filipinos (2017). Rosario DeGracia strongly agrees with Miranda and Cornelio's claims that Filipinos are prayerful. DeGracia asserts, "Filipinos are deeply religious and God-fearing" (1979, 1412).

Coming from the perspective of Filipino indigenous healers, Virgil Apostol defines prayer as "a holy act to bridge our soul consciousness with the Universal consciousness of the Greater Creator. It strengthens our spirituality as we commune with

this great being" (2012, 102). Apostol adds that through prayer, people can strengthen their belief in God, can thank God for His abundant blessings, can find new answers, and that people can also lift their needs through prayer. Prayer is important both in celebration and in sorrow. Apostol says, "The rituals and ceremonies are incomplete without prayers. When done with full commitment and intention, prayer is indeed a form of communication on a higher vibrational level" (2012, 102).

With regards to healing, many Filipinos believe in the non-medical traditional healers or folk doctors. Filipinos call them the religious leader (*babaylan*), quack doctor (*albularyo*), traditional massage therapist (*manghihilot*), and traditional midwife (*magpapaanak*). These traditional healers are often found active in rural communities and in small urban and suburban neighborhoods. Apostol elaborates further that "many traditional healers in the Philippines regard prayer as a spiritual link to a successful healing" (2012, 103). He presents an example which shows that prayer plays a significant role in healing and is proof that spirituality is involved, together with belief and trust in a God.

Lagman et al. state that for hundreds of years, Filipinos have drawn strength from a wide variety of Christian practices to help them face challenges and hardships in life (2014, 2). Many Filipinos still go to church and pray for God's help and guidance (2014, 2). Filipinos are deeply spiritual people and in difficult times they still believe and pray to God. Even the traditional Filipino healers and their treatment for healing demonstrate a holistic view of the individual, including environmental factors that affect a person's biological, physiological, social, and spiritual well-being.

The Theoretical Frameworks Used in the Study

This thesis uses two frameworks, namely: (1) Nightingale's Theory of Holistic Nursing Care; and (2) Self-Concept Components by Beebe, Beebe, and Ivy. These two frameworks complement each other in that they encourage nurses to hold on to their beliefs as they consider all elements of one's health (biological, physiological, social, and spiritual).

Nightingale's Theory of Holistic Nursing Care

Delivering care in a holistic manner is an important part of professional nursing standards and scope of practice. Florence Nightingale provided a significant contribution to the concept of giving a patient holistic care. Nightingale's writings provide suggestions to nurses on what to do to alleviate the psychological stress of the patient brought about by illness. Nightingale mentions that a nurse can read books or have a conversation with the patient. However, if the patient is too weak to laugh, providing feelings or ideas about nature is also helpful (1860, 86). Moreover, socialization is also crucial to a patient's recovery. Nightingale also advises that in having social interaction with the patient, a nurse should avoid speaking to the patient unexpectedly and rapidly and should not converse while the patients are standing or in motion nor overtake them just to talk to them because it can cause an accident. Instead, the nurse should ask the patient to sit down (1860, 72-73). Lastly, Nightingale believed that spirituality in nursing is also important. She believed that everything that is happening to the patient is according to the will of God, explaining:

> With God's blessing he will recover," is a common form of parlance. But "with God's blessing" also, it is, if he does *not* recover; and "with God's blessing" that

> he fell ill; and "with God's blessings" that he dies, if he does die. In other words, *all* these things happen by God's law, which *are* His blessings, that is, which are all to contribute to teach us the way to our best happiness (1860, 37-38).

During the Crimean War, Florence Nightingale took care of wounded soldiers at Constantinople. Nightingale is often called "The Lady with the Lamp," since she would walk at night holding a light in her hands while checking her patients. Dossey and Keegan point out that Nightingale always emphasized that the biological needs of the patient, including good ventilation and cleanliness, play a significant role in a patient's healing. Dossey and Keegan similarly remark that Nightingale focused not only on the biological healing of the patient but also on the psychological and social dimension. Nightingale frequently took care of the patients' needs at night, giving them letters, and being present at the bedside, providing emotional and interpersonal support. Nightingale acknowledged that a person likewise has a spiritual nature. Thus, listening to the instructions of God, and obeying God's moral ideals is an important part of nursing (2009, 116).

Along with Florence Nightingale, Kristen Mauk and Nola Schmidt also declare that giving holistic care to the patient is important. Mauk and Schmidt believe that "The holistic nursing perspective requires nurses to view each person as a biopsychosocial being with a spiritual core. Each component of the self (physical, mental, social, and spiritual) is integral to and influences the other" (2004b, 2). Charlotte Eliopoulos similarly states, "A comprehensive consideration of health includes all facets of an individual: physical, mental, emotional, social, and spiritual. This whole person view of the individual is what holistic health is all about" (2017, 4). Canfield et al. emphasize that in order to support the holistic needs of the total person, nurses should address the

spiritual aspect (2016, 207). That is because, according to Jors et al., the patients may continue to request prayer as part of their spiritual needs (2015, 1). Talita Prado Simão, Sílvia Caldeira, and Emilia Campos de Carvalho believe that prayer should be included in giving medical care to patients. (2016, 1). The authors explain this further and say, "Prayer is considered a particularly important intervention in spiritual care for those in suffering" (2016, 2).

Riegel et al., reflect on the legacy of Florence Nightingale and describe her contributions to critical holistic thinking in nursing. According to Riegel et al., "It is imperative that nurses apply Nightingale's holistic philosophy and assumptions in nursing, as patients expect compassion, in addition to specialized nurses focused on the totality of human needs" (2021, 4). For Riegel et al., Nightingale's theory is crucial as it fills the knowledge gaps in carrying out holistic care and is helpful for the students and nurses to make accurate, clinically sound decisions (2021, 4). Awalkhan and Muhammad also find that "Although nursing science is progressively advancing with higher degrees of learning, research and invention of suitable technology, Nightingale's caring model is functional in the era globally because her philosophy fits to the basics of nursing and basics remains same" (2016, 100). Awalkhan and Muhammad expounded that even though Nightingale's theory of holistic care was developed more than a century ago, it is still applicable today in caring for the patients undergoing a surgical colostomy (2016, 100). The biological, psychological, social, and spiritual dimensions of the person can all affect one's health. That is why in giving holistic care to the patient, nurses will consider every facet of the person.

Self-Concept Components

Things in life that a person feels strongly about can guide that person in his or her daily life. Beebe, Beebe, and Ivy explain that a person's beliefs constitute his or her understanding of what is true or false (2016, 33). Angela Wolf describes the concept of beliefs using the analogy of the relationship of a tree to its branch. As the branches are connected to the tree, one's personal belief is connected to one's soul (2008, 16). According to Wolf,

> The dense bark of harmony fortifies one's spirituality. The external bark of harmony holds together the older, solidified beliefs as well as fosters the growth of new ideologies and new intimate connections just as the bark of a tree supports the rings of both old and new growth and holds them together. As these truths are congruent with one's soul, these values and beliefs nurture and establish meaning, existence, behavior, and subsequent action (2008, 16).

In giving medical care to patients, it is important that nurses should be aware of their personal beliefs, as these will guide them in their decision making and response to situations. According to the American Nurses Association, nurses should recognize the impact of their personal beliefs in order to deliver care in a way that preserves and protects the patients' rights and dignity (2010, 32-47). Schoenberger et al., point out that a healthcare provider's beliefs are a significant determining factor of one's actions, behaviors, and decision-making in healthcare (2004).

Beliefs of Nurses on Integrating Prayer in Giving Medical Care

This thesis uses two frameworks, namely: (1) Nightingale's Theory of Holistic Nursing Care and (2) Self-Concept Components by Beebe, Beebe, and Ivy. These two frameworks complement each other in that they encourage nurses to hold on to their beliefs as they consider all elements.

Beliefs of Nurses about Prayer for Patients' Biological Needs

Prayer continues to gain attention as a medical intervention because it has a lot of biological benefits. Aru Narayanasamy believes that prayer has healing power and that people in both ancient and modern times generally have acknowledged its effectiveness in improving and promoting good health (2008, 242). Narayanasamy further added that a person's mind and body can be activated by prayer. That is, prayer promotes positive emotions that can stimulate the body to naturally create physical healing by activating the hormones, immune system, and cardiovascular systems. The decreased heart rate and decreased blood pressure then allow the body to heal and promote overall wellbeing (2008, 244). These words from Narayanasamy are supported by Wisdom's dissertation. She found that the nurses who were part of her research believed that prayer is useful in the healing process and that the patients feel much better after praying (2020, 174). Penny Sartori also believes that spiritual care should be applied to people of all ages and the role of nurses in spirituality is crucial not only in treating depression but also in treating diseases such as arthritis, cancer, pulmonary disease, and heart disease (2010). The role of nurses in praying for patients' biological healing can be an important influencing factor to help patients manage their illness. Nurses may be called upon to pray with or for patients as part of holistic care.

Beliefs of Nurses about Prayer for Patients' Psychological Needs

Prayer is considered helpful in providing psychological benefits. In Wisdom's point of view, a nurse should be comfortable talking with the patients about religion, and that includes prayer (2020, 174). However, Wisdom is also aware that nurses sometimes

feel that prayer does not achieve anything for the reason that prayer is a difficult thing to do. Since they are not well trained to offer spiritual care, they often are not comfortable and they do not know how to pray for the patients. Nurses also think that praying for the patients is not relevant to the nursing care, and praying for the patients should only be done by nurses who are religious (2020, 174).

According to Cavendish et al., nurses view prayer as a beneficial tool to offer themselves and the patients with psychological support because prayer has the capacity to remove personal uncertainty, worry, and fear. Cavendish et al. conducted a nonexperimental descriptive study of 1,000 nurses with no limitations regarding age, gender, race, or religious affiliation, and found that nurses who regularly used prayer believe that prayer can enhance their work performance in meeting the needs of the patients and providing quality care (2004, 26). Nurses also remarked that prayer provides them emotional support, guidance, enthusiasm, self-confidence, and self-worth. For these reasons, nurses are able to offer hope to their patients every day (Cadavish et al. 2004, 30). These finding are supported by Melhem et al., who say that providing spiritual care to patients can foster not just physical comfort and enhanced pain management, but also helps decrease anxiety level, reduce depression and suicidal behaviors, and provides a source of peace, strength, and hope for the future (2016, 5). Through prayer, nurses can provide psychological support and help patients change a depressing situation brought about by illness into something with a positive outcome and something new to focus on.

Beliefs of Nurses about Prayer for Patients' Social Needs

A strong religious or spiritual lifestyle characterized by prayer can help foster deeper social interactions with others. Included in a questionnaire of Wisdom are questions about the benefits of prayer for the patients' social needs. Wisdom's research showed that nurses believe that conversational prayer with a patient (together with the patient's family) can help improve the relationship between the nurse and the patient. Also, prayer is a tool that a nurse can use in providing support for the patient and the family (2020, 174). However, some nurses are hesitant to talk about prayer because they do not have the same belief system as the patient or family, or because they cannot find time to pray for the patient or family, or because they view prayer as not suitable in the clinical setting (Wisdom 2020, 174). Nevertheless, according to Tove Giske and Pamela Cone, collaborative work is important in the social life and the healing process of the patient. If a nurse, for example, feels that he or she is uncomfortable responding to the patient's spiritual needs, this nurse can consider consulting other colleagues to come up with a solution regarding who should follow up with ministering to those needs. A nurse may also collaborate with other spiritual specialists and trust that the chaplain can be a patient's partner for conversation and provide support to the spiritual needs of the patient (2015, 2932).

Social support from health care providers is important to the patient suffering from terminal illness. Balboni et al. conducted a study of seventy patients with cancer, 206 oncology physicians, and 115 oncology nurses on the importance of prayer in the setting of life-threatening illness. The results demonstrated that most of the patients and health care providers believe that prayer can strengthen the patient-practitioner

relationship, as prayer can be a potential source of support for patients with cancer. The patients, doctors, and nurses believe that prayer can cultivate closeness (2011, 1-5). Both nurses and patients likely see prayer as an appropriate tool to support the social needs of the patients and their families in addition to encouraging a good nurse-patient relationship. By praying, a nurse can provide for the social needs of the patient and can foster a therapeutic nurse-patient relationship.

Beliefs of Nurses about Prayer for Patients' Spiritual Needs

Prayer is considered to be a non-pharmacological intervention that can be integrated by nurses in giving medical care as it caters to spiritual needs of the patients. Canfield et al. conducted a qualitative study of thirty nurses to know how nurses addressed spiritual needs of critically ill patients. When asked to describe their personal definition of spirituality, the researchers found that forty-seven percent of the nurses believed and emphasized the importance of having a relationship with God and being able to pray to Him (2016, 209). Though the nurses wanted to provide for the spiritual needs of the patient, they lacked the confidence to initiate prayer as part of patient care because of the fear of how this care would be perceived. When nurses were asked about their level of comfort in providing spiritual care to critically ill patients, seventy-five percent of nurses described a sense of discomfort in providing spiritual care and suggested that further education is needed to assist them in providing culturally competent spiritual care (2016, 210). Taylor et al. conducted an online study regarding nurses' opinions and personal religious beliefs about praying with patients. The respondents of the study comprised 445 nurses internationally who frequently visited the

home pages of the *American Journal of Nursing and Home Healthcare Now*. In the study, it was found that less than two percent of the nurses specified that they would never initiate an offer to pray with a patient; seven percent would never self-reveal their spiritual or religious beliefs; and eight to eighteen percent of nurses believe that they should initiate an offer to pray for their patients (2018, 4-9).

According to Marek Jantos and Hosen Kiat, some of the patients' healings link to faith in God. Prayer can also provide peace, joy, hope, faith, trust, and love. Jantos and Kiat acknowledge that, while prayer has an impact on the health and wellbeing of the patients, it should not be a substitute for the patient's treatment (2007, 51-53). Spiritual care interventions by nurses promote a sense of well-being for the nurses and promote positive outcomes for patients. These studies have shown that it is important for nurses to identify the need to include prayer in the clinical setting to meet the spiritual needs of the patients.

Factors that Challenge Nurses in Integrating Prayer in Clinical Settings

There are a number of factors that create challenges to the integration of prayer in the clinical setting. As a result, nurses may be reluctant to explicitly embrace, identify, and integrate prayer into their nursing care practice. In this section, I present information about: (1) the psychological challenges facing nurses who wish to pray for their patients; and (2) the spiritual challenges encountered by nurses who pray for their patients.

Psychological Challenges for Nurses Who Consider Praying for their Patients

Nurses are sometimes psychologically hesitant to pray for their patients for many different reasons. Gorman and Sultan say that nurses feel challenged at the prospect of giving spiritual care to their patients because of a lack of skills regarding spirituality, restriction of time, and fear that they will be criticized by their colleagues (2007, 372). Gorman and Sultan's words are echoed by Mary T. Sweat. Sweat believes that nurses' insufficient time and readiness, their concern for their colleagues' views, and fear in general, present hurdles that cause nurses not to pray or even to avoid conversing about the spiritual aspect of their patients' needs (2013, 182). Additionally, Sweat remarks, "Sometimes, within our spirit, we aren't prepared to pray. The health of our prayer lives is vital to praying for others" (2013, 182). According to Christensen, Cook, and Arnold, in spite of the importance of spirituality in the lives of the patients, when healthcare providers are caught off balance by patients asking to pray with them, they usually feel anxiety and discomfort. This leads them to avoid the topic; believing that it is outside their expertise, they worry whether they are saying the right thing, or that it may cause conflicts of beliefs regarding religion that cause misinterpretation of their spiritual beliefs (2018, 622).

Zumstein-Shaha, Ferrell, and Economou conducted a qualitative study from a total of sixty-two nurses in the United States of America and Switzerland. These nurses were asked about their own responses to their patients' spiritual needs. In the study, it was found that there are nurses who recognize that talking about religious and spiritual issues can be difficult because it is not part of their routine care and is not performed

regularly. Some nurses said that they do not have enough confidence to talk about spirituality, thus, they are hesitant to participate in spiritual care (2020, 4).

Spiritual Challenges for Nurses Who Consider Praying for their Patients

Prayer is one of the spiritual practices that unites the believer's thought with the will of God. Furthermore, many Christians believe that prayer has the power to heal our sufferings. Mary Elisabeth O'Brien says, "How can we as nurses embrace suffering that is not directly ours but that of our patients? We can pray for them. We can pray with them. And we can be present to prayerfully share in their experiences of suffering in life and in death" (2003, 88). O'Brien also points out that in giving holistic care to their patients, nurses are aware that prayer can be a good source of spiritual care for patients. However, in a medical setting, there are many challenges that hinder nurses during the application of prayer. According to O'Brien, nurses are used to accomplishing goals. "They are 'do-ers' rather than 'be-ers.' Therefore, the issue of disruption, dryness, and unanswered prayer are particularly difficult for them to handle" (2003, 93). Mary Ellen Zator Estes says, "There are dangers of prayer in the health care setting. It is possible that a strongly religious nurse or doctor may intimidate or even anger a patient by initiating, asking for, or insisting on a shared prayer" (2013, 186). Ligon Duncan says that people want to pray, or pray better, but struggle (2015).

Due to a lack of knowledge or discomfort in broaching the topic with the patient, spirituality is commonly disregarded in patient care. According to Lewinson, McSherry, and Kevern, spirituality is often overlooked in meeting the needs of patients because of a

lack of understanding of the concept or the nurse's discomfort in approaching the topic with the patient (2015, 806-807). David Jones remarks that a Christian nurse who believes that their profession is a ministry can view themselves as witnesses of God, partners of God, and God's nurses (1993, 75-76). However, some nurses may be caught off guard when patients make a request to pray with them. Elizabeth Johnston Taylor, narrates:

> A New York City-based clinical nurse specialist was having serious complications from major abdominal surgery. She was physically and emotionally exhausted and anxious about not healing. Being Jewish, she thought having her nurse pray for her would be comforting. She was, however, very nervous about asking for prayer. She pondered for some time whether she should ask the nurse. Then she pondered. How she should ask the nurse. When her nurse next came to her bedside (to change an intravenous fluid), my acquaintance asked: "Um, if-if-it is okay with you, would you mind saying a prayer for me?" Her longing for spiritual sustenance and hopeful expectations for finding such with the aid of the nurse were dashed when the nurse appeared to look uncomfortable and stated, "I don't do that." The nurse quickly finished her task and left this bedside opportunity (2012, 1).

The reason that nurses fail to provide spiritual care to patients is because they lack training and expertise in the area of spirituality (Elk et al. 2017). This observation confirms a study conducted by Narayanasamy and Owens. In the study, there were 115 participants who were nurses. The aim was to examine how nurses respond to the spiritual needs of patients. Narayanasamy and Owens concluded that nurses are confused about what to do due to lack of managerial support and lack of training (cited in Wisdom 2020, 58). Other factors that challenge nurses on integrating prayer in giving medical care to their patients are mentioned by Hubbartt et al. (2012), McSherry and Jamieson (2011), and Canfield et al. (2016). These are time constraints, lack of knowledge,

inexperience, personal insecurity, role confusion, lack of guidance, and lack of clear standards regarding praying in practice (cited in Wisdom 2020, 13).

Factors that Encourage Nurses to Integrate Prayer in the Clinical Setting

In this section, the researcher is going to discuss the factors that encourage nurses to integrate prayer in the clinical setting. These areas include: (1) the patients' biological needs; (2) psychological needs; (3) social needs; and (4) spiritual needs.

Benefits of Prayer for Patients' Biological Needs

Prayer continues to gain attention as a medical intervention because it has a lot of physiological benefits. It has been shown among patients with bloodstream infections that a patient who receives prayer has a faster recovery and has a shorter hospital stay (Kutz 2004, 2). There is also a study conducted by Bruce et al. demonstrating that fifty percent more of the people who go to church attain excellent or very good health than people who do not go to church at all. Non-churchgoers experience high systolic blood pressure and high cholesterol while churchgoers have been reported to experience lower risks of diabetes mellitus, hypertension, and arthritis (2017, 5-10). Another study conducted by Beiranvand et al., examined prayer that was used as a non-pharmacological pain management tool among women who underwent cesarean surgery under spinal anesthesia. The research found that prayer had the effect of reducing preoperative and postoperative pain. There were also indications of decreased heart rate, decreased blood pressure, or increase in the immune function (2014, 909-14).

Medical professionals Hsu et al. researched eighty-four participants who are physicians, nurses, licensed practical nurses, and medical assistants. Hsu et al. refer to all the participants of their study as clinicians. These clinicians were asked to give their definition of healing. In the study, nurses define healing as "a pathway between personal sense of illness and wellness, integrating the spiritual, mental, physical, and relational" and "the process of helping an individual achieve a state of wellness" (2008, 309). Nurses personally believe that spirituality is important to facilitate healing. Hsu et al. say, "The task of healing is to recover something lost, to restore the person to his or her former state of health or balance. In many cases, full recovery is possible, such as recovery from an infection or minor injury" (2008, 311). Nurses believe that they are helpers along the way. The combination of getting the best medical care and integrating spirituality such as prayer can lead patients to better physical health. In a study by Koenig and Larson with 4,000 adults, they found out that those adults who attended church services weekly and prayed daily were forty percent less hypertensive when compared to adults who do not pray or attend church services regularly (cited in Narayanasamy 2008, 245). Another study was conducted by Koenig and Larson on 157 adults in the hospital experiencing moderate to high levels of pain. The results of the study show that seventy-six percent of the adults reported that prayer helps them to control pain (cited in Narayanasamy 2008, 245). Research provides evidence to suggest that prayer produces positive effects on a patient's biological health. This evidence can encourage nurses to pray for the sick and rest knowing God can restore health.

Benefits of Prayer for Patients' Psychological Needs

For many people, praying to God is a source of comfort and strength. According to Larry Dossey, praying regularly can be beneficial in preventing mental illness (2011b, 3). Dossey adds "Prayerlike thoughts, offered from a distance, have been demonstrated to increase the healing rate of surgical wounds, and religious faith is associated with faster recovery from surgery" (2011b, 5). Michael Woods believes that prayer can release anxiety, as it is an avenue through which a person can share their heart to God. Woods also believes that prayer can solve problems because God is able to provide solutions to all problems. Prayer can also bring peace of mind as everything will work out fine if a person will just focus on the ability and willingness of God to answer the prayers of His people. Prayer can as well help a person to understand the will of God and that He has a purpose to everyone's life. Lastly, prayer, according to Woods, can convey forgiveness from God so that relationship with Him is restored, and a person can offer forgiveness to others as well (2018). Kristen Rogers cites a study conducted by Bushman at Ohio State University in the year 2011, which found that prayer can help lessen anger and aggression. Prayer can also help reduce stress, loneliness, and fear (2020). Prayer can have numerous psychological benefits to the patients, from self-soothing and self-comfort when one is experiencing pain to providing mental motivation. These benefits can inspire nurses to integrate prayer in the clinical setting. To encourage nurses to pray for their patients, Tove Giske and Pamela Cone says that nurses should open themselves up by being ready and willing to be responsive to whatever the patient is thinking about spirituality. To introduce prayer as one of the spiritual disciplines, a nurse can look for any sign of psychological distress such as restlessness, anxiety, insomnia, or crying.

When psychological signs are identified, the nurse responds with a sense of earnestness by preparing the patients for their spiritual needs (2015, 2930). In Hsu et al.'s study of eighty-four participants who are all clinicians, the participants indicate that they believe that even if the patient will not attain full recovery, their goal as medical practitioners is to reestablish the patient as near as possible to his or her original state. "For example, it is not whether the bones in an injured hand mend properly, but whether the person is able to paint again" (2008, 311). In the situation of a patient with a terminal disease, the clinicians believe that their goal for healing is acceptance and being sympathetic and tolerant (2008, 311). A nurse assisting patients to find meaning in their situation by responding to psychological distress can help the patients to experience hope and peace, thereby meeting the patients' psychological needs.

Benefits of Prayer for Patients' Social Needs

Some patients expect that their healthcare providers take a spiritual approach to their care. According to Dossey, seventy-five percent of patients want the healthcare provider to include spirituality as part of giving medical care, and fifty percent of the patients desire that the healthcare provider not just pray for them but also accompany them in prayer (2011b, 2). Herb Scribner believes that prayer has social benefits. Scribner reasons that praying for a friend or loved one can improve interpersonal relationships with those people, as it makes it less likely that the one praying will seek revenge, but will rather seek reconciliation. Accordingly, prayer as one of the religious practices can help build good relationships with family, friends, and the local church community (2014). Harold Koenig affirms the importance of integrating spirituality into patients'

care because it creates connections with others, and, since spirituality provides positive social traits, it can also be linked with good mental health (2009, 284-85). Nurses who integrate prayer in caring for patients offer social support that is both human and divine, and helps reduce isolation and loneliness. As a nurse herself, Joyce Fitzpatrick states, "Nurses heal through relationship-centered care in which the therapeutic relationship between nurse and patient is paramount and through which the patient is assisted to achieve the balance so critical to health and wholeness" (2003, 117). A nurse praying for patients can provide relationship-centered care and the relationship facilitates healing.

Included in the questionnaire of Wisdom are some of the benefits of prayer for the patients' social needs. According to Wisdom, not only is prayer a means to provide support to the patient, but also discussing prayer with the patient and patient's family can help develop a good nurse-patient relationship (2020, 174).

Benefits of Prayer for Patients' Spiritual Needs

Connie Henke Yarbro, Barbara Holmes Gobel, and Debra Wujcik give tips for praying with patients. According to these authors, nurses have to identify their own beliefs and know if it is proper to pray with a patient, or the nurse can ask if the patient is comfortable and wants to be prayed for. The nurse will also have in consideration the patient's existing condition and assess whether the patient prefers a silent or ritual type of prayer. The nurse will also keep in mind that there are moments when the patient may also want to utter a prayer for the nurse. If this occurs, the authors of the book say, "This can be a very spiritually intimate experience and the nurse should be prepared to receive this gift graciously" (2010, 1808). The last tip is that the nurse shall not use prayer as an

excuse to end an awkward conversation because the nurse shall know that "prayer with a patient can be a springboard for further spiritual caregiving" (2010, 1808). These tips are a useful guide, especially for nurses who wonder whether praying with patients is morally right. These tips will also give encouragement to nurses on incorporating prayer in giving medical care to their patients.

Mary Sweat looks at the biblical perspective by providing scriptures about prayer that can further encourage nurses to pray for their patients. These passages in the Bible reveal the importance of prayer and that God loves when a person prays to Him. Sweat expounds on Colossians 4:3-6, saying that a person's words are seasoned with salt, and one knows how to act in response to others if one will give time to prayer. The apostle Paul instructs us in his first letter to the Thessalonians 5:17 to pray all the time. First Timothy 2:1 reminds us to pray, intercede, and render thanksgiving for the people. Sweat explains that, in the Bible, God responds to the prayers of His people. For example, in Genesis 18:16-33, God answered Abraham's petition to save Sodom if he could find ten good people. When the prophet Elijah challenged the 450 prophets of Baal in 1 Kings 18:36-39, he prayed,

> O LORD, God of Abraham, Isaac, and Israel, let it be known this day that you are God in Israel, and that I am your servant, and that I have done all these things at your word. Answer me, O LORD, answer me, that this people may know that you, O LORD, are God, and that you have turned their hearts back.' Then the fire of the LORD fell and consumed the burnt offering and the wood and the stones and the dust, and licked up the water that was in the trench. And when all the people saw it, they fell on their faces and said, 'The LORD, he is God; the LORD, he is God.' God answered Elijah's prayer. Not only did the sacrifice completely burn up, but the altar burned as well (2013, 182-83).

A person's persistence in prayer pleases God. These verses also provide a clear understanding that nurses will not be limited by physical resources for the recovery of their patients but need to rely on spiritual resources as well, and that is through prayer.

Therese McNair conducted a survey of fifty nursing faculty at a state university who had more than thirty years of clinical experience. According to the participants' demographic information, they are educated, experienced, Catholic, and work closely with their patients in a clinical setting. The purpose of the survey was to identify the perceptions of the nurses about spiritual care and its connection to healing. While one-hundred percent of participants stated that they have provided spiritual care, only forty-seven percent of the nurses personally ask their patients how they could help meet their spiritual needs (2018, 8-9). This shows that nurses acknowledge that inclusion of spirituality is vital in dealing with patients. Jessica Gillespie says that the human body is a unified whole, and if one part is sick, there is a possibility that the other parts will be affected (2010, 9). This can give nurses encouragement to recognize that, no matter what his or her religious beliefs, the spiritual need of the patient should be met, as it is expected for a nurse to provide holistic care to their patients. It could be said that if any part goes uncared for, then the whole person is unwell.

Summary

Prayer is one of the ways in which a person communicates with God and asks for healing. For most Filipinos, prayer is vital in their lives. They have a deep faith in God that healing is possible when treatment is accompanied by prayer. However, there are times that a person's requests for healing will not always coincide with God's response.

Nevertheless, in giving medical care to the patient, a nurse can still rely on the biblical base that God has the power to heal not only the biological, physiological or social pain of the patient, but spiritual ills as well.

Florence Nightingale was one of the first advocates of holistic nursing care. She showed in her hospital work that as part of giving holistic care to the patient, a nurse's great bedside care is important. However, a nurse should consider treating the whole person: biological, physiological, social, and spiritual aspects are all crucial in a patient's overall well-being. For Beebe, Beebe, and Ivy, they are certain that one's belief starts with a person's understanding of what is true or false. A nurse must know that his or her personal beliefs are significant since they serve as determinants of actions and decision-making. There are several factors that present challenges to nurses who consider praying for their patients, but if nurses have a clear understanding of their beliefs in regard to integrating prayer in the clinical setting as a spiritual practice, then they will feel more encouraged to use prayer with their patients as prayer provides biological, physiological, social, and spiritual healing.

In the next chapter, I will discuss the research methodology and procedures of the study.

CHAPTER III

RESEARCH METHODOLOGY AND PROCEDURES

This chapter deals with the strategies that were used in executing the research, including the following: method of study, sources of data, research-gathering procedure, data-gathering instruments, treatment of the data, and feasibility of the study.

Method of the Study

This study merged both qualitative and quantitative methods, relying more on the qualitative, with a minor quantitative component. “Mixed methods research combines quantitative and qualitative approaches by including both quantitative and qualitative data in a single study. The purpose of mixed methods research is to build on the synergy and strength that exists between quantitative and qualitative research methods to understand a phenomenon more fully than is possible using either quantitative or qualitative methods alone” (Gay, Mills, and Airasian 2012, 481). I found mixed methodology fit for this study since the qualitative data finds leverage from the strengths of the quantitative data, and vice versa. This approach helped in providing an in-depth understanding of the beliefs of nurses on integrating prayer in the clinical setting. Also, the mixed-methods approach was most appropriate to this study because it was the best way to avoid biases and bring about the most thorough findings that would meet with the purpose of the present study.

There were specific processes involved in the mixed-method approach. For the qualitative aspect, focus group interviews were conducted, whereas, in the quantitative aspect, I used five-point Likert scale survey questionnaires (see Appendix A).

To guarantee the validity and reliability of this research, the study engaged in the strategies of triangulation and member checks (Merriam 2009, 229). Triangulation was implemented using research tools like FGD and a survey questionnaire. With regards to member checks, after encoding the interview transcripts and survey questionnaires, I returned to the participants to seek confirmation that I had accurately reported their narratives. This was also helpful for me to gain further comments, clarify information, and correct any data and tentative interpretation that had been misinterpreted by the researcher (Merriam 2009, 229).

Sources of Data

The data for this study was taken from the responses of the ten selected Filipino Christian nurses in a FGD and survey questionnaire. The participants were selected from nurses I knew personally and from colleague referral.

For the qualitative method, focus group interviews were conducted. The participants of the study were clustered into four separate groups, i.e., two groups composed of three members each and the other two groups composed of two members each. The participants were put together according to the time most convenient to them. I served as the facilitator for the focus groups. The participants were asked to describe their beliefs and experiences on integrating prayer in the clinical setting by engaging them to answer questions through FGD (see Appendix B for Focus Group Protocol and Guide

Questions). Monique Hennink says that the focus group is an essential tool to be used to identify a variety of perspectives on a research topic and to gain an understanding of the issues from the viewpoints of the participants themselves (2013, 2). Hennink presents several characteristics of the focus group method, which are as follows: because the discussion focuses on specific issues, time is allowed to discuss each issue in detail over a sixty-to-ninety-minute period; there is a predetermined group of people joining in an interactive discussion that have similar backgrounds or shared experiences related to the research issues; groups are usually made up of five to ten participants, depending on the purpose of the study; and a non-judgmental, non-threatening group environment is important so that the participants will feel comfortable and can freely share their experiences and views without hesitation. "The aim is not to reach consensus on the issues discussed but to uncover a range of perspectives and experiences. The questions asked by the moderator are carefully designed to stimulate discussion" (2013, 1-2).

In the quantitative part of the study, survey questionnaires were disseminated. According to Erin Ruel, William Edward Wagner, and Brian Joseph Gillespie, "Survey research is a highly effective method in social and behavioral science research. Well-designed surveys can be extremely efficient and very effective in generalizability (2015, 2). The survey was ideal in this study because the findings on the beliefs of the participants regarding the integration of prayer in the clinical setting were generalizable. A survey was also considered advantageous in this study because it is economical in terms of time. I was able to generate a lot of data within a short period of time. To collect this data, I used a five-point Likert scale. Ankur Joshi and Dinesh Pal suggest that a Likert scale can be used not only to create the stance of the participants per se, but also to

capture feelings, actions, opinions, and beliefs of the participants about the issue under study. During analysis, the scores of all the items in the questionnaire are summed up to generate a composite score (2015, 397-98). In this study, the five-point Likert scale offered the following response options: Strongly Agree, Agree, Uncertain, Disagree, Strongly Disagree.

A purposeful sampling technique was used in the selection of the participants. Michael Patton defines purposeful sampling as a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (2002, 40). Johnnie Daniel defines purposeful sampling as "a nonprobability sampling procedure in which elements are selected from the target population on the basis of their fit with the purposes of the study and specific inclusion and exclusion criteria" 2011, 87). Purposeful sampling was applied in this study because it would identify and select participants that met the criteria of this research.

The participants in this study had to meet several criteria. First, each had to be a Filipino nurse who holds a Philippine birth certificate and a Philippine passport. Second, they had to have received a Bachelor of Science in Nursing (BSN) in the Philippines, and they must have passed the Nursing Licensure Examination (NLE). Third, these Filipino nurses had to be Christians that believe in the deity of Jesus Christ and His redeeming work.

Fourth, they had to have been working in Norway for at least two years, as this is enough time to adjust to a new culture. The last criterion for the selection of the participants is that they had to be willing to participate in the sixty-minute FGD interview and answer the survey questions.

Research-Gathering Procedures

For research-gathering procedures, I followed these steps to achieve the goals of the research.

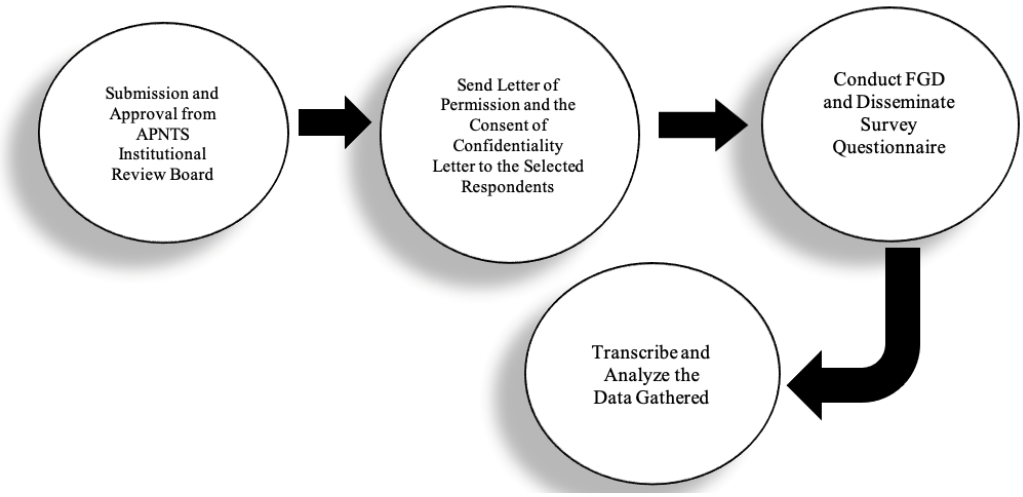

Figure 4. The Process of Data Gathering

The first step was to apply for the approval of the Asia-Pacific Nazarene Theological Seminary's Institutional Review Board before gathering data (See Approval in Appendix C). This was essential for the protection of the rights and privacy of the participants of this study.

The second step was to send letters of permission to the Filipino Christian nurses working in Norway. Included with the letters were the invitation to be part of this study, assurance that their participation would be purely voluntary, a statement requesting permission to record the sixty-minute Zoom interviews for FGD, and a request for confirmation that they would answer the survey questionnaire that explored their beliefs about integrating prayer in giving medical care to their patients (see Appendix D for the Letter to the Participants). The consent of confidentiality letter (Appendix E) was also

sent to the participants through email. The letter informed the participants that they had no obligation and were free to withdraw at any time without penalty, asking them for permission to record the interview, giving them permission to use a pseudonym, and explaining how I would secure the data that I gathered from the FGD and from the survey questionnaire.

The third step was to conduct the FGD. The sixty-minute discussion was conducted on Zoom because COVID-19 travel restrictions made it impossible to conduct on-site face-to-face interviews. Through the Zoom interview, I was able to see and hear the participants. I made sure that the participants of the study were comfortable by securing permission from the participants to record the video call, so they would be able to freely share their beliefs about integrating prayer in giving medical care to their patients. I provided a non-judgmental group environment by encouraging the formation of warm, open relationships between the participants and me, thereby fostering a safe environment, and enabling trust to develop throughout the discussion. I also reminded the participants that confidentiality was a must, and that therefore, whatever we discussed in the group would remain only in the group. The participants of this study shared their beliefs on integrating prayer in the clinical setting while working in Norway.

Through the analysis of the participants' survey questionnaires and FGD, I was able to explore their beliefs regarding the integration of prayer in giving medical care to their patients. I also reminded them that I was going to arrange follow-up online individual interviews if there were parts of the discussion that required clarification. I told the participants as well that they could approach me anytime through email or Messenger if they had questions or clarifications.

Lastly, all the data that was gathered in the FGD was transcribed and analyzed using Max Qualitative Data Analysis software (MAXQDA). All the data that was gathered in the survey questionnaire was analyzed using weighted arithmetic mean. Yadolah Dodge defines weighted arithmetic mean as a "measurement of the central tendency of a set of quantitative observations when not all the observations have the same importance. . . . The weighted arithmetic mean equals the sum of the observations multiplied by their weights divided by the sum of their weights" (2008, 564).

Data-Gathering Instruments

The FGD and survey questionnaire were the main instruments in this study. The questions for the FGD were divided into four sections reflecting the four research questions, including the concepts in the theoretical framework of the study.

The first section was the participants' profile, which included their age, sex, and the number of years working in Norway. This demographic profile only provided background information and was not used as a means of contrasting or comparing data among various respondents.

The second section covered the beliefs of the selected Filipino Christian nurses working in Norway about integrating prayer in giving medical care to their patients in terms of prayer and the patients' biological, psychological, social, and spiritual needs. The statements in this section reflected the items that are specified in the research questions adapted from Wisdom's dissertation (2020, 174).

The third section examined the challenges that the selected Filipino Christian nurses working in Norway experience while integrating prayer in the clinical setting.

Questions in this section were taken from the Chapter II review of related literature discussion that is labeled, “Factors that Challenge Nurses in Integrating Prayer in Clinical Settings.”

Lastly, the fourth section was about the perceived factors that encourage the selected Filipino Christian nurses working in Norway to integrate prayer in the clinical setting. The questions in this section were based on the concepts adapted from Narayanasamy and Narayanasamy 2008 (cited in Wisdom 2020, 11) specifying that prayer may help the patients’ physical aspects, emotional aspects, inner feelings, and relationships.

Treatment of Data

All questions in the FGDs were conducted in English but the participants were allowed to answer in Filipino (Tagalog) or Norwegian. Although the participants can speak English fluently, using the language that the participants are most comfortable with allowed them to freely express their feelings, thoughts, and experiences. According to Lindquist, MacCorback, and Shablack, using one’s own language helps individuals use concepts to make meaning of on-going sensory perceptions and helps a persons communicate better about their feelings, situations, and behaviors (2015, 1, 9). However, all of the data was transcribed and any non-English responses were translated into English.

The review of related literature and studies was also used as secondary data in the study. In analyzing and interpreting the FGD answers and survey questionnaire, I used the information from the review of related literature and studies to give more light on the

findings. After transcribing the FGD and survey questionnaire answers, I "coded" the participants' words, phrases, and sentences from the FGD transcripts following the coding that Johnny Saldana recommends, which is "in vivo" coding. In the in vivo coding, the word or short phrases are directly taken from the participant's own language with the use of quotation marks (2012, 4). Then, I presented the coded themes using MAXQDA software and interpreted the data in light of the research questions to explore the beliefs of these nurses regarding the integration of prayer in giving medical care to their patients. The survey questionnaires were analyzed using the weighted arithmetic mean.

The main objective of this study was to explore the beliefs of Filipino nurses working in Norway regarding the integration of prayer in their medical practice. This chapter presented the methodology and the procedures of the research. The next chapter is the presentation, analysis, and interpretation of the data.

CHAPTER IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This current study is about the beliefs of selected Filipino Christian nurses working in Norway regarding the integration of prayer in the clinical setting. Presenting, evaluating, and interpreting the information obtained from FGD and survey questions is the aim of this chapter. Pie charts are used to display the results regarding the demographic profile of the participants. Since this demographic profile only provides background information, it will not be used to contrast or compare data among different participants. The various sections of this chapter incorporate participant interview responses as well as relevant literature. Using MAXQDA software, the researcher will display the coded themes. The weighted arithmetic is used to analyze the survey questionnaire. To preserve the participants' privacy in the study, all names that appear in the quotation and interview transcripts are pseudonyms.

Demographic Characteristics of the Respondents

This section discusses the first research question, which says: "What are the demographic characteristics of the selected Filipino Christian nurses working in Norway in terms of gender, age, and number of years working in Norway?" The researcher selected the participants using purposeful sampling. According to Tongco, "The purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within"

(2007, 147). With the nurses' years of experience working in a culture different from theirs and their level of education, the researcher believes that the selected participants are knowledgeable enough in their areas of expertise, and thus fit the criteria of this research.

The pie charts below present the demographic profile of the selected Filipino Christian nurses working in Norway who participated in this study. They are categorized into the following: gender, age group, and number of years working in Norway.

Gender of the Respondents

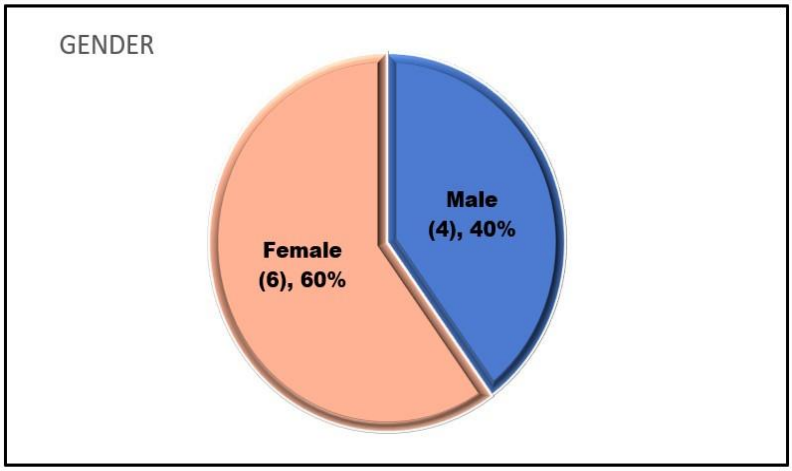

Figure 5. Research Participants' Gender

Figure 5 shows that there are ten respondents in this study. The gender composition of the respondents is sixty percent female and forty percent male. According to Straiton, Ledesma, and Donnelly, the majority of the immigrants from the Philippines heading to Norway are women who work as nurses (2018, 2). This study confirms what Straiton, Ledesma, and Donnelly observed.

Age of the Respondents

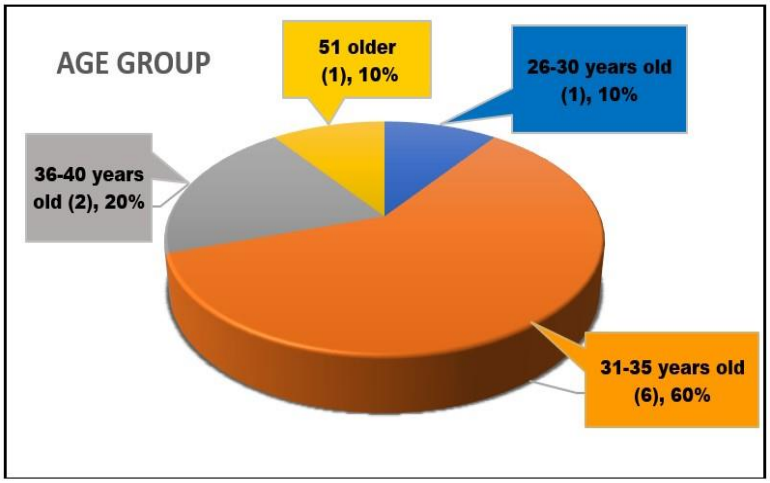

Figure 6. Research Participants' Age

As shown in Figure 6, the highest percentage of age group in this study was thirty-one to thirty-five years old with a percentage of sixty percent. Between April and September of 2021, the highest percentage of overseas Filipino workers was between thirty and thirty-four years old (Statista Research Department 2023). The second highest percentage age group in this study was in the age group between thirty-six and forty years old (twenty percent), and both the age group twenty-six to thirty years old and fifty-one or older had a percentage of about ten percent.

Number of Years Working in Norway

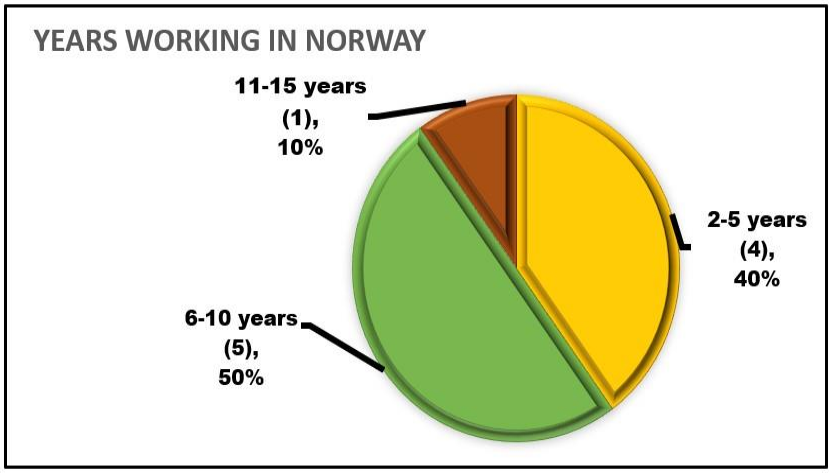

Figure 7. Research Participant's Years Working in Norway

Figure 7 shows that amongst the ten respondents, half of them (fifty percent) had been working in Norway as a healthcare provider for six to ten years, followed closely by the participants with two to five years of experience (forty percent) and only one (ten percent) of them had been working in Norway for eleven to fifteen years. These finding parallels what Vaughn, Seeberg, and AGotehus reported in "Statistics Norway," that there were 1,117 Filipino nurses employed in Norway in 2016, and eighty percent of them had been there for more than eight years (2020, 193-94).

Summary of the Demographic Profile of the Respondents

Table 1. Summary of The Respondent's Demographic Profile

Name	Gender	Age Group	Number of Years Working in Norway
Ross	Female	32	4 years
Jad	Male	33	More than 2 years
Lyn	Female	34	More than 4 years
Marc	Male	36	8 years
Karen	Female	30	6 years
Eve	Female	35	11 years

Vissia	Female	51	8 years
Bobby	Male	33	9 years
Butch	Male	35	2 years
Kate	Female	39	8 years

In summary, the gender demographic profile of the respondents shows that there are more female respondents than male respondents (six females and four males). Regarding age, I noted in Chapter III that the respondents had to have worked in Norway for at least two years, as this allowed them to acclimate to a new culture. Only one respondent was in her fifties, and the other respondents were in their thirties. The respondents' employment in Norway ranged from two to eleven years, as required for this study.

Beliefs of the Selected Filipino Christian Nurses in Relation to Integrating Prayer in Giving Medical Care

This section discusses the second research question which says, "What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's biological, psychological, social, and spiritual needs?" First, I interpreted the data from FGD using MAXQDA. Then, for the survey questionnaire, I used weighted arithmetic mean.

Prayer and the Patient's Biological Needs

This section answers research question two (sub-problem a) which says, "What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to

integrating prayer in giving medical care to their patients in terms of prayer and the patient's biological needs?"

For the quantitative part of the data, I collected the responses of the participants using the questionnaire of Wisdom (2020, 174). Table 2 illustrates the beliefs of the selected respondents concerning prayer and the patient's biological needs.

Table 2 presents the results of the weighted arithmetic mean (X). The respondents provide the following responses: "Strongly Agree (SA)," "Agree (A)," "Uncertain (U)," "Disagree (D)," or "Strongly Disagree (SD)."

Table 2. Weighted Arithmetic Mean for the Respondents' Beliefs on Prayer and the Patient's Biological Needs

Statements on prayer and Biological Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	Weighted Arithmetic Mean (X)	Qualitative Interpretation
1. Prayer is useful in patients' physical healing	8	2	0	0	0	4.8	Strongly Agree
2. I feel better after praying	9	1	0	0	0	4.9	Strongly Agree
Overall Average						4.85	Strongly Agree

Table 2 illustrates that among the ten respondents, eight of them indicated that they "strongly agree" with the statement, "Prayer is useful in patients' physical healing" and two respondents rated "agree." The mean computation is four point eight which means that the qualitative interpretation for this statement is "strongly agree." The overall average for these statements is four point eighty-five or "strongly agree." Figure 8 below substantiates this finding. In the FGD that I conducted, five participants indicated that

"prayer produces healing." Prayer is a powerful healer, according to Narayanasamy, and its benefits in enhancing and promoting health have been recognized by people in both ancient and modern times (2008, 242).

The second statement in Table 2 says that "I feel better after praying." In computing the weighted arithmetic mean, the qualitative interpretation is four point nine or "strongly agree." All ten respondents reported that they feel better after praying according to the data gathered from the respondents during the FGD.

> Ross: "I feel so much better because after praying alam mo yung na renewed yung strength mo." (English: I feel so much better because after praying you know that your strength is renewed).
>
> Kate: "I feel better and secure because I know God hears me and He will answer my prayer. If I pray, I know that something good will happen."

According to Narayanasamy, "Praying can activate a person's mind and body, that is, positive emotion is the result of prayer" (2008, 244). The MAXQDA map below (hereafter referred to as Maxmap) shows the beliefs of the respondents on prayer and patient's biological needs (see Figure 8).

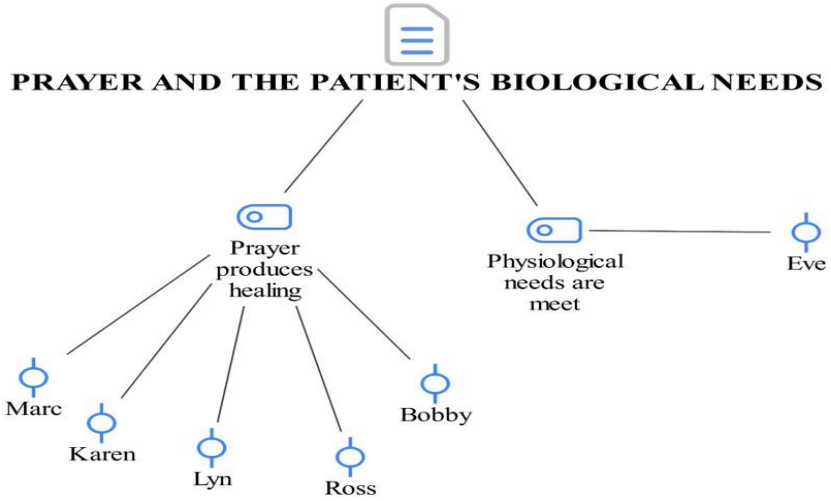

Figure 8. The Respondents' Belief on Prayer and the Patient's Biological Needs

First, respondents Marc, Karen, Lyn, Ross, and Bobby indicated that "prayer produces healing" for a patient's biological health. If prayer is included in taking care of the patients, Marc believes that healing is possible. In the FGD, the following are their responses:

> Marc: "Naniniwala ako na mas malakas ang healing kapag may prayer na kasama." (English: I believe that healing is powerful when it is coupled with prayers).
>
> Karen: "Ilang beses na akong nagpray for my patient at nakaka-recovery sila." (English: I experienced many times that I prayed for my patients and they recovered).
>
> Lyn: "I believe in the power of prayer, so I believe that through prayer the patients can achieve healing."
>
> Ross: "Powerful actually ang prayer pagsinamahan natin ito nang faith it would really produce healing." (English: Prayer is powerful, if we couple it with faith it would really produce healing).
>
> Bobby: "My patient has Percutaneous Endoscopic Gastrostomy (PEG), the Feeding tube in the stomach, and saw that there was a lot of blood coming out of the PEG. The patient is also on the respirator and the patient's face was so pale. The nurses called for an ambulance, I held the PEG and covered it with clothes, and then I just prayed, Jesus, Lord Jesus, heal this man, Lord. I prayed repeatedly. After a minute or two I removed the clothing, and the bleeding stopped. The patient's skin slowly was coming back to normal. When the ambulance came, the patient was stable. I told my patient, 'see, Jesus heals you!'"

All of these nurses testified how prayer produces healing. In their experience as health practitioners, they witnessed God's intervention when they called upon Him.

Second, the patient's "physiological needs are met" when a healthcare provider prays for their patients. Eve shares:

> I have a young patient. They cannot determine her case but they said that she is schizo. My colleagues are afraid to approach her and give her a drink because there was an instance in which she poured water on the face of my workmate. But I told myself that there is nothing impossible for God. One time I

> saw her lying on the bed, the bed rails up. I felt pity because she didn't have food or drink. I prayed, "Lord, I need Your presence to go with me so that she can eat and drink and she can experience You." I gave her food and water; she was so hungry and thirsty."

The selected respondents believe that prayer produces healing in their patients and that the physiological needs are met, like food and drink. Countryman emphasizes that God desires for His people to come to Him in prayer, and that He always listens to our prayers (2013, 5). Thus, the selected Filipino Christian nurses believe that they can approach God knowing that He will hear their prayers for physical healing.

Prayer and the Patient's Psychological Needs

This section discusses the answers to research question two (sub-problem b) which says: "What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's psychological needs?"

Table 3 displays the results of the weighted arithmetic mean. There are four statements based on Wisdom (2020, 174) that describe the beliefs of nurses on prayer and the patients' psychological needs.

Table 3. Weighted Arithmetic Mean for the Respondents' Beliefs on Prayer and the Patient's Psychological Need

Statements on Prayer and Psychological Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	Weighted Arithmetic Mean (X)	Qualitative Interpretation
1. Prayer provides psychological benefits to the patient	9	1	0	0	0	4.9	SA
2. Praying for patients healing is an easy thing for me to do	4	4	2	0	0	4.2	A
3. I am comfortable seeing other nurses praying for their patients	9	1	0	0	0	4.9	SA
Overall Average						4.6	SA

Statement one (as shown in Table 3), "Prayer provides psychological benefits to the patient," received nine "strongly agree" responses and one "agree" response from the respondents. The statement's mean score was four point nine, indicating that "strongly agree" is the qualitative interpretation of this statement and the four point six overall average, indicating "strongly agree." The findings are supported by Figure 9 below. Within the FGD, eight participants indicated that "Prayer provides psychological benefits to the patient, that is, peace and hope for healing. Cadavish et al. believe that because prayer can dispel personal uncertainty, worry, and fear, it is viewed by nurses as a useful tool for providing psychological support to both themselves and the patients (2004, 26).

Statement two says, "Praying for patients' healing is an easy thing for me to do." There are four respondents who "strongly agree" with this statement, four who "agree," and two who are "uncertain." This statement has a mean of four point two and a qualitative interpretation of "agree." According to the data gathered from the respondents during the FGD, Jad believes personally that prayer is an easy thing to do because it acts

as his weapon in times of uncertainty. He said, “Prayer is like my weapon in my pocket every time I don’t know what to do.” Ross believes that if you are used to praying, it would be easy. She stated, “Basta nasanay ka na mag pray it would be easy.” (English: If you are used to praying, it would be easy). For Lyn, praying for her patients’ healing is as easy as breathing. She asserted, “Yes, parang as easiest as breathing. I can easily pray for the patients healing, hindi lang kapag may emergency but right there and then.” (English: Yes, like as easy as breathing. I can easily pray for the patient’s healing; it is not only during an emergency, but right there and then). However, Karen is uncertain because she believes that while it can be simple at times, particularly when working with fellow Christians, it can be challenging most of the time when praying with patients. She admitted, “There are times na easy lalo na kapag kasama church mates pero most of the time mahirap kapag kasama ang patient.” (English: Sometimes it is easy especially when with churchmates, but most of the time it is difficult when with patients).

Statement three says, “I am comfortable seeing other nurses praying for their patients.” The mean of this statement is four point nine, indicating that the qualitative interpretation of this statement is “strongly agree,” with nine out of ten respondents answering “strongly agree” and one respondent answering “agree.” Based on information obtained from respondents in the FGD, Jad was comfortable seeing his colleagues pray for their patients because he believes that the power of prayer increases when multiple people participate. He shared, “It is very reassuring that it is not only you praying kasi yung power of praying diba pag dalawa or tatlo all the more powerful.” (English: It is very reassuring that it is not only you praying. When two or three of you pray, your prayer is all the more powerful). It is also Jad’s belief that having a colleague who prays

with him encourages him to be bold in his prayer for his patient because he knows that someone else is doing the same “It’s very encouraging to work in a place where your colleague prays as well, and it gives you more boldness to pray for patients knowing that someone is praying with you.” Similarly, Eve frequently witnessed her coworkers praying for the patient, which was an encouraging sight for her. Eve responded, “Yes, maraming instances na rin lalo na yung mga baguhan on fire sa prayer kaya I take it as an inspiration pag mayrun akong nakikitang colleague na nagpipray.” (English: Yes, there are a lot of instances that those who are new at work are on fire in terms of prayer. That is why I take it as an inspiration to see my colleague praying). Nurses reported that prayer gives them emotional support, direction, enthusiasm, self-confidence, and self-worth, according to Cadavish et al.’s nonexperimental descriptive study of 1,000 nurses (2004, 30).

Based on the respondents’ statements during the interview, the researcher was able to use Maxmap to record the respondents’ beliefs. Figure 9 illustrates that the respondents believe that prayer has offered psychological benefits to their patients, such as “peace of mind,” “hope for healing,” and the nurses have to “assess patient’s beliefs” when deciding to pray for them to avoid conflicts.

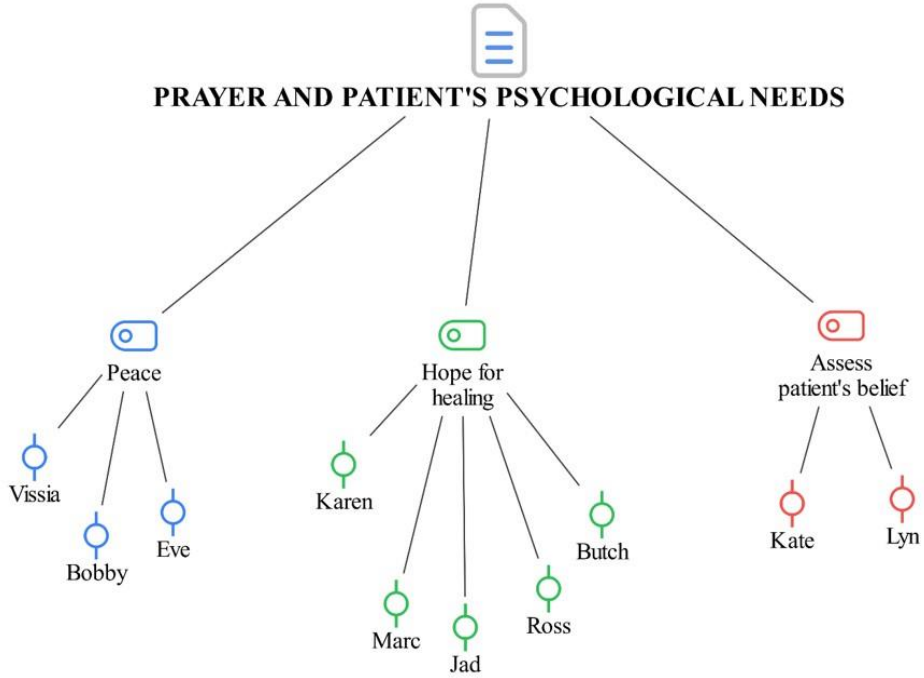

Figure 9. The Respondents' Belief about Prayer and the Patient's Psychological Needs

God desires for His people to stop worrying and turn to Him in prayer. Philippians 4:6 says, "Do not be anxious about anything, but in everything by prayer and pleading with thanksgiving let your requests be made known to God." According to Lyda, bringing our tangled thoughts to God can be a transforming spiritual practice. No matter what our current circumstances are, He will unravel our anxious thoughts and weave a powerful thread of peace-giving communication with us (2019, 5). Vissia describes how she used prayer to help her dementia patient go to sleep peacefully. She shared,

> Mayrun akong pasyente na 102 years old, ano na siya dement. Tuwing gabi, nahihirapan daw siya humiga. Nagpipray ako hanggang maging ok na siya and at peace then ihihiga ko siya sa kama. Ang sabi nga nang mga kasama ko, hirap na hirap daw sila sa kanya, pero ako, never akong nahirapan sa kanya. (English: I have a 102-year-old dementia patient. Every night he has difficulty sleeping. I pray silently until he becomes okay and at peace; then, I can put him to bed. My

> colleagues say that the patient is a challenge for them. However, for me, it is not that difficult).

Bobby also talks about how, in his experience, prayer helps a patient become less anxious and more at peace. He shared,

> This one patient, anxious siya palagi, but through continuous prayer at pakikipag-usap doon sa pasyente, nag lessen yung anxiousness niya, at mayrun na siyang peace. There is something psychologically na nagyayari sa pasyente. (English: This one patient is always anxious, but through continuous prayer while having a conversation with the patient, the anxiety lessens, and there is peace. Something happens to the patient psychologically).

Eve, who was in the same focus group as Bobby and Vissia, believes that through prayer a patient can feel at peace, and that this does not require the patient to be medically dependent on drugs. She explained,

> Through prayer, yung pasyente hindi na kailangang medically dependent siya sa gamot, hindi na kailangan nang Sobril dahil relax and na siya. When you prayed you are at peace na kasama mo si Lord. (English: Through prayer, it is not necessary for the patient to be medically drug dependent, and there is no need for the patient to take Sobril to relax. When you pray, you are at peace that the Lord is with you).

Nightingale asserts that all patient events are in accordance with God's will, and with His blessings, a patient can experience healing (1860, 37-38). Thus, there is hope that God can heal when we pray to Him; this is what Karen believes. She explains,

> Ou, nagbibigay ito nang psychological benefit, mentally kasi nag bibigay ito nang hope. Whenever I pray for them, for example parang nagkakaroon sila nag light, yung kunting liwanag na may pagasa pa akong gumaling dahil mayrun pang isang Nilalang na kaya kang pagalingin. (English: Yes, it gives psychological benefits because it gives them hope. Whenever I pray for them, it seems like they have a light, a little glow that there is hope that they will be healed because there is Someone that heals).

In contrast, Marc believes that a patient's hope for healing and psychological support from prayer is only beneficial when the patient and the nurse hold similar

religious beliefs. He elaborates, “Kung pareho sa religious beliefs natin napakalaking tulong psychologically sa kanila yun dahil ito yung ngbibigay sa nila ng hope na gagaling sila.” (English: It is a great help psychologically if you have the same religious beliefs because it gives them hope that they will be healed). Jad recalled an encounter with his patient, who came to the realization that there was hope for healing and that there was no reason to be sad. Jad states “I remember patient B told me that there is no time for him to be sad when he prays because he knows that he is not alone and has hope to be healed.” Equally, Ross thinks that prayer can help patients psychologically because it can give them hope for healing if they understand God’s will and purpose for their life. She says, “I do believe na mag kakaroon ang patient ng hope basta alam nila na nandiyan si Lord. Ang prayer is may effect sa kanila psychologically, pag alam nila ang purpose at will ni Lord sa buhay nila.” (English: I do believe that the patient will have hope as long as they know that the Lord is there. Prayer has psychological effects on them if they know the purpose and will of the Lord in their lives). Despite his personal belief in the psychological advantages of prayer, Butch acknowledges that some of his patients do not share this belief. He says, “Ako naniniwala ako, pero ang ibang pasyenti hindi naniniwala.” (English: I do believe, but some patients do not believe). However, he had an encounter where he prayed for a patient who believes in the Lord and felt hopeful about recovering because someone was encouraging him, “Actually, mayrun naman akong na share-an at pinagpray na naniniwala siya sa Panginoon, so gumaan yung feeling niya, nagkaroon ng pagasa na gumaling kasi mayrun daw someone na nag encourage sa kanya.” (English: Actually, there is someone that I prayed for and this person believes in

the Lord and felt so much better and has hope for healing because there was someone who encouraged him).

While Lyn and Kate believe in the psychological benefits of prayer for the patients, they are also certain that it is important to assess the patient's beliefs to avoid conflicts. There are deep psychological reactions to conflict, such as fear, rage, and aggression, can result in irrational, impulsive, and uncontrollable behavior (Falconer and Bagshaw 2009, 2). Lyn says, "I believe that prayer has an effect psychologically for the patients, but we are very careful here because beliefs are a big issue in Norway. You still need to assess your patients' beliefs when you decide to pray for them, to avoid conflict." Conflicts occur when opposing viewpoints refuse to compromise and find common ground (Caudle 2010, 97). Kate also thinks that the patient's and the family's wishes should be respected because Norwegians are very particular about their personal space. Thus, a nurse cannot impose his or her beliefs upon them. Kate explained, "Kasi yung mga Norwegian particular talaga sila sa personal space, so you need to assess their beliefs and respect kung anu ang gusto nang family at nag patient. You cannot push your own will para sa kanila." (English: Because Norwegians are really particular about personal space, you need to assess their belief and respect what the family and the patient want. You cannot push your own will for them). It validates the information found in Chapter II which Herland revealed, that, despite the majority's belief in God, faith in Norway is not given any weight in the training of professionals such as nurses or psychologists. Ninety-three percent of those surveyed said that they found it regrettable that there was absolutely no emphasis placed on religious faith during their studies (2020, 129). Berman et al. offer a set of recommended rules for moral behavior in spiritual caregiving that a

nurse can adhere to. One of these is that a fundamental comprehension of the patient's spiritual needs, resources, and preferences is something that a nurse ought to assess (2014a, 1122). Nurses may unethically impose personal spiritual beliefs on patients. Healthcare providers' understanding of their patients' spiritual beliefs is an important feature of patient-centered care. Thus, assessing the patients' spiritual beliefs may be helpful in preventing conflict between the nurse and the patients.

In summary, all ten respondents believe in the psychological benefits of prayer, including "peace of mind" and "hope for healing." Nonetheless, despite the psychological benefits of prayer, a nurse should still "assess the patient's beliefs" before deciding to pray for them and honor the patient's and family's desires in order to prevent conflicts.

Prayer and the Patient's Social Needs

This section discusses the answers to research question two (sub-problem c) which says: "What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's social needs?"

The weighted arithmetic mean's results are shown in Table 4. The views of nurses regarding prayer and patients' social needs are outlined in five statements, which are based on Wisdom (2020, 174).

Table 4. Weighted Arithmetic Mean for the Respondents' Beliefs on Prayer and the Patient's Social Needs

Statements on Prayer and Social Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	Weighted Arithmetic Mean ($\underline{X}$)	Qualitative Interpretation

1. The nurse-patient relationship will improve if both the nurse and the patient discuss prayer regardless of their religious beliefs	6	1	2	1	1	4.2	Agree
2. Time restrictions are one of the reasons why some nurses DO NOT pray for their patients	1	4	1	3	1	3.1	Uncertain
3. Praying in the clinical setting should be avoided because the patients or family may not share the same faith or beliefs systems as the nurse	1	2	1	4	2	2.6	Disagree
4. I am NOT comfortable in addressing religious issues with patients or families	0	2	1	6	1	2.4	Disagree

5. To pray with patients or families at my workplace is an inappropriate thing to do	1	1	1	3	4	2.2	Disagree
Overall Average						2.9	Uncertain

Table 4 reveals the answers of the respondents to statement one, “The nurse-patient relationship will improve if both the nurse and the patient discuss prayer regardless of their religious beliefs.” Six respondents answered “strongly agree,” one answered “agree,” two answered “uncertain,” one answered “disagree,” and one participant answered “strongly disagree.” The mean of this statement is four point two and the qualitative interpretation is “agree.” Figure 10 below supports the findings. In the FGD, the majority of participants agreed that regardless of the patient's religious beliefs, the nurse-patient relationship will improve if both parties discuss prayer. This accords with Nightingale’s assertion (1860, 72-73) that social interaction with the patient can result in healing.

Statement two was, “Time constraints are among the reasons why certain nurses choose not to offer prayers to their patients.” The respondents’ answers were one “strongly agree,” four “agree,” one “uncertain,” three “disagree,” and one “strongly disagree.” The overall average is two point nine, and the statement has a mean score of three point one. “Uncertain” is the qualitative interpretation. Based on the FGD, Karen is “uncertain” because nurses deal with a variety of patients in a variety of settings. Karen articulated, “Uncertain ako kasi iniisip ko ang iba, kung sa akin ay madali ay baka sa kanila hindi kasi iba-iba naman kami ng lugar na pinag tatrabahuan at iba iba din ang

mga pasyente na handle naming." (English: I am uncertain because I think about others. Even if it is easy for me, maybe it is not for them because we have different places of work, and the patients we handle are also different). Wisdom believes that some nurses are reluctant to discuss prayer because they do not share the same beliefs as the patient or family, or because they are too busy to spare time for prayer (2020, 174).

One respondent indicated "strongly agree;" two, "agree;" one, "uncertain;" four, "disagree;" and two, "strongly disagree" when answering Statement three, "Praying in the clinical setting should be avoided because the patient's family may not share the same faith or belief systems as the nurse." The statement's mean is two point six, indicating that the qualitative interpretation is "disagree." Based on the FGD, the majority of respondents believe that prayer in a clinical setting should not be avoided even when the patient or family does not have the same faith or set of beliefs as the nurse. The FGD responses are:

> Vissia: "Hindi pa rin dapat e avoid pwedi ka naman mag pray silently. Marami kaming pasyenti na Muslim, e diba yung belief nila ay iba kaya wala tayong magagawa. Pero pwedi pa rin tayo mag pray personally." (English: You still should not avoid it, you can pray silently. We have many Muslim patients, but their beliefs are different so we cannot do anything. But we can still pray personally).

Bobby responded that, in the event that the patient or their family decline his offer to pray for them, he will still offer private prayers. Bobby said, "Not avoided, I will ask if ok lang ba na ipag pray sila kung ayaw then I pray for them privately." (English: Not avoided, I will ask if it is okay to pray for them. If they do not want this, then I pray for them privately). Like Bobby, Jad also asks if he can pray for the patient or the family

because he likes praying together with the patient. In the event that the patient or family decline, he offers a silent prayer at that point. Jad expressed:

> Sa akin kasi, I like praying together with the patient kaya ina-ask ko sila nang question minsan na 'Okay lang ba sa inyo na mag pray tayo?' If not, then I started praying for them silently. Sometimes ang mga pasyente impatient sila diba so, yun pag nag decline ang pasyente or ang parents nila, eh I would start praying silently. (English: For me, I like praying together with the patient, that is why sometimes I ask them a question, "Is it okay for you that we will pray?" If not, then I start praying for them silently. Sometimes they are impatient, right, so if the patients or their parents decline, I would start praying silently).

Because you can pray in silence, Eve views prayer as a nurse's weapon. For this reason, prayers should not be avoided. Eve remarked, "Hindi naman siya kailangan e avoid kung pwedi mo naman siyang gawin na hindi kailangan sabihin vocally because para sa akin weapon pa din natin yun. Kaya it is a necessity and should not be avoided." (English: There is no need to avoid it if you can do it without having to say it vocally because for me that is still our weapon. So, it is a necessity and should not be avoided)." One can be confident that the person we are praying for is loved by God when we take the time to pray for them (Suchocki 1998, 51).

Statement four, "I am NOT comfortable in addressing religious issues with patients or families" has a mean score of two point four, with two respondents responding "agree," one responding "uncertain," six responding "disagree," and one responding "strongly disagree." The qualitative interpretation of this statement is "disagree." Based on the FGD, a majority of the respondents are comfortable in addressing religious issues with patients or families. Since Lyn is a well-known Christian at work, her patients often seek her advice. Lyn elucidated, "I am known as Christian sa workplace din, friend ko sila sa Facebook that's why alam nila yung activities ko. Sometimes if they have a

problem, they come to me and ask for advices." (English: I am known as a Christian in the workplace. They are my friends on Facebook, and that's why they know my activities. Sometimes if they have a problem, they come to me and ask for advice). Due to his transparency, including his personal beliefs, during his job interviews, Jad feels comfortable talking to the patient and their family about religious issues. Jad commented, "Yeah comfortable ako, pag interview sa work inilahad ko lahat eh para maging comfortable ang pag tatrabaho ko." (English: Yeah, I am comfortable. During the job interview I reveal everything, so that I will be comfortable at work). Similar to Jad, Ross declares her faith in Christ at the time of her employment interview. Given her understanding of her position as a Christian, she feels at ease discussing religious issues. Ross said, "Yeah, I am comfortable kasi unang-una pa lang nung pinatawag na ako for interview sinabi ko na talaga, I am a Christian." (English: Yeah, I am comfortable. When I was called for an interview, I told them that I am a Christian). Berman et al. assert that nurses should consider their own beliefs and how these might influence their thinking and decision-making (2014b, 90).

Statement five is, "To pray with patients or families at my workplace is an inappropriate thing to do." One respondent chose "strongly agree" with this statement, one chose "disagree," one chose "uncertain," three chose "disagree," and four, "strongly disagree." The mean score is two point two, indicating that "disagree" is the qualitative interpretation. This supports the FGD's finding that the majority of participants believe it is appropriate to pray with patients or families at work. Marc believes that doing so in the workplace is appropriate. He said, "Para sa akin nga appropriate dahil napakalaking tulong sa pasyenti dahil ito yung nagbibigay sa kanila nang hope na ma heal sila at

maging calm sila. Sa amin hindi pinagbabawal ang pag pi-pray sa kanila, walang sinasabing bawal at wala ding sinasabing huwag gawin yun." (English: For me, it is appropriate because that helps patients a lot. It gives them hope that they will heal and become calm. For us, it is not forbidden to pray for them, nothing says it is forbidden and nothing says not to do that). Vissia thinks it is acceptable to pray for patients at her place of employment. She explained, "Hindi naman inaaproppriate sa amin yung ipag-pray kasi yung mga priest ang pinapupunta sa mga patient para ipagpray sila (It is not inappropriate in my workplace to pray for patients because there are patients who ask the priest to come and pray for them)." According to Wisdom's research, prayer is a tool that nurses can use to support patients and their families in the workplace (2020, 174).

The Maxmap below (Figure 10) shows the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's social needs. The respondents mentioned that if the nurse and the patient talk about prayer regardless of their beliefs, then the "relationship improves."

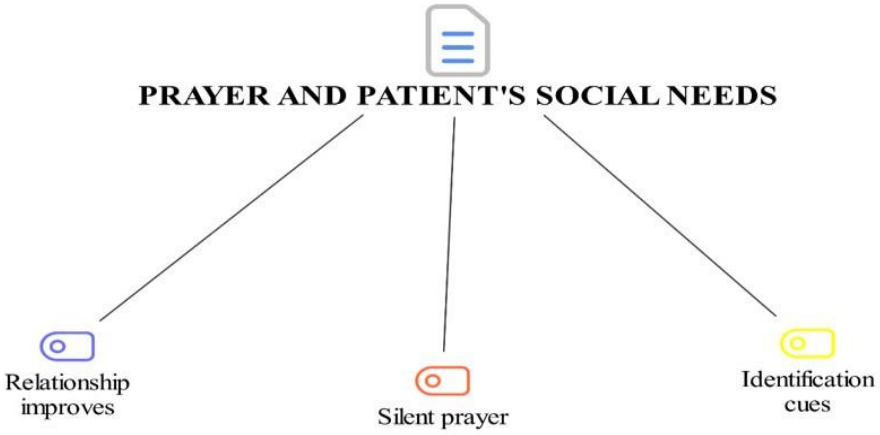

Figure 10. The Respondents Beliefs about Prayer and the Patient's Social Needs

According to Ross, the "relationship improves" if a nurse and a patient discuss their beliefs and manage to get along. Ross added, "There is a special connection that you cannot explain. Especially if your beliefs are different, and then you and the patient still get along, our relationships with our patients will improve." In order to help her patient channel her anxiety toward the Lord, Lyn said she is now beginning to talk to her patient about prayer and faith. As a result, the patient opens up and shares more about her personal struggles, and as a result their relationship improved. Lyn explained, "I believe na kapag pinagusapan ang prayer with the patient ay mas mag improve ang relationship kasi nga mas mag open yung personal din niyang piangdadaanan. Like what I am doing with my patient now. I am in the process of introducing prayer and about the Lord, so the patient will talk more about herself." (English: I believe that when prayer is discussed with the patient, the relationship will improve more because the patients will talk more about themselves. Like what I am doing with my patient now. I am in the process of introducing prayer and talking about the Lord, so the patient will talk more about herself). Considering that eighty percent of Bobby's patients have already had a conversation about prayer, he is convinced that regardless of the patient's beliefs, the nurse-patient relationship will improve if both parties talk about prayer. According to Bobby:

> In my case, only eighty percent of them that I converse about prayer. I believe it helps. For example, I have the patient up to now, when he first came into the institution, he is very aggressive. One time, I was assigned to him, and he show me a middle finger, but I told him, "Even if you do that to me, I will continue to pray and take care of you no matter what." From that time on he treated me differently. I told him, "Instead of saying a curse word, just say "God bless you." If there are other patients, I will ask him, "What did I teach you?" he will answer, "God bless you." And we started talking about prayer. Now we are friends and he didn't hurt me."

The respondents also mentioned the words “pray silently.” Jad assesses the patient's beliefs before praying because he is aware that Norwegians are sensitive to religious differences. When the patient disagrees, he prays silently. He uttered, “They are sensitive here about beliefs that is why we should assess first before praying. There is one time that my patient disagreed so much but I continued praying silently.”As the Lord has the power to open someone’s heart to what is right, Ross also thinks that without having to explain or argue with the patient about their Christian beliefs, a nurse could pray in silence. She said, “It doesn’t need to be avoided, even if you have differences of beliefs, because you can pray for them silently that the Lord will open their heart to what is right.”

Understanding patients’ ‘‘identification cues” regarding their readiness for prayer is crucial to meeting their social needs. Vissa feels at ease discussing the patients’ religious views when she observes that they are accepting of different viewpoints. She said, “Depende sa pasyente, may mga pasyente kasi kami na hindi sila comfortable din kaya mahirap mag open up. Pero pag nakikita mo na sila ay open minded comfortable ako na mag address sa religious beliefs.” (English: It depends on the patient. We have patients that are not comfortable about it, so it is difficult for them to open up. But if you see that they are open-minded, I am comfortable addressing their religious beliefs). Similarly, in the case of Eve, if her patient begins to contrast her care for them, that is the cue she is waiting for to introduce them to God. Eve stated, “Mayrun akong cue na hinihintay,kapag ang patient mag start na siyang mag compare, ‘bakit ganyan ka? Bakit iba yung the way ka mag care, morning and evening routine?’ Yun na yung cue ko tsaka na ako magsasabi na ‘because I believe in God.’” (English: I have a cue to wait for when

the patient starts to compare, saying, ‘Why are you like that? Why is the way you show care different, morning and evening routines?’ That’s my cue to say, ‘Because I believe in God’). Conversely, Kate looks for cues in the patient’s room, such as a Bible, a picture of Jesus, or a cross, before discussing prayer with her patient. She said, “Hind ko kaagad binu-brought up ang prayer, because sa Norway iba yung culture. I’ve seen lots of Norwegians they do not believes in Jesus, but if I’ve seen Bible sa kanilang room, I ask them ‘oh do you believe in Jesus?’ minsan nagsasabi ako nang verses sa Bible at nagiging start siya nag conversation. Minsan nakikita ko yung picture nang cross or picture ni Jesus, then nagkakaroon ng connection sa patient.” (English: I do not immediately bring up prayer, because the culture is different in Norway. I have seen lots of Norwegians who do not believe in Jesus, but if I have seen a Bible in their room, I ask them, ‘Oh, do you believe in Jesus?’ Sometimes I say verses from the Bible and this starts a conversation. Sometimes I see a picture of a cross or a picture of Jesus, and then I have a connection with the patient).

In summary, the respondents agree that the nurse-patient “relationship improves” if they talk about prayer irrespective of their religious views. Since prayer is an important factor in patients’ social need, it should not be avoided, even if the patients or their families do not share the nurse’s beliefs because a nurse can “pray silently.” In order to establish a common connection with patients, it is imperative to understand their “identification cues” regarding their readiness for prayer.

Prayer and the Patient's Spiritual Needs

This section discusses the answers to research question two (sub-problem d) which says, "What are the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's spiritual needs?

The weighted arithmetic mean's results are shown in Table 5. With an overall average of two point four, which indicates that the qualitative interpretation is "disagree," four statements based on Wisdom (2020, 174) summarize nurses' views regarding prayer and patients' spiritual needs.

Table 5. Weighted Arithmetic Mean for the Respondents' Beliefs on Prayer and the Patient's Spiritual Needs

Statements on Prayer and Spiritual Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	Weighted Arithmetic Mean ($\underline{X}$)	Qualitative Interpretation
1. When I pray, God listens	9	1	0	0	0	4.9	Strongly Agree
2. Prayer is a religious act that is only applicable in the church setting; it is NOT appropriate in the clinical setting.	0	0	1	3	6	1.5	Strongly Disagree
3. The spiritual needs of the patient are the responsibility of the chaplain or pastor. It is NOT the responsibility of the nurse	0	2	0	3	5	1.9	Disagree
4. Praying with patients is ONLY	0	0	0	4	6	1.4	Strongly Agree

for those who are religious							
Overall average						2.4	Disagree

Table 5's first statement, "When I pray, God listens," receives nine "strongly agree" responses and one "agree" response from respondents. With a mean of four point nine, this statement can be qualitatively interpreted as "strongly agree." In the FGD, all ten respondents stated that they believed God listens to their prayers. Lyn believes that God listens because of who God is. Lyn explained, "You know who your God is. You know that He is omnipresent, He is present all the time, anywhere, wherever you are; you know that He can hear you." Butch and Ross believe God listens and desires the best for us. Butch articulated his reasoning, saying, "Proverbs 16:9, sinasabi dito sa Kaniyang mga salita, we can make our plans but the Lord determine our step. Ano man yung pinag pray natin, God listen and He has the ultimate plan, mayron pa rin siyang pinaka the best na ibibigay sa atin." (English: In Proverbs 16:9, it is said in His words, we can make our plans, but the Lord determines our steps. No matter what we pray for, God listens and He has the ultimate plan, He still has the best to give us). Ross says the Bible gives us assurances from the Lord that He hears us, even though He sometimes takes a while to answer. She said, "If nag babasa po tayo nang Bible there are promises of the Lord that He hears us, even though na minsan delayed yung sagot. Pero, He hears and He will answer it in a right time, in His perfect will." (English: If we read the Bible, there are promises from the Lord that He hears us, even though the answer is sometimes delayed. But He hears and He will answer it at the right time, in His perfect will). Karen reasons that there are three different ways that God responds. At different times, God responds to

your requests with “yes,” “no,” or “wait.” She stated, “Ang sagot nang Panginoon ay hindi lang ‘yes,’ pweding ‘no,’ or ‘maghintay ka.’ So, naniniwal ako na sumasagot Siya.” (English: The Lord’s answer is not just ‘yes’ but it can be ‘no,’ or wait.’ So, I believe that God [always] answers). Eve is of the opinion that we shall witness signs, wonders, and miracles because God always hears our prayers and answers them when we seek Him out. She declared, “Yes. Signs, miracles, and wonders ma experience natin because ang Panginoon naman ay He always responds kapag sini-seek natin Siya and when we pray, He answers.” (English: Yes. We will experience signs, miracles, and wonders because God always responds if we seek Him, and when we pray, He answers). Vissia related how, since moving to Norway, nearly every request she has prayed for has been answered. She expressed, “Ou naman, simula nang napunta ako dito sa Norway halos lahat nang aking panalagin ay Kanyang tinagon. Hindi Siya nagkulang sa amin sa araw araw na andito kami sa Norway. Naranasan naman nating lahat na mahirap mag umpisa dito sa Norway at ang panalagin ang ating sandata sa panahong iyon.” (English: Yes, of course. Since I came here to Norway, almost all my prayers are answered. Every day, He did not refuse anything while we are here in Norway. We all experience how hard it is to start here in Norway, and prayer is our only weapon during those times). Kate also shared that she was alone when she first arrived in Norway, but that after ten years, the Lord heard her prayers and she now has a family, a job, and has accomplished a lot. Kate recounted:

> Ten years ako dito sa Norway, wala akong family dito as in alone ako noon nung dumating ako sa Norway, ang pinanghahawakan ko lang always is yung prayer. Umabot ako nang ten years, nagkaroon ako nang family, may work ako, marami na rin akong na achieve. Prayer lang talaga kasi it is depressing to live and work abroad. I think sa lahat nnag nagyari sa buhay ko, dininig nang Lord ang lahat

> nang prayers ko kasi andito pa rin ako hanggang ngaun, bless pa rin ako in so many ways. (English: I have been here in Norway for ten years. I did not have a family here, as I was alone when I came to Norway, and the only thing I held on to was always prayer. I have reached ten years here, and now I have a family, and I have a job. I have achieved a lot because of prayer since it is depressing to live and work abroad. I think with everything that happened in my life, the Lord heard all my prayers because I am still here now, I am still blessed in so many ways).

Sweat emphasizes that in the Bible, God answers His people's prayers. For instance, God granted Abraham's request to save Sodom in Genesis 18:16-33, provided he could find ten righteous people. Similarly, in 1 Kings 18:36-39, the prophet Elijah faced off against the 450 prophets of Baal (2013, 182-83).

The second statement reads, "Prayer is a religious act that is only applicable in the church setting; it is NOT appropriate in the clinical setting." Of the respondents, one said, "uncertain," three said, "disagree," and six said, "strongly disagree." The mean response was one point five, meaning that "strongly disagree" has a qualitative interpretation. In the FGD interview, Marc is uncertain because prayer is not a common practice in his place of employment. He voiced his thoughts saying, "Ito yung pinakamahirap na tanong palagay ko dahil sa ngayon hindi ginagawa yan sa clinical settings eh, mas nagagawa siya sa church." (English: This is the most difficult question, I think, because right now that is not done in clinical settings, it is mostly done in the church). However, according to Vissia, prayer is appropriate not only in church but also at work, as one will come across individuals from different religious backgrounds there. She said, "Pwede gawin sa work ang prayer hindi lg ito applicable sa church. Kasi may ibat ibang religion na ating nakakasalamuha sa work at lahat naman sila nag pi-pray and we can pray for them in our own personal way." (English: Prayer can be done at work, it is not only applicable at church [This is] because there are different religions that we meet at work, and they all

pray, and we can pray for them in our own personal way). The term ‘religion’ is gradually disappearing from Eve’s vocabulary because, she believes that if Jesus is our Savior, prayer ought to be a way of life whether in church or at work. Eve explained:

> Nawawala na yung religion na word sa akin. Kapag naniniwala na tayo na si Jesus ay ating Savior dapat prayer should be our lifestyle hindi lang sa church but especially kapag nasa work tayo hindi dapat natin iniiwan si Lord. (English: The word ‘religion’ is not in my vocabulary anymore. When we believe that Jesus is our Savior, prayer should be our lifestyle, not only in church, but especially when we are at work. We should not leave the Lord).

According to Jones, Christian nurses who see their work as a ministry can see themselves as God’s partners, God’s witnesses, and God's nurses (1993, 75-76). For this reason, prayer can be incorporated into the clinical setting and not just in the church setting.

Statement three, “The spiritual needs of the patient are the responsibility of the chaplain or pastor. It is NOT the responsibility of the nurse.” Two respondents “agree,” three “disagree,” and five “strongly disagree.” The qualitative interpretation for this statement is “disagree,” with a mean of one point nine. This supports the data from figure 11 Maxmap, which shows that five respondents believe that the nurse should care for the patient’s spiritual needs.

Statement four, “Praying with patients is ONLY for those who are religious.” This statement has a mean of one point four, and the qualitative interpretation is “strongly disagree,” with four respondents answering “disagree” and six responding “strongly disagree.” Based on the FGD interview, a majority of the respondents believe that praying with patients is not only for those who are religious. Anyone who believes in God or in the efficacy of prayer, in Lyn’s opinion, can pray with the patients. She

declared, “Prayer is not only for those who are religious. I think anyone who does believe in God or in the power of prayer can pray with the patients.” Bobby also believes that anyone can pray and prayer is how we connect with God. Everyone should pray. Bobby stated, “No, anyone can pray. Prayer is for anyone who needs it. Prayer connects us to God and we use prayer to help them connect to God.” Kaye thinks that although it is for everyone, a nurse also has to determine whether patients are willing to discuss prayer. She asserted, “It is for everyone but you have to know also kung open ba sila doon.” (English: It is for everyone, but you also have to know if the patients are open about prayer). Butch is certain that prayer is for everyone and we pray for everyone, including those who do not believe in God. He responded, “No, disagree ako diyan, para sa lahat naman ang prayer eh, even yung mga unbelievers nga pinag pray natin.” (English: No, I disagree with that. Prayer is for everyone; even for the unbelievers, we pray for them). Given that the respondents believe that prayer is for everyone, it lends credence to the assertions made by Yarbro, Gobel, and Wujcik that praying with patients can provide them a foundation for further spiritual care (2010, 1808).

Figure 11 demonstrates that Butch, Marc, Ross, Jad, and Lyn believe the “nurse’s responsibility” includes praying for patients, while Kate believes that the chaplain has this duty. However, Karen and Vissia believe that “prayer is personal” because a nurse works with people from different religious backgrounds.

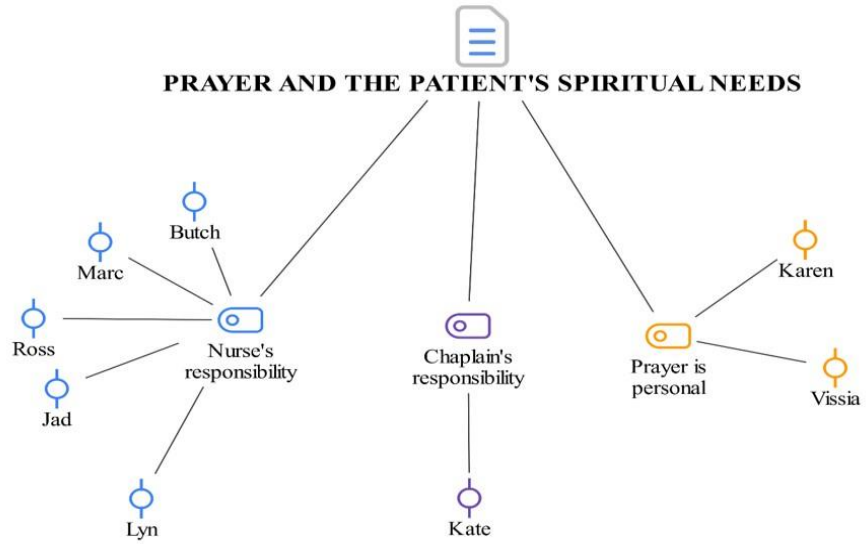

Figure 11. The Respondents' Belief on Prayer and the Patient's Spiritual Needs

Providing patients with holistic care is a duty of nurses. Butch still thinks it is the nurses' responsibility to pray for their patients, even though he acknowledges his limitations in providing spiritual care. He said, "Obligation natin yan eh na ipanalangin sila. Ako masasabi ko na I failed sa aspeto nayun. Hindi naman kasi madali eh, challenge siya para sa akin." (English: It is our obligation to pray for them. I can say that I failed in that aspect. It is not easy; it is a challenge for me). Given that prayer is not a common practice in Marc's place of employment, and that the pandemic was currently underway, he thinks it is the responsibility of a nurse to start incorporating prayer into their work as it is beneficial to the patient. He remarked, "Para sa akin ito yung time na e include natin ang prayer sa trabaho dahil sa nararanasan natin na pandemic parang ang laking tulong niya sa mga pasyenti." (English: For me, this is the time to include prayer at work because of the pandemic we are experiencing. It seems to be of great help to the patients). Given that Christians have a calling to share with others, particularly the significance of

prayer, Ross thinks that Christian nurses who would like to incorporate their beliefs on prayer should not just rely on the chaplain. Ross stated:

> If we could incorporate our beliefs regarding prayer to our patient hindi lamang natin ito pwde iasa sa chaplain because we Christians nurses, we have a calling as well, we have a great mission na mai-share din sa iba yung ating faith, especially the importance of prayer. (English: If we can incorporate our beliefs regarding prayer to our patients, we should not just rely on the chaplain because we Christians nurses, we have a calling as well. We have a great mission to share our faith, especially the importance of prayer).

Jad believes that Jesus Christ is our high priest. As such, we can pray for the patient at any time. If the patient needs prayer and the chaplain is miles away, Jad can pray right away. He expressed:

> High priest natin si Jesus Christ, so we can pray for the patient anytime at bilang isang Christian if I was put in the situation that the chaplain are miles away and the patients need prayer, I can pray right there and then. (English: Jesus Christ is our high priest, so we can pray for the patient anytime, and, as a Christian, if I were put in the situation that the chaplain were miles away and the patients needed prayer, I could pray right there and then).

Lyn believes that if you are a Christian, you should know what you are called to do, and that praying for the patient is not just for the chaplain. According to her, nurses have more opportunity to pray for their patients regarding their needs because they are with them constantly. She claimed, “Kung alam mong Christian ka, alam mo what you are called for. Actually, we are given the opportunity to reach out for our patients kasi tayo ang kasama nang patients lagi. We know them better than the chaplain.” (English: If you are a Christian, you should already know what you are called for. Actually, we are given the opportunity to reach out for our patients because we are always with the patients. We know them better than the chaplain).

Assisting the sick, whether at home or in the hospital, is one of a chaplain's many responsibilities. Because they are trained in this field, Kate feels that chaplains should be responsible for attending to the spiritual needs of their patients rather than nurses. Their comprehension is deeper, and they are better able to communicate beliefs to the patient. Kate explained:

> Kasi yun kasi yung profession nila diba? Mas in depth yung kanilang understanding at tsaka mas nai-explain nila sa patient when it comes to belief, kasi yung nurses kasi nakikinig lang din tayo sa pastors. But I don't think it is the nurse's responsibility yung wholeness nang spirituality nang patient kasi nurses can pray but sometimes yung mga patients they have questions also that we cannot answer, so e direct natin sila sa tamang persons that can explain thoroughly kasi yun ang field talaga nila, yun yung pinag aralan talaga nila. (English: Because that's their profession, right? Their understanding is more in-depth, and they can explain better to the patient when it comes to belief because nurses also listen to pastors. About the wholeness of the patient's spirituality, I do not think it is only the nurse's responsibility because nurses can pray but sometimes the patients have questions also that we cannot answer, so let us direct them to the right persons that can explain thoroughly because that is the field they studied).

Because one will encounter people of various religious backgrounds at work, Vissia believes that prayer is a personal thing. She said, "Kasi may ibat ibang religion na ating nakakasalamuha sa work, so we can pray for them in our own personal way." (English: There are different religions that we meet at work, and so, we can pray for them in our own personal way). Similar to Vissia, Karen thinks that prayer is not just a religious act that happens in a church but can also be used in a clinical setting because a nurse can pray in private for their patient every day. She said, "Prayer is important at hindi lang siya bastang religious act sa church ito ay pwde din sa clinical setting kasi we can pray personally every day para sa patient." (English: Prayer is important, and it is not just a religious act in the clinical setting because we can pray personally every day for our

patient). Praying for one another is a powerful way for us to bear one another's burdens. Cindy Trimm says that even when we pray for others, God already knows what we need. Therefore, intercession involves more than just asking for what you want and demanding an answer. Our prayers not only receive an answer, but we also become the answer (2018). These Filipino Christian nurses working in Norway pleading with God for their patients' healing is an expression that they value their patient's spiritual needs.

The respondents believe that although nurses have limitations in providing spiritual care to the patient in the clinical setting, it is still the "nurse's responsibility" to pray for their patients, especially during the time that the pandemic was underway. The nurse should be responsible for the patient's spiritual needs in addition to the chaplain because Christian nurses have a calling to share with others, particularly the significance of prayer. Similarly, because nurses spend a lot of time with their patients and thus have a better understanding of their needs, they have more opportunities to pray for them based on those needs. On the other hand, one of the respondents believes that "it is the chaplain or pastor's responsibility" to attend to the spiritual needs of the patients rather than the nurse because they are trained in this area. The respondents also expressed the thought that "prayer is personal," meaning that since there are different kinds of religions that a nurse may encounter in a clinical setting, nurses may choose to pray personally for their patients and can do it every day.

Beliefs of the Selected Filipino Christian Nurses on the Challenges of Integrating Prayer in the Clinical Setting

In this section, the participants respond to the third research sub-problem, which says: "Based on the experiences of the selected Filipino Christian nurses working in

Norway, what are the challenges of integrating prayer in the clinical setting?" I calculated the weighted arithmetic mean (X) for the survey questions and MAXQDA software to analyze the FGD data.

Table 6 displays this weighted arithmetic mean. Based on Wisdom (2020, 174), four statements summarize nurses' perspectives on the challenges of implementing prayer in the clinical setting. This table's overall average is four point zero, meaning that "agree" is the qualitative interpretation.

Table 6. Weighted Arithmetic Mean for the Respondents' Beliefs on the Challenges of Integrating Prayer in the Clinical Setting

Statements on Prayer and Spiritual Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	$\underline{X}$	Qualitative Interpretation
1. Proper training in the area of spirituality would make it easier for nurses to integrate prayer in clinical settings	5	5	0	0	0	4.5	Strongly Agree
2. Prayer is part of the nursing care routine that SHOULD be performed regularly	2	7	1	0	0	4.1	Agree
3. Some nurses DO NOT have enough confidence to integrate prayer in the clinical setting because they still have unanswered prayers	0	5	2	2	1	3.1	Uncertain
4. Spiritual dryness can hinder nurses from giving spiritual care to their patients	4	6	0	0	0	4.4	Strongly Agree
Overall Average						4.0	Agree

The first statement in Table 6 is, “Proper training in the area of spirituality would make it easier for nurses to integrate prayer in clinical settings.” Five respondents answered “strongly agree,” and five responded “agree.” The weighted arithmetic mean is four point five, and the qualitative interpretation of “strongly agree.” This validates the information from Figure 12, which indicates that according to three respondents, one of the challenges in integrating prayer in a clinical setting is a lack of spirituality training.

For the second statement, “Prayer is part of the nursing care routine that SHOULD be performed regularly,” two respondents chose “strongly agree,” seven responded “agree,” and one responded “uncertain.” With a mean of four pint one, “agree” is the qualitative interpretation. In the FGD the following are their responses:

> Ross: “For me, it must be really included in the routine of nurses to pray for their patients because prayer can really bring healing to our patients.”
>
> Marc: “Dapat maging part siya dahil wala naman mawawala sa pasyente kung e-include mo siya, bukod ay mas madadagdagan pa ang tulong mo sa pasyente.” (English: It ought to be a part of the nursing care routine because the patient has nothing to lose if you include it, besides, your help to the patient will increase even more).
>
> Karen: “Mas ok na e include regularly kasi ano siya two-way siya hindi lang sa pasyente pati ikw nagkakaroon ng benefit sa prayer pag part siya nag routine at ginagawa regularly.” (English: It is better to include it regularly because it is not only for the patient’s benefit, but you [the nurse] can also benefit from it when it is part of a routine and done regularly).

Simão, Caldeira, and Campos de Carvalho believe that prayer ought to be a part of medical care since it is regarded as a significant spiritual intervention for the suffering (2016, 1-2). However, given that discussing religion at work or in school will likely result in criticism in Norwegian culture, Kate is unsure if prayer is a necessary component of nursing care and whether it should be done regularly.

> Kaye: “I don’t think so. Kasi sa school nga eh they get criticized if they talk about religion, it should be at home. So, madami tayong critique when it comes to integrating it sa work regularly.” (English: I do not think so. Because at school they get criticized if they talk about religion, it should be done at home. So, we will have a lot of criticism when it comes to integrating it into work regularly).

The third statement in the survey says, “Some nurses DO NOT have enough confidence to integrate prayer in the clinical setting because they still have unanswered prayers.” This statement has a mean score of three point one and a qualitative interpretation of “uncertain,” with five respondents responding “agree,” two expressing “uncertain,” two “disagree,” and one “strongly disagree.” This supports the assertion in Figure 12 made by Karen and Butch, that some nurses lack the confidence to incorporate prayer into the clinical setting because their prayers remain unanswered.

For the fourth statement, “Spiritual dryness can hinder nurses from giving spiritual care to their patients,” four respondents “strongly agree” and six respondents “agree.” The mean response on this statement is four point four, with “strongly agree” being interpreted qualitatively. This supports Figure 12 below, as five respondents expressed their belief that spiritual dryness can prevent nurses from providing patients with spiritual care.

During the FGD, the respondents highlighted numerous challenges to integrating prayer into the clinical setting, as depicted in Figure 12 below. These include “differences of beliefs,” “the language barrier,” “lack of proper training on spirituality,” “unanswered prayer,” “spiritual dryness,” and “time restrictions.”

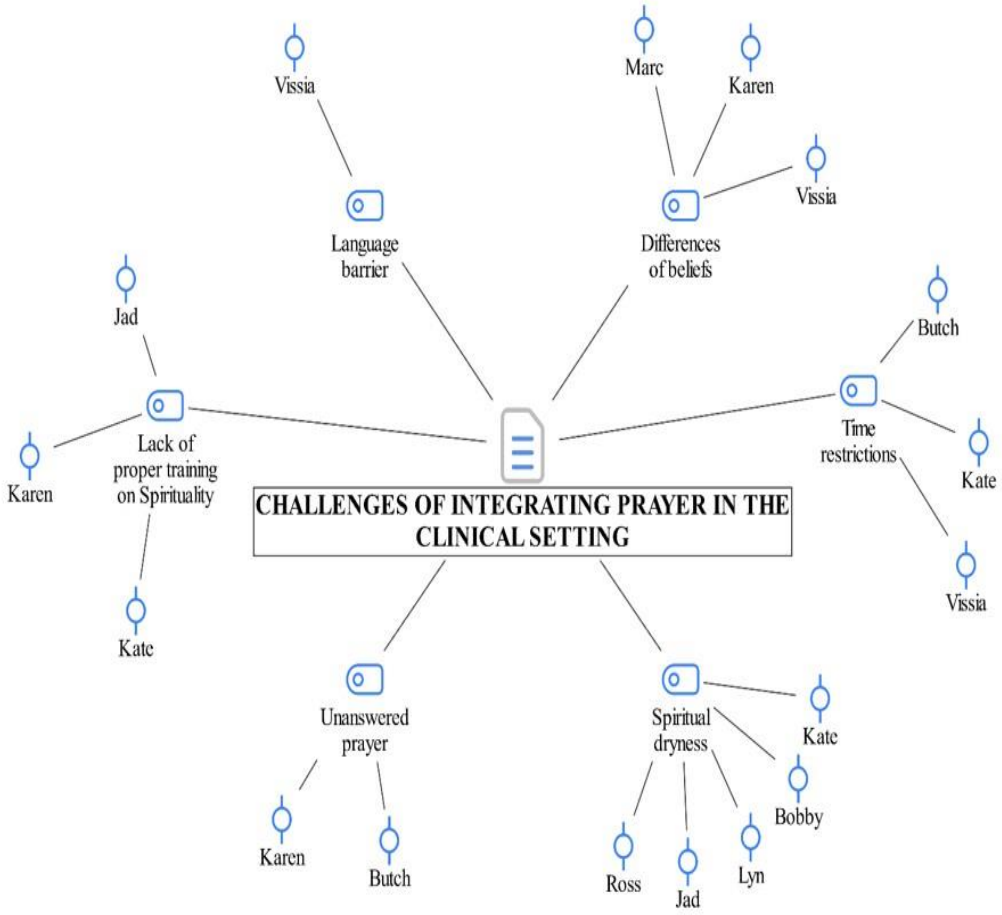

Figure 12. The Respondents' Beliefs regarding the Challenges of Integrating Prayer in the Clinical Setting

First, respondents Marc, Karen, and Vissia mentioned "differences of beliefs" as one of the challenges to integrating prayer in the clinical setting. The following are their responses:

> Marc: "Sa akin kasi pag pinag usapan yung prayer madalas nagiging misunderstanding lang on both side dahil sa differences of belief." (English: For me, when we talk about prayer, it often leads to misunderstandings on both sides because of the differences of belief)."

> Karen: "Dahil sa magkaiba ang paniniwala minsan imbes na naguusap lang kayo nagkakaroon na nag argument at hindi nagiging maganda ang resulta sa pasyente mo." (English: Because of the differences in beliefs, sometimes instead of just talking, they end up arguing and the result is not good for your patient).

> Vissia said that since the Norwegians only believe in themselves, it is forbidden to insist on our beliefs with them. She explained: “Bawal e insist yung belief natin sa mga Norwegians kasi nag tatanong din ako minsan sa kanila at mostly sa kanila hindi naniniwala sa Diyos, ‘Jeg tror for min selv,’ sabi nila palagi, naniniwala sila sa sarili nila.” (English: It is forbidden to insist on what we believe in to the Norwegians because I also ask them sometimes, and mostly, they do not believe in God. They always say that they believe in themselves).

The respondents encounter challenges due to "differences of beliefs"; in order to deliver patient-centered care, they have to recognize their own personal convictions regarding the inclusion of prayer in their work. According to the American Nurses Association, in order to provide care that upholds the patients’ rights and dignity, nurses must be aware of the influence of their own personal beliefs (2010, 32-47).

Second among the challenges in incorporating prayer in the clinical setting, Vissia also mentioned the “language barrier.” She claimed, “Sa Pinas madali lang diyan mag incorporate nag prayer, pero dito sa Norway mahirap dahil sa language barrier. Mahirap talaga e-explain sa kanila eh.” (English: There in the Philippines, it is easy to incorporate prayer, but here in Norway, it is difficult because of the language barrier. It is very challenging to explain to them). In line with Morrison et al. they stated that while prayer and religious belief may aid in a person’s ability to cope . . . problems with language can aggravate the situation (2005, 47). While nurses are open to incorporating prayer into their work, sometimes there are obstacles due to language barriers.

Third, the respondents believe that the “lack of proper training on spirituality” is another challenge. Elk et al. note that nurses’ incapacity to offer patients spiritual care stems from their lack of spirituality-related training and experience (2017). Based on the FGD, here are the responses of Jad, Karen, and Kate:

> Jad: "Pag walang proper training bigla-bigla ka na lang nag rurush 'cge e pray kita!' tapos may mangyayaring awkwardness between you and the patient, hindi na sila maging open sayo." (English: If you do not have proper training, all of a sudden you rush to say, 'Okay, I'll pray for you!' Then there will be awkwardness between you and the patient, and they won't be open to you anymore).
>
> Karen: "Mas maganda na may training tayo sa prayer before we go to our patients para mas confident tayo to pray at alam natin kung anu nag isasagot natin." (English: It is better that we have training in prayer before we go to our patients so that we are more confident to pray and we know how to answer them correctly).
>
> Kate: "If nurses are well equipped to know different ways to approach different kinds of patients, maybe it will help to get to know God better and integrate prayer in the workplace."

Fourth, "unanswered prayer" is also a challenge. According to Karen, if the Lord sometimes says "no" to our prayers, it can have an impact on you and cause your faith in Him to fade, which in turn lowers your confidence to pray. She remarked:

> Kunwari No ang answer ni Lord nagkakaroon nang effect sayo kasi nanghihina yung belief mo sa Panginoon, so bumababa din ang level of confidence mo para ma share mo yung prayer. (English: If the Lord's answer is "no," it seems to affect you because your belief in the Lord is weakening, so your level of confidence to pray also decreases).

In Butch's opinion, we are occasionally shaky right away when we have second thoughts about our prayers. He said, "Sometimes when we have doubts about our prayer, we are immediately shaken." According to Abbott, the feeling of those who feel betrayed by their prayers going unanswered is that too many of us pray and then put our heads down, forgetting that we even said the prayer, or out of fear of the possible answer or a hard-bitten suspicion that there will not even be an answer (2014, 7). The nurses' faith in God may wane as a result of unanswered prayers, which in turn may diminish their confidence to pray.

Fifth, the respondents find it challenging to incorporate prayer in the clinical context due to "spiritual dryness." The following are the respondents' responses:

> Ross: "Pag naka experience kana ng spiritual dryness there would come doubts and fears. So, difficult na to pray for others." (English: If you experience spiritual dryness, doubts and fears come. So, it is difficult to pray for others).

> Jad: "Makaklimutan mo na mag pray kasi nga subrang dry mo na tapos may mga nangyayari pa sa buhay mo na hindi mo naiintindihan nakakaapekto yun sa pasyenti." (English: When you forget to pray because you are dry spiritually, and there are things that happened in your life that you do not understand, your patients will be affected).

This supports what was said in chapter II where O'Brien says that since nurses are "do-ers," they should have extra trouble handling problems like interruption, dryness, and unanswered prayers (2003, 93). When spiritual dryness sets in, a nurse can start to doubt and fear. Prayer for patients is therefore challenging.

Finally, the respondents present the concept of "time restrictions" as a challenge in incorporating prayer into their work environment. Time constraints have an impact on Vissia, Kate, and Butch. The following are their responses:

> Vissia: "Ang time restriction makaka-affect nang a prayer time kasi takbo kami nang takbo lalo na sa akin nag di-drive, iba-ibang place nag pinupuntahan ko talagang naghahabol minsan nang oras kaya affected ang prayer." (English: Time restrictions can affect the prayer time because we are always on the run, especially in my case. I drive to different places, so I am chasing time which is why prayer is affected).

> Kate: "May time na marami kaming patients na puro terminal, kailangan i-prority kung anu yung need nila that time. Tsaka may ibang pasyenti pa na hindi mo pwding iwanan kasi mayrung mga mental illness baka ma hurt nila ang other people or they will hurt themselves. So, minsan sa daming dapat gawin, yung parang hindi mo na napa-prioritize yung prayer." (English: There are times when we have many patients who are terminally ill, and we must prioritize what they need at that time. In addition, there are other patients that you cannot leave because they have mental illnesses. They might hurt other people or they will hurt themselves. So, sometimes with so many things to do, it seems like you haven't prioritized prayer).

> Butch: "Mayrun kasi kaming allotted time per patient. Minsan ten minutes lang kami dapat andoon, minsan fifteen minutes. Isang oras ang pinakamatagal. Kaya binigyan ka nang ganung oras kasi naka-calculate na kung anu ang gagawin mo sa pasyenti mo. So, kung i-incorporate pa ang prayer, dapat talaga magkaroon nang flexible time." (English: We have an allotted time per patient. Sometimes we only have to be there for ten minutes, sometimes fifteen minutes. The longest time I stay is one hour. You are given that time because what you will do with your patient has already been calculated. So, if prayer is incorporated, there really should be a flexible time).

Gorman and Sultan cite time constraints as one of the reasons nurses find it difficult to provide spiritual care for their patients (2007, 372). The daily tasks that nurses must complete are frequently completed at a fast pace. For this reason, a few of them neglect to offer prayers for their patients.

In summary, the respondents list "differences of beliefs" and "language barriers" as two of the challenges to integrating prayer in the clinical setting. To relate this to the work of missionaries, Banker states that a missionary's effectiveness is often hampered by language barriers (1993, 61). Respondents also mentioned "lack of proper training on spirituality," "unanswered prayer," "spiritual dryness," and "time restrictions." Although the respondents encounter challenges, they remain enthusiastic about integrating prayer into the clinical setting.

Factors that Encourage the Filipino Christian Nurses in Integrating Prayer in the Clinical Setting

In this section the respondents answer the research sub-problem four, which says: "Based on the experiences of the selected Filipino Christian nurses working in Norway, what encourages them to integrate prayer in the clinical setting?" For the survey

questions, I determined the weighted arithmetic mean, and I used MAXQDA to examine the FGD data.

This (X) is shown in Table 7. According to Wisdom (2020, 174), the following four statements highlight the factors that encourage nurses in integrating prayer in the clinical setting. With a four point three overall average, "strongly agree" is the qualitative interpretation in this table.

Table 7. Weighted Arithmetic Mean for the Respondents' Beliefs on the Factors that Encourages the Filipino Christian Nurses on Integrating Prayer in the Clinical Setting

Statements on Prayer and Spiritual Needs of the Patients	SA (5)	A (4)	U (3)	D (2)	SD (1)	(X)	Qualitative Interpretation
1. I am encouraged to pray because it is documented that there are biological benefits of prayer.	6	4	0	0	0	3.8	Agree
2. I am inspired to pray for my patients knowing that some patients believe that praying to God can be their source of comfort, strength, and peace of mind	5	4	1	0	0	4.4	Strongly Agree
3. It gives me the confidence to pray for patients knowing that prayer can foster a good nurse-patient relationship	4	6	0	0	0	4.4	Strongly Agree
4. I am encouraged when a patient wants to pray for me.	8	2	0	0	0	4.8	Strongly Agree
Overall Average						4.3	Strongly Agree

Statement one in Table 7, "I am encouraged to pray because it is documented that there are biological benefits of prayer," received six "strongly agree" responses and four

"agree" responses, with a weighted mean of three point eight and a qualitative interpretation of "agree." The following are the respondents' responses during FGD:

> Ross: "Hindi nman kasi nag sisinungaling yung science. I do believe that the Lord uses science for patients' healing. If science shows na may health benefits talaga yung prayer, the more na e-introduce natin ang prayer sa work." (English: Science does not lie. I do believe that the Lord uses science for patients' healing. If science shows that prayer has health benefits, we should introduce prayer into our work more).

> Marc: "Nakaka-encourage kasi fulfilled na yung trabaho mo dahil andun na lahat eh, holistic ang approach pag na include ang prayer." (English: It is encouraging and your work is fulfilled because everything is there. The approach is holistic when prayer is included).

Vissia shares about how prayer played a role in her nephew's recovery. She said, "Na experience ko na rin ang benefit ng prayer physically sa pamangkin ko na nagka Leukemia dati, malaki talagang factor ang prayer sa knayang healing." (English: I experienced the physical benefits of prayer. My nephew had leukemia before, and prayer was a big factor in his healing). This also validates figure 13, where a respondent expressed her belief that prayer has a biological benefit because of her own experience of God's healing. In research by Beiranvand et al., the use of prayer as a non-pharmacological pain reliever that reduced both preoperative and postoperative pain was investigated. Additionally, there were signs of lowered blood pressure, a slower heartbeat, and an improvement in immune system performance (2014, 909-914). Nurses think that patients are healed by scientific means because of God. There is more reason to incorporate prayer in the workplace if scientific evidence supports its health benefits.

Statement two, "I am inspired to pray for my patients knowing that some patients believe that praying to God can be their source of comfort, strength, and peace of mind." With five respondents answering "strongly agree," four responding "agree," and one

responding “uncertain,” the statement’s mean is four point four and its qualitative interpretation is “strongly agree.” These are the respondents’ FGD-based responses:

> Marc: “Ito yung motivation mo na gagawin mo ang prayer everyday sa pasyente dahil nakikita mo na yung result.” (English: This is your motivation to do prayer with the patient every day because you can already see the results).
>
> Kari: “Ou subrang nakaka-encourage yun kasi magkakaroon ka nang confidence na prayer really works.” (English: Yes, that is very encouraging because you will have confidence that prayer really works).
>
> Eve: “Kapag nakita natin ang good results nababaon natin siya sa testimony para e glorify natin si Lord.” (English: If we see the good result of prayer, we bring it into our testimony to glorify the Lord).
>
> Butchoy: “Amen, agree. Kasi nga pag everyone believes and agrees parang mas lighter na lang sayo. Contrary na mag pray ka sa isang tao na binabara ka, hindi siya naniniwla, parang mabigat yun sa loob.” (English: Amen, I agree because when everyone believes and agrees, it seems to be lighter for you. The opposite is true when you pray for a person who is stopping you and doesn't believe. Then it feels heavy inside).

Rogers cites a study conducted by Bushman at Ohio State University in the year 2011 which found that prayer can help lessen anger and aggression as well as help reduce stress, loneliness and fear (2020). The positive emotional changes that nurses observe in their patients serve as a source of motivation for them to pray with them.

Statement three is, “It gives me confidence to pray for patients, knowing that prayer can foster a good nurse-patient relationship.” Four respondents indicate that they “strongly agree,” and six say that they “agree,” with a mean of four point four and a qualitative interpretation of “strongly agree.” This reflects the data from Figure 13, which shows that three respondents believe that praying for patients gives them confidence because they know that prayer can improve the nurse-patient relationship by demonstrating a “patient’s appreciation.”

Statement four is, “I am encouraged when a patient wants to pray for me.” Eight respondents selected “strongly agree,” and two selected “agree.” The qualitative interpretation is “strongly agree,” with a mean of four point eight. The following are the respondents’ responses during FGD:

> Ross: “I will accept that prayer wholeheartedly.”
>
> Jad: “I would positively take it kasi prayer is one thing that is connected to God and that is powerful din.” (English: I would positively take it because prayer is one thing that is connected to God, and that is also powerful).
>
> Lyn: “All the more na ma encourage ako dahil parang unseen gift yun eh. So, I will take it gladly.” (English: I will be encouraged all the more. That is an opportunity; it is like an unseen gift. So, I will take it gladly).
>
> Eve: “Yun and sign na Christian din siya and thinking na ganun na yung situation niya nakakapag pray pa din siya. I welcome every prayer because I need prayers too.” (English: That is the sign that the patient is also a Christian, and knowing that, in that situation, the patient will be able to pray for you. I welcome every prayer because I need prayers too).

Yarbro, Gobel, and Wujcik state that the nurse will also remember that there may be times when the patient feels moved to pray for the nurse. If this happens, the nurse should be ready to accept this gift with grace as it can be a very personal spiritual experience (2010, 1808). Nurses are encouraged when a patient wants to pray for them and they want to accept it wholeheartedly, as it is one thing that is connected to God.

The factors that encourage the respondents to include prayer in the clinical setting are depicted in Figure 13. The following were mentioned: “personal testimony of God’s healing,” “patient’s appreciation,” “proper training on Spirituality,” “surrounded by religious people,” “workplace rules and regulations.”

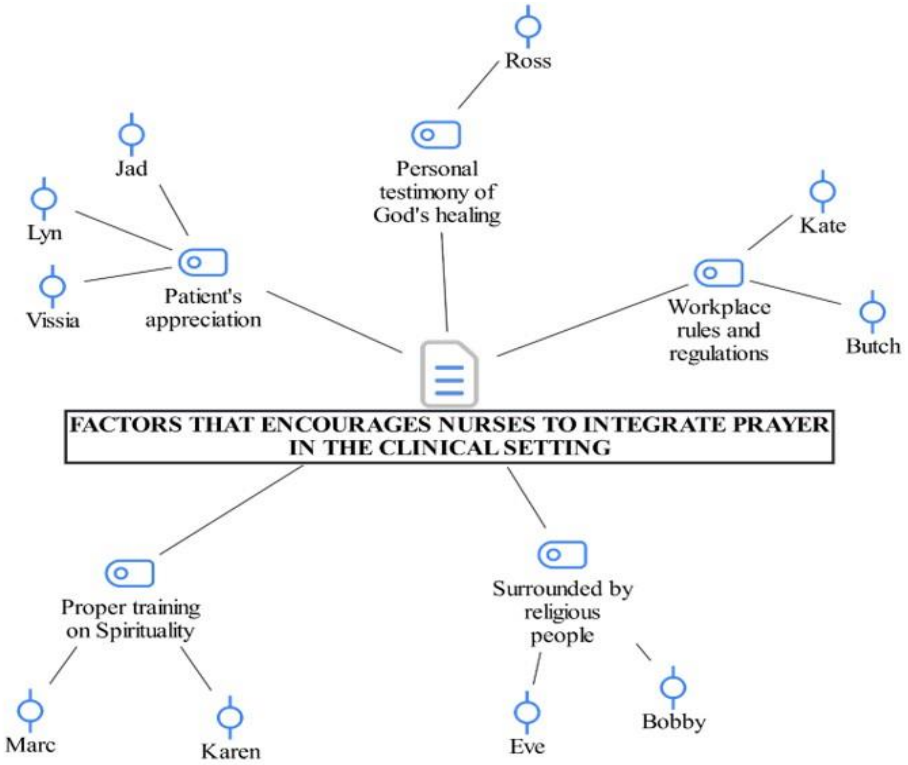

Figure 13. The Respondents' Beliefs about Factors that Encourage Them in Integrating Prayer in the Clinical Setting

According to Ross, she is encouraged to believe that the Lord can heal her patients because of her "personal testimony" of how graciously God healed her both physically and emotionally. She declared, "My personal testimony is that because of the grace of God, He healed me at some point of my life with both physical healing and emotional healing. If God healed me, they [the patients] have the same God that can heal them as well. This encourages me to pray for them." Sharing in God's love entails sharing in God's work, according to Suchocki. Consequently, we are invited to partake in God's own acts of grace through prayer (1998, 50).

The knowledge that someone values your work and who you are motivates you to perform your best. That is why, through "patient's appreciation," Jad, Lyn, and Vissia are encouraged to pursue their faith and pray for their patients.

> Jad: “Ang appreciation ng pasyeti ay nakaka encourage sa akin to really pursue my faith and to not waiver also naging maayos ang relationship namin.” (English: A patient’s appreciation encourages me to pursue my faith and not to waiver. Also, our relationship becomes better).
>
> Lyn: “Isang encouragement if the patient appreciates you kasi may patient na nagsabi ano daw ang mayrun sa akin ang jolly ko daw at parang nag iiba daw ang atmosphere when I am at work. Nag bibigay ito ng confidence sa akon to pray for them.” (English: It is an encouragement if the patient appreciates you. There is a patient who asked what is in me, because I am jolly and it is like the atmosphere is different when I am at work. This gives me confidence to pray for them).
>
> Vissia: “Nung Christmas nagbigay ako nang simple gift, tapos nag pa-print ako nang mga tracks about spiritual encouragement at yan yung nilagay ko sa gifts nila at appreciate nila yun, yun nag encourage sa akin to pray for them.” (English: At Christmas I gave a simple gift, then I printed tracts about spiritual encouragement, and that is what I put in their gifts. They appreciated it, and that encouraged me to pray for them).

As stated by Aparicio et. al, the gratitude expressed by patients and their families may have a significant and enduring impact on health professionals’ personal and professional lives (2019).

Respondents Marc and Karen agree that a nurse will feel more confident to pray for their patient if they have received “proper training on spirituality.” Lewinson, McSherry, and Kevern claim that nurses frequently overlook spirituality when attending to patients’ needs because they are either uncomfortable discussing the topic with the patient or do not fully grasp this concept (2015, 806-7). These are the respondents’ responses based on the FGD:

> Marc: “Maganda kasi pag well equip ka. Pag nabigyan ka nang tamang training kung paano mag share yung beliefs mo sa prayer, kasi dun pa lang mag bibigay sayo nang confidence na mag pray sa pasyente.” (English: It is good when you are well-equipped and have been given proper training on how to share your beliefs in prayer because that alone will give you the confidence to pray for the patient).
>
> Karen: “Pag may sapat kang nalalaman about prayer at about God para mas confident kang mag share nang prayer sa pasyente mo.” (English: If you have

> enough knowledge about prayer and God, then you will be confident to pray and share your belief with your patients).

Eve and Bobby believe that being "surrounded by religious people" who are compassionate to share the gospel and offer prayers for others will encourage them to pray for their patients.

> Eve: "If we choose to be surrounded by religious people na talagang may compassion din, those people na may driving force to share the word of God, and pray for others ay nakaka-encourage." (English: If we choose to be surrounded by religious people who really have compassion, those people who have the driving force to share the word of God and pray for others are encouraging).

> Bobby: "Minsan nakakatulong that you pray for others kasi ginagwa mo na siya eh sa mga kaibigan mo." (English: Sometimes it helps you to pray for others because you did it for your friends).

Praying for others, according to Scribner, can enhance interpersonal connections with those individuals and foster positive relationships with others (2014). Becoming surrounded by religious individuals who genuinely care about others and are motivated to share the gospel and offer prayers for their patients is encouraging for nurses.

Since clear guidelines are provided by rules and regulations, Kate and Butch believe that they are encouraged to include prayer if the "workplace rules and regulations" include praying for the patient. As evidenced by their participation in spiritual activities such as prayer while at work, healthcare professionals receive spiritual support from the organization, according to Reimer-Kirkham et al., enabling them to offer spiritual care to patients and their families (2020, 72).

> Kate: "Nakakaencourage if may rules and regulation sa work na hindi naman pinagbabawal ang prayer and then open naman ang patients mo so what hinders you?" (English: It is encouraging if the rules and regulations at work do not prohibit prayer, and then your patients are open, so what hinders you?).

> Butch: "Yung sa duties niyo and responsibilities kasama doon yung prayer, so meaning lahat kayo mag pi-pray kaya wala nang hesitation." (English: If your duties and responsibilities include prayer, that means you all pray, so there is no hesitation).

In summary, the participants expressed that the "personal testimony of God's healing" inspires nurses to offer prayers for their patients, on the basis that if God can heal them, He can certainly heal their patients. The respondents are also encouraged to pray for the patient by their "patients' appreciation." Moreover, because it gives them confidence, "proper training on spirituality" encourages nurses to pray for their patients. In addition, the respondents are motivated to pray for their patients if they find themselves "surrounded by religious people" who are empathetic, open to sharing the gospel, and persistent in their prayers. Lastly, the "workplace rules and regulations" can encourage respondents in the inclusion of prayer.

In this chapter, I addressed each of the four research questions using a survey questionnaire and FGD. The research participants provided answers to the questions based on their personal beliefs. According to Beebe, Beebe, and Ivy (2016, 33), a person's beliefs shape their view of what is true or false. In research question one, I discussed the respondents' demographic characteristics. In answering research question number two, I found that the participants believe that incorporating prayer into patient care can help satisfy their patients' biological, psychological, social, and spiritual needs. Riegel et al. highlight Florence Nightingale's contribution to nursing and emphasize the significance of using her holistic philosophy to address patients' needs (2021, 4).

Regarding the third research question, the participants expressed their belief that a nurse may face challenges when attempting to integrate prayer into the clinical setting.

Regarding the fourth research question, the participants believe that there are factors that encourage nurses to offer prayers for their patients.

In the next chapter, I will present the summary, findings, conclusions, and recommendations of the study.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This research investigated the beliefs of selected Filipino Christian nurses working in Norway about integrating prayer into giving medical care to patients. This chapter focuses on the summary, findings, conclusions, and recommendations that I, the researcher, came to from the data collected.

Summary

This research on integrating prayer into patient care was carried out among a selected group of Christian nurses from the Philippines who are employed in Norway. Ten respondents were chosen to participate.

This research was guided by two frameworks: (1) Florence Nightingale's concept of the holistic person and (2) the self-concept components set forth by Beebe, Beebe, and Ivy (2016). The literature and studies shed light on the findings of this current research. I employ a mixed methodology that primarily focused on qualitative approaches, with some quantitative data. The primary instruments of this research were FGD and survey questionnaires. The FGD questions were structured into four sections, each of which corresponded to one of the four research questions and included concepts from the study's theoretical frameworks. The participants' profiles, which include their age, sex, and the duration of their employment in Norway, were presented in the first section. This

demographic profile was not utilized to compare or contrast data among different respondents; rather, it only offered background information.

I looked into four research questions to achieve the purpose of this study. Research question one focused on the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of prayer and the patient's biological, psychological needs, social needs, and spiritual needs.

Research question two discussed the beliefs of the respondents in terms of prayer and the patient's biological, psychological, social, and spiritual needs. This corresponds to the items listed in the research questions that were modified from Sonia Wisdom's dissertation (2020, 174).

Research question three examined the challenges that the respondents have experienced while integrating prayer in the clinical setting. The questions in this section were derived from the discussion of relevant literature in Chapter II, under the heading "Factors that Challenge Nurses in Integrating Prayer in Clinical Settings."

The fourth research question discussed the perceived factors that encourage the respondents to integrate prayer in the clinical setting. This section's questions are based on ideas taken from Narayanasamy and Narayanasamy (2008; cited in Wisdom 2020, 11).

This research used two techniques to ensure the validity and reliability of its findings: (1) member checks and (2) triangulation. All of the information gathered in the survey questionnaire was analyzed using a weighted arithmetic mean using a five-point

Likert scale. All of the information gathered in the sixty-minute FGD interview was transcribed and analyzed using MAXQDA software.

Findings

The purpose of this study is to know the beliefs of the selected Filipino Christian nurses working in Norway about integrating prayer in the clinical setting. The respondents' answers to the research questions are listed below.

The first subproblem addressed the respondents' demographics. Ten selected Filipino Christian nurses who work in Norway were the study's respondents. The respondents' ages range from thirty-two to fifty-one. Four of them are male and six of them are female. The duration of employment for the respondents in Norway ranged from two to eleven years.

The second subproblem focused on the beliefs of the selected Filipino Christian nurses working in Norway in relation to integrating prayer in giving medical care to their patients in terms of:

a. Prayer and the patient's biological needs;
b. Prayer and the patient's psychological needs;
c. Prayer and the patient's social needs; and
d. Prayer and the patient's spiritual needs

Prayer and the patient's biological needs were the focus of the first sub-question. The respondents believe that integrating prayer into the clinical setting promotes healing. Table 2 confirms this, showing that respondents "strongly agree" that prayer results in patient healing (4.85 as the overall average score). In addition, the respondents in the

FGD expressed their belief that “prayer produces healing” and that incorporating prayer into the clinical setting helps “patients’ physiological needs be met.”

Prayer and the patient’s psychological needs were the focus of the second sub-question. According to Table 3, the respondents “strongly agree” that integrating prayer into the clinical setting can help patients psychologically, with an overall average of four point six. The respondents in the FGD confirmed this, highlighting benefits such as peace of mind and hope for healing. Although Lyn and Kate agree that prayer has psychological benefits for patients, they also believe that to prevent conflicts, it is important to “assess patient’s beliefs.”

The third sub-question, which focuses on prayer and patient’s social needs, has an overall average of two point nine, meaning that respondents are “uncertain” about the social effect of integrating prayer in the clinical setting (Table 4). During the FGD, Marc and Karen enumerated some the reasons, such as: praying aloud can create conflict; patients get confused when nurses discuss Christianity and God; and nurses worry about facing consequences at work.

The fourth sub-question under research question two is concerned with prayer and the patient’s spiritual needs. With an overall average of two point four, Table 5’s qualitative interpretation is classified as “disagree.” Along with their belief in the spiritual benefits of prayer in the clinical setting, when asked in the FGD interview, most respondents disagreed with the following statement, “The spiritual needs of the patient are the responsibility of the chaplain or pastor. It is NOT the responsibility of the nurse” for the following reasons: Christian nurses have a calling to share with others, particularly the significance of prayer, and because nurses spend a lot of time with their

patients, thus having a better understanding of their needs, they have more opportunities to pray for them based on those needs.

Research question three: Based on the experiences of the selected Filipino Christian nurses working in Norway, what are the challenges of integrating prayer in the clinical setting? With an overall average of four point zero (see Table 6), it is seen that the respondents "agree" that there are challenges faced by nurses in the clinical setting. During the FGD, the respondents mentioned these challenges: "differences of beliefs," "language barriers," "lack of proper training on spirituality," "unanswered prayer," and "spiritual dryness."

Research question four: Based on the experiences of the selected Filipino Christian nurses working in Norway, what encourages them to integrate prayer in the clinical setting? The respondents believe that there are factors which encourage them to integrate prayer in the clinical setting as shown in Table 7, with an overall average of four point three, they "strongly agree" with this claim. During the FGD they mentioned such factors as "personal testimony of God's healing," "patient's appreciation," "proper training on spirituality," and "being surrounded by religious people." I found that the respondents believe that integrating prayer in the clinical setting can promote biological healing, psychological support, and improve the social and spiritual needs of the patient. Although it poses challenges, the respondents are nonetheless encouraged to integrate prayer in their workplace.

Conclusions

Based on the findings of the study, it appears that the selected Filipino Christian nurses working in Norway believe that integrating prayer in the clinical setting can promote healing and foster a sense of peace and hope in the patients. The findings also revealed that integrating prayer can also contribute to holistic care by addressing patients' social and spiritual needs in addition to their physical well-being. However, it is essential for nurses to respect patients' beliefs and preferences regarding prayer and to ensure that it is offered in a culturally sensitive and non-coercive manner. Nurses in Norway are bound by professional codes of conduct and ethical guidelines that emphasize respect for their patients' autonomy and diversity. These nurses believe that integrating prayer must be done in a way that respects patients' rights and preferences and does not impose one's personal religious beliefs or practices on them.

Based on this study's review of the literature and responses from the participants, it appears that prayer is an integral part of Filipino culture. Integrating prayer in the workplace allows the selected Filipino Christian nurses working in Norway to provide care that aligns with their patients' cultural backgrounds, fostering trust and understanding. These nurses believe that integrating prayer in their workplace allows them to offer a holistic approach to care that addresses not only the patient's biological needs, but also their psychological, social, and spiritual well-being.

Norway is a multicultural society with patients from diverse religious and cultural backgrounds. Thus, these nurses believe that they will encounter challenges as well as encouragement in integrating prayer in the clinical setting.

Overall, integrating prayer in this cross-cultural clinical setting can contribute to culturally competent and holistic care by Christian Filipino nurses, promoting the overall health and well-being of their patients. Despite the challenges, these nurses can leverage their cultural background, communication skills, and empathy to effectively integrate prayer into patient care in a way that respects patients' beliefs and promotes holistic well-being.

Recommendations

Based on the findings and conclusions of this research, the following are some of the recommendations to the nurses, to the academic community, to mission agencies, and to the local church. Additionally, this section includes recommendations for further research.

Recommendations to the Nurses

Based on the findings of the research, the following recommendations could help nurses to integrate prayer in their workplace:

a. Cultural Sensitivity: Nurses need to understand and respect the cultural and religious beliefs of their patients, even if they differ from their own. This can help foster trust and rapport.
b. Professional Boundaries: Nurses need to respect professional boundaries by not imposing their religious beliefs on patients or engaging in religious discussions unless initiated by the patient.

c. Ethical Considerations: Nurses need to familiarize themselves with the ethical guidelines and policies of their workplace regarding religious and cultural diversity. They need to adhere to these principles while providing care.

Based on the findings, the respondents also believe that integrating prayer in the workplace is hampered by language barriers. This is addressed with the following recommendations:

a. Language learning: Dedicate time to learning the local language. Even basic proficiency can greatly enhance communication and foster better integration within the workplace.
b. Cultural Awareness: Invest effort in understanding Norwegian culture and workplace norms. This can help navigate interactions more smoothly and build rapport with patients and colleagues.
c. Utilize Translation Tools: Make use of translation tools and apps to aid in communication, especially when interacting with patients or colleagues who do not speak your language. These tools can facilitate basic communication and convey important information.

Recommendations to the Academic Community

Based on the findings of the research, the following are some recommendations to the academic community:

a. Inclusion in Holistic Nursing Care Education: Incorporate education on the role of spirituality and prayer in holistic patient care within the nursing curriculum. Offer courses or workshops that explore the intersection of

spirituality and health, emphasizing the importance of addressing patients' spiritual needs alongside physical and emotional ones.

b. Faculty Development: Provide training and resources for nursing faculty to effectively integrate discussions on prayer and spirituality into their teaching. Encourage faculty members to share personal experiences or case studies that highlight the significance of prayer in patient care.

c. Student Support Services: Offer spiritual support services and resources for nursing students, including opportunities for prayer, meditation, or reflection. Create a welcoming and inclusive environment where students feel comfortable discussing spiritual matters and seeking guidance from faculty or chaplains.

Recommendations to the Mission Agency

Based on the findings of the research, the respondents mentioned that lack of proper training is a challenge to integrating prayer in the workplace. The following are recommendations to mission agencies:

a. Specialized Training: Offer training programs specifically designed for Christian nurses interested in mission work, focusing on cross-cultural communication, and spiritual care in diverse settings.

b. Mentorship and Support: Pair nurses with experienced mentors who have previously served in mission settings, providing guidance, encouragement, and practical advice as they navigate their mission journey.

Recommendations to the Local Church

Based on the findings of the research, the following are recommendations to the local church:

a. Pastors and church members must offer spiritual support to the nurses by organizing prayer groups specifically for them, inviting them to participate in church-led spiritual retreats or workshops, and providing resources such as inspirational literature or access to pastoral counseling services.
b. Offering to pray with the nurses individually or as a group before or after their shifts can be a meaningful way to support them in incorporating spirituality into their workplace.
c. Organize prayer groups or sessions where nurses can come together to pray for patients, colleagues, and the community, fostering a sense of unity and spiritual support in their work.

Recommendations for Further Studies

After conducting this research, I realized that further studies need to be considered. The following are some recommendations for further studies:

a. Explore how nursing schools incorporate spiritual aspects of care, including prayer, into their curricula. Understanding the educational approach to spirituality can contribute to shaping future nursing training programs.
b. Explore how organizational support for spiritual well-being, including encouragement for prayer practices, influences job satisfaction, retention

rates, and overall workplace dynamics among Christian nurses working locally and abroad.

c. Explore the beliefs and experiences of Christian nurses working in multicultural or interfaith healthcare settings. Understanding how they navigate diverse spiritual landscapes can contribute to fostering cultural competence within the profession.

APPENDIX A

SURVEY QUESTIONNAIRE

Dear Nurse

Hi. Thank you for agreeing to answer this questionnaire. These are statements that explore your beliefs about integrating prayer in giving medical care to your patients. This research hopes to help you become more "holistic" in your approach to the clinical practice. Thank you very much.

Part 1: Demographic Data

1. Please indicate your gender

_____ Male _____ Female

2. Please indicate your age group

_____ 25 years or younger
_____ 26 – 30
_____ 31 – 35
_____ 36 – 40
_____ 41 – 45
_____ 46 – 50
_____ 51 older

3. Please select the number of years you have been working in Norway

_____ 1 –2 years
_____ 3 – 5 years
_____ 6 –10 years
_____ 11- 15 years
_____ 16 – 20 years
_____ 21- 30 years
_____ More than 30 years

Part 2: Please respond to the following statements by placing a check mark (√) that corresponds to your preference.

Beliefs	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Prayer is useful in patients' physical healing					
2. I feel better after praying					
3. Prayer provides psychological benefits to the patient					
4. I find prayer an easy thing to do					
5. I am comfortable seeing other nurses praying for their patients					
6. The nurse-patient relationship will improve if both the nurse and the patient discuss prayer					
7. Time restrictions are one of the reasons why some nurses do not pray for their patients					
8. Since patients/family may not share the same faith or beliefs systems as the nurse, therefore, praying in the clinical setting should be avoided.					
9. I am not comfortable in addressing					

religious issues with patients/families					
10. It is inappropriate to pray with patients/families at my workplace					
11. When I pray, God listens					
12. Prayer is a religious act; it is not appropriate to nursing care.					
13. The spiritual needs of the patient are the responsibility of the chaplain or pastor and not the responsibility of the nurse					
14. Praying with patients is only for those who are religious					

Part 3: Challenges of Incorporating Prayer in the Clinical Setting

Beliefs	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Proper training in the area of spirituality would make it easier for nurses to integrate prayer in clinical settings					
2. Prayer is part of the nursing care routine that should it be performed regularly					
3. Some nurses do not have enough confidence to integrate prayer in the clinical setting is because of their own unanswered prayers					
4. Spiritual dryness can hinder nurses from giving spiritual care to their patients					

Part 4: Factors that Encourage Nurses to Integrate Prayer in the Clinical Setting

Beliefs	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. I am encouraged to pray because it is documented that there are biological benefits of prayer.					
2. I am inspired to pray for my patients knowing that some patients believe that praying to God can be their source of comfort, strength, and peace of mind					
3. It gives me the confidence to pray for patients knowing that prayer can foster a good nurse-patient relationship					
4. I am encouraged when a patient would want to pray for me.					

APPENDIX B

FOCUS GROUP DISCUSSION PROTOCOL AND GUIDE QUESTIONS

Before the Discussion

- I, the researcher, must be prepared mentally and emotionally
- I will send a message to the participants thirty minutes before the interview via messenger as a reminder.
- The FGD will be through Zoom. I am not anxious about the internet connection of the participants since Norway has a high-speed internet connection and brownout is not common.
- I will make sure the recorder works and is already set up.

During the Discussion

- I will welcome the respondents and express gratitude to them for being part of my research.
- I will introduce myself and the purpose of my study.
- Explain how focus groups are often used in research and how it will be helpful in my study.
- I will give assurance to the participants that whatever information they give me is very valuable to me and because of that, I don't want to miss anything that the participants are saying. Therefore, I will record the interview with the use of a notebook and recording device. I will not play the entire recording to anyone else except if the thesis panel asks for it.
- I will remind the participants that there are no known risks associated with being involved as a participant in my research.
- I will inform the participants that to ensure privacy and confidentiality, I will remove any personal information that might identify an individual from the data I collected. Each participant can choose any pseudonym he or she wants to put in the data in place of the real name.
- The participant will be informed that there are no wrong answers, and that positive or negative answers will still have a contribution in the current study. Thus, I am asking them to answer questions as honestly as possible. Tell the participants what benefit they will get from this research or what the significance of this research is to them, to the church, etc.
- Before I ask the questions, I will ask the participants if they have any concerns or any further questions about me.
- Begin the discussion, make sure that everyone participates.
-

Semi-Structured Interview Guide Questions

Part 1: Demographic Profile

a. How old are you?

b. What pseudonym do you want to use in place of your real name?
c. Note to self: write the gender and the pseudonym of the particular respondent.
d. How long have you been working in Norway as a nurse?

Part 2: Nurses' Beliefs about Prayer and the Patient's Needs:

Introduction question:

As a nurse who has worked in Norway for these many years, may I know what are your general beliefs on integrating prayer in your practice?

Tell the respondent: "If you want to share with me some stories about your experiences in Norway as a nurse, you are welcome to do so."

What does holistic nursing care mean to you?

Do you pray silently or out loud with your patients? What language do you use: English, Filipino (Tagalog), or Norwegian?

A. On the Patient's Biological Needs:

a. Do you believe that prayer is useful in the healing of the patient? If yes, in what ways? If no, why not?
b. Do you feel better after praying? If yes, in what ways? If no, why not?

B. On the Patient's Psychological Needs:

a. Do you believe that prayer provides psychological benefits to the patient? If yes, in what ways? If no, why not?
b. Do you find prayer an easy thing to do? If yes, in what ways? If no, why not?
c. Are you comfortable seeing other nurses praying for their patients? If yes, in what ways? If no, why not?

C. On the Patient's Social Needs:

a. Do you believe that the nurse-patient relationship will improve if both the nurse and the patient discuss prayer? If yes, in what ways? If no, why not?
b. Do you think that time restrictions are one of the reasons why some nurses do not pray for their patients? If yes, in what ways? If no, why not?
c. Do you think that prayer should be avoided if the patients/family do not have the same belief as you? If yes, why? If no, why not?
d. Are you comfortable in addressing religious issues with patients/families? If yes, in what ways? If no, why not?
e. Is it considered inappropriate to pray with patients/families at your workplace? Please explain your answer, giving examples if possible.

D. On the Patient's Spiritual Needs:

a. Do you think that God listens when you pray? If yes, in what ways? If no, why not?
b. Do you believe that prayer is a religious act to the clinical setting? If yes, in what ways? If no, why not?
c. Do you believe that prayer is relevant to the clinical setting? If yes, in what ways? If no, why not?

d. Do you think that the spiritual needs of the patient are the responsibility of the chaplain or pastor rather than the nurse? If yes, why? If no, why not?

Part 3: Challenges of Incorporating Prayer in the Clinical Setting

a. What do you think are the challenges that nurses face in incorporating prayer in the clinical setting? Can you expound on this issue?
b. Do you think that proper training in the area of spirituality would make it easier for nurses to integrate prayer in clinical settings? If yes, how? If not, why do you think so?
c. Is prayer part of the nursing care routine that should it be performed regularly? If yes, how? If not, why do you think so?
d. Do you think that the reason some nurses do not have enough confidence to integrate prayer in the clinical setting is because of their own unanswered prayers? If yes, why? If not, why do you think so?
e. Can spiritual dryness hinder nurses from giving spiritual care to their patients? If yes, how? If not, why do you think so?

Part 4: Factors that Encourage Nurses to Integrate Prayer in the Clinical Setting

a. What do you think are the factors that encourage nurses to pray?
b. "Studies show that there are biological benefits of prayer like lower risks of diabetes mellitus, lower systolic blood pressure, reducing preoperative and postoperative pain, or increase in immune function. Does this encourage you to pray for your patient? If yes, please expound your answer; if no, please expound your answer as well.
c. Are you inspired to pray for your patients knowing that some patients believe that praying to God can be their source of comfort, strength, and peace of mind? If yes, please explain your answer, if no, please explain your answer.
d. Does it give you the confidence to pray for your patients knowing that prayer can foster a good nurse-patient relationship? If yes, please explain your answer; if no, please explain your answer.
e. There may be moments that the patient would also want to utter a prayer for you. Based on your personal belief as a Christian, are you discouraged if the patient does that? If yes, please explain your answer, if no, please explain your answer.

After the Discussion: Appreciation and Closing

- Say "Thank you" to the participant for their effort and time.
- Remind the participants that I will communicate again for "member checks." It means that all participants will have a chance to check that the data I transcribed during the interview are accurate and resonate with their beliefs about integrating prayer in medical setting.

APPENDIX C

ENDORSEMENT APPROVAL NOTIFICATION FROM THE
INSTITUTIONAL REVIEW BOARD (IRB)

Asia-Pacific Nazarene Theological Seminary
Ortigas Avenue Extension, Kaytikling
Taytay 1920, Rizal, Philippines

NOTIFICATION OF REVIEW APPROVAL

November 16, 2021
Pantano, Mary Jubelyn
maryjubelyn.grijaldo@apnts.edu.ph

Protocol Title: THE BELIEFS OF SELECTED FILIPINO CHRISTIAN NURSES WORKING IN NORWAY ON INTEGRATING PRAYER IN GIVING MEDICAL CARE TO PATIENTS
Protocol#: AR-014
IRB Review Date: November 16, 2021
Effective Date: November 16, 2021
Expiration Date: November 16, 2022
Review Type: Exempt Review
Review Action: Approved

The IRB made the following determinations:

- Waivers: Waiver of informed consent documentation
- Other Documentations: All necessary attachments submitted
- Risk Determination: No greater than minimal risk

Please contact me at cingsian.thawn@apnts.edu.ph if you have any questions.

Sincerely,
Miss Cing Sian Thawn.

APPENDIX D

LETTER TO THE PARTICIPANTS OF THE PILOT TEST

Date: _____

Dear Nurse,

Grace and peace to you in the name of Jesus Christ!

I am Mary Jubelyn Grijaldo. I am studying at Asia-Pacific Nazarene Theological Seminary, taking a Master of Arts in Intercultural Studies, with a concentration in Contextualization. To finish my degree program, I am conducting a research study entitled "The Beliefs of Selected Filipino Christian Nurses Working in Norway about Integrating Prayer in Giving Medical Care to Patients." This study will explore the beliefs of nurses on prayer in clinical practice so they will be encouraged in doing holistic care for their patients.

In light of this, I would like to invite you to participate in the pilot testing. It will be through Zoom interview at a time according to your convenience. Kindly let me know the time most convenient for you to have a FGD. Please know that you will be with another participant.

I will be asking you to answer the survey questionnaires online via Google docs. I will send it to your Messenger. It has a total of twenty-two statements which will last for less than fifteen minutes. For the focus-group discussion, it will take sixty minutes via Zoom. Let me ask your permission to record the interview session so I can go back and see which part of the interview questions I need to revise. It will also help provide a way for me to evaluate the effectiveness of my data collection method.

I promise to exercise privacy and confidentiality. Please note that, you have the right to refuse to participate in this study. Also, your responses will not be included in the actual data of my thesis. However, your participation is highly appreciated because it will be a great help for me to improve my focus-group discussion and survey questionnaire.

Thank you and God bless you.

Sincerely,

Mary Jubelyn Grijaldo-Pantano

CONSENT OF CONFIDENTIALITY FORM

FOR PARTICIPANTS OF THE PILOT TEST

The following information is provided for you to determine whether you are willing to participate in the pilot test.

1. Please be aware that even if you agree to participate in the pilot test, you are free to withdraw at any time after signing. You will be under no obligation and are free to withdraw at any time without penalty.
2. The content of the questions will relate to your personal beliefs and experience regarding the integration of prayer in giving medical care to your patients. If there are questions that make you feel uncomfortable, you are allowed to skip those. I will be asking you to take part in a discussion for 60 minutes via Zoom and the interview will be recorded upon your permission for the data transcription.
3. Your participation is solicited, although strictly voluntary. I guarantee you that your name will not be associated in any way with the research findings. Your responses will not be part of the actual data. I will check with you if you have understood the questionnaires as well as the FGD guide questions.
4. If you have any questions, please feel free to contact me through Messenger or email: maryjubelyngrijaldo@yahoo.com. There is no compensation for your participation, but it is greatly appreciated.

I have read and understand this Consent and Authorization Form. I agree to take part in this study as a participant for the pilot test. By my signature I affirm that I am of legal age, and that I have received a copy of this Consent and Authorization Form.

Participant's Name _____

Date _____

Participant's Signature_____

APPENDIX E

LETTER TO THE FILIPINO CHRISTIAN NURSES
WORKING IN NORWAY

Date: _____

Dear Nurse,

Grace and peace to you in the name of Jesus Christ!

I am Mary Jubelyn Grijaldo-Pantano, I am studying at Asia-Pacific Nazarene Theological Seminary, taking a Master of Arts in Intercultural Studies, with a concentration in Contextualization. To finish my degree program, I am conducting a research study entitled "The Beliefs of Selected Filipino Christian Nurses Working in Norway on Integrating Prayer in Giving Medical Care to Patients." This study will explore the beliefs of nurses on prayer in clinical practice so they will be encouraged in doing holistic care for their patients.

May I request your kind permission to be part of this study? I will put you into group, each group compose of 3-4 members for FGD. The 60 minutes discussion is through Zoom call and I will record the interviews. I would like also to ask you to answer a survey questionnaire. These are statements that explore your beliefs on integrating prayer in giving medical care to your patients. All you have to do is to put a check mark (√) to the questions that corresponds to your preference.

Rest assured that your privacy is my utmost concern, thus, it does not require you to provide your name or any other identifying information. All the data are confidential and will be used only for the research. In the event that I need more explanation from you, I would like to ask your permission as well for me to conduct follow-up interviews. I will attach the interview guide questions and the instructions for writing the journals.

Your participation in the research will be of great importance to encourage nurses, especially our fellow Christian nurses, to use their beliefs in the integration of prayer in the clinical setting.

Thank you for your time and participation.

Sincerely,
Mary Jubelyn Grijaldo-Pantano

APPENDIX F

CONSENT OF CONFIDENTIALITY FORM

The following information is provided for you to determine whether you are willing to participate in the study.

1. Please be aware that even if you agree to participate in the study, you are free to withdraw at any time after signing. You will be under no obligation and are free to withdraw at any time without penalty.
2. The content of the questions will relate to your personal beliefs and experience regarding the integration of prayer in giving medical care to your patients. If there are questions that make you feel uncomfortable, you are allowed to skip those. I will be asking you to take part in a discussion for sixty minutes via Zoom and the interview will be recorded upon your permission for the data transcription.
3. Your participation is solicited, although strictly voluntary. I guarantee you that your name will not be associated in any way with the research findings. All interviews will be coded, and you can choose any pseudonym or alias you want to put in the data in replacement of your real name. Only my advisor, members of my panel, and I will have access to the transcripts.
4. All the data gathered from the interview and personal journal will be kept on an external drive and will be stored securely in a locked cabinet. The data will also be kept in Google Drive. I will make sure that the passwords should be difficult to determine and borrowing of my laptop is restricted. All raw data will be kept for a minimum of three years after study completion. Only my advisor and I will have access to the data collected.
5. After transcription, I will return your FGD and survey answers for member checking. This means that, after I finish writing your responses, I will send the transcript back to you and you can check what you said in the FGD and what you answer in the survey questionnaire. This is to confirm that the written data is correct.
6. If you have any questions, please feel free to contact me through Messenger or email: maryjubelyngrijaldo@yahoo.com. There is no compensation for your participation, but it is greatly appreciated.

I have read and understand this Consent and Authorization Form. I agree to take part in this study as a research participant. By my signature I affirm that I am of legal age, and that I have received a copy of this Consent and Authorization Form.

Participant's Name _____

Date _____

Participant's Signature_____

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