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### RESEARCH ARTICLE

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## Integration of Ecumenical Care Practices in Providing Holistic Care for Patient

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### ABSTRACT

Ecumenical care practices is a sacred practice connected to chaplain practices that the nurse must provide to every patient. It is well defined that spiritual care practices are a component of holistic care, which is an integral part of the nursing profession, the ideal practice in giving care to the patient and considered the most crucial subset, which can easily be executed by nurses. The main objectives of this study is to determine how no significant relationship between the demographic profile and nurses ecumenical care practices and to assess the ecumenical practices of nurses in the provision of holistic care. The researchers used descriptive-correlational design. An online survey was done due to the limited interactions brought about by the pandemic. The researchers limited the study in the province of Isabela wherein they chose all the nurses in three (3) chosen hospitals, a private sectarian, non-private sectarian and government hospital. The researcher used Frequencies and Percentage, Weighted Mean, Mean Score, Chi Square Test and Anova Test as Statistical Treatment. Anova Test shows Significance F - value was less than 0.05. The null hypothesis is rejected. There is significant difference between the ecumenical care practices of nurses when they are grouped according to their profile variables. Chi Square shows significance C values for all the profile are greater than 0.05. The null hypothesis is accepted. There is no significant relationship between the level of integration of nurses of the ecumenical care and their profile sex, age, educational attainment, school graduated from, religion, patients each shift and time of shift. Ecumenical practices plays a vital role in every patient, in both sick and well so, it is important to respect the patient's religion and integrate the practices in appropriate time and place. The researchers recommend that the nurses must be transcultural in addressing their patient to prevent bias and provide a good relationship with the patient for them to be comfortable and verbalize feelings to the nurse.

**Keywords:** ecumenical care; holistic care; nursing practice

### INTRODUCTION

#### Background

Nursing, a profession that deals with providing and giving effective and appropriate care to individuals. It may be in hospital setting, community, and other field covered by the nursing practice. When we talk of nursing, many may perceive injections, medications, operations and other adjectives that illustrate the nursing practice, which is indeed correct and corroborant. However, existence of holistic approach might not be popular among nurses, the hidden practice of nursing, which addresses the patient as a whole that derived from the divine approach connected to ecumenical and spirituality.

This research paper intended to assess the ecumenical care practices of nurses and their profile sex, age, educational attainment, school graduated from, religion, patients each shift and time of shift. As well as ecumenical care practices of nurses when they are grouped according to their profile variables. The researchers intended to assess the above problems because the researchers noticed that holistic care is slowly vanishing in health care setting. The researchers believe that holistic care approach is vastly superior with the integration of ecumenical practices. The researchers strongly believed that, the use of chaplain practices in the health care setting could reduce the burden carried by each patient by simply complying with their needs and addressing them accordingly and wholly. Moreover, the authors want to identify problems that hinders the nurse to execute ecumenical care, with that regards, the researchers listed possible factors that might hinder in the provision of ecumenical care that is included in the questionnaire to be use under the profile of the respondents, listed possible factors includes, school graduated and educational attainment, religion and workload. Too much workload in the workplace, leading to inability to comply, or losing the nurse’s opportunity to provide the equal and appropriate care for patient. <sup>(8)</sup> Nurse’s knowledge plays a vital role in the provision of holistic care. <sup>(6)</sup> Most of the spiritual care the nurse’s provide to the patient was based on their religious beliefs and practices, thus illustrating the significance of religion's role in healthcare provision. <sup>(24)</sup> Spiritual or religious care have a great effect on the coping influences and mental health of the patients. <sup>(25)</sup> General problem in spiritual care is knowledge deficiency regarding spiritual care and they cannot appreciate the importance of spiritual care. <sup>(2)</sup>

The result of this study will able to address the above problems, result may able to answer hypothesis if it is directed as hypothesized or otherwise opposed. In the nursing profession, spirituality is one of the crucial form of caring that a nurse can give to the patient. Ecumenical care may able to manipulate any patient especially those who are in their lowest moments or those mentally challenged individual who are seeking the health care, ecumenical care may change patient point of view and lessen the burdens they enduring by listening to the words of God. As they said, caring is the heart of nursing, moreover, this study will help to improve the quality of care rendered in the health care setting, which can only achieved with holistic approach with the integration of ecumenical practices in it.

**Purpose**

The main objectives of this study is to determine how significant is the relationship between the demographic profile of the respondents and their spiritual care practices and to assess the spiritual care practices of nurses in the provision of holistic care.

**METHODS**

The researchers used descriptive-correlational design. An online survey was done due to the limited interactions brought about by the pandemic. The researchers used specifically purposive sampling. The questionnaire used in this study was adopted from spirituality tool developed from qualitative data. All questions and its components made by a nursing researcher Dr. Sofia Magdalena Robles. <sup>(23)</sup> The study limited in the province of Isabela wherein they chose all the nurses in three (3) chosen hospitals, a private sectarian, non-private sectarian and government hospital in the province of Isabela. The researcher used Frequencies and Percentage, Weighted Mean, Mean Score, Chi Square Test and Anova-Test as Statistical Treatment.

**RESULTS**

**Profile of the Respondents**

Table 1. Respondents profile as to sex

Sex	Frequency	Percentage
Male	26	25
Female	76	75

Table 1 shows that female nurses outnumbered male nurses who are currently working in our chosen hospitals.

Table 2. Respondents profile as to age

Age	Frequency	Percentage
20 – 25 years old	12	12
26 – 30 years old	23	23
31 - 35 years old	35	34
36 – 40 years old	21	21
41 - 45 years old	6	6
46 – 50 years old	3	3
51 – 55 years old	1	1
56 – 60 years old	1	1

Table 2 shows that majority of nurses in our chosen hospitals are within the age bracket of 31 to 35 years old.

Table 3. Respondents profile as to educational attainment

Educational attainment	Frequency	Percentage
Bachelor's degree	77	75
Masteral units	14	14
Masteral degree	9	9
Nurse aide	1	1
CRN	1	1

Table 3 shows that majority of the respondents are Bachelor's degree holder.

Table 4. Respondents profile as to school graduated

School graduated	Frequency	Percentage
Private sectarian (Catholic/Christian)	61	60
Private non-sectarian	23	23
Government (College/University)	18	18

The table 4 depicts that majority of the respondents graduated from a Private sectarian (Catholic/Christian) school.

Table 5. Respondents profile as to religion

Religion	Frequency	Percentage
Catholic	41	40
Born again	10	10
Methodist	9	9
Baptist	2	2
Seventh Day Adventist	37	36
Iglesia Ni Cristo	2	2
Espiritista	1	1

Table 5 reveals that majority of the respondents are Catholics by religion.

Table 6. Respondents profile as to workload (patient each shift)

Work load	Frequency	Percentage
Approximately 5 to 10	70	69
Approximately 10 to 20	32	31

Table 6 concluded that majority of the respondents has an approximately 5 to 10 patient each shift..

Table 7. Respondents profile as to workload (time each shift)

Time shift	Frequency	Percentage
8 to 10 hours	52	51
10 to 12 hours	42	41
8 to 16 hours	3	3
8 to 12 hours	2	2
24 hours	3	3

Table 7 implies that most of the nurses in our chosen hospitals have a duty of approximately 8 to 10 hours every shift.

**Ecumenical Practices**

Table 8. Mean and qualitative description of ecumenical practices among respondents in terms of general manifestation in rendering spiritual care

2.1 General manifestation in rendering spiritual care	Mean	Description
A. During admission, I ask my patients' religious practices.	3.73	Practice/concur with the opinion on spiritual care at all times
B. I observe the presence Of religious items of my patients such as rosary beads, Buddha beads. bible, etc.	3.56	Practice/concur with the opinion on spiritual care at all times
C. I utilize the Checklist/Assessment tool related to spiritual needs.	3.31	Practice/concur with the opinion on spiritual care at all times
D. I render spiritual care as an expression of the mission and vision of the hospital.	3.46	Practice/concur with the opinion on spiritual care at all times
Mean	3.51	Practice/concur with the opinion on spiritual care at all times

Table 8 under ecumenical practices among respondents in terms of general manifestation in rendering spiritual care, it implies that spirituality has a great contribution to the general management and healing process of the patient. From arrival to discharge, spiritual care has carried out throughout the treatment.

**Specific Manifestation in Rendering Spiritual Care**

Table 9. Mean and qualitative description of ecumenical practices among respondent in terms of specific manifestation in rendering spiritual care

2.2 Specific manifestation in rendering spiritual care	Mean	Description
A. I respond promptly to request on spiritual matters, e.g. Priests/pastors/counselors services (anointing, receiving communion, blessings).	3.75	Practice/concur with the opinion on spiritual care at all times
B. I offer silent prayers when at home especially to those terminally ill.	3.64	Practice/concur with the opinion on spiritual care at all times
C. I utilize "therapeutic-communication" questions, e.g. "What would you like to talk about?"; "What's bothering you?"	3.69	Practice/concur with the opinion on spiritual care at all times
D. I provide privacy by giving space for patients and relatives for their prayer.	3.78	Practice/concur with the opinion on spiritual care at all times
E. I respect dietary preferences based on one's faith e.g. as a Muslim, Jehovah's Witnesses, Adventist.	3.80	Practice/concur with the opinion on spiritual care at all times
F. Part of spiritual care is empathizing with the patient.	3.68	Practice/concur with the opinion on spiritual care at all times
G. I maintain an open mind and heart for individual's religious practices.	3.75	Practice/concur with the opinion on spiritual care at all times
H. I listen attentively to my patient's stories.	3.58	Practice/concur with the opinion on spiritual care at all times
I. I anticipate the need for spiritual intervention e.g., anointing, communion, blessing, pray-over.	3.57	Practice/concur with the opinion on spiritual care at all times
J. Spiritual care is part of the nurses' daily care.	3.65	Practice/concur with the opinion on spiritual care at all times
K. I am sensitive to non-verbal cues, e.g., silence, facial grimaces.	3.65	Practice/concur with the opinion on spiritual care at all times
L. I pray before any diagnostic and therapeutic procedure.	3.59	Practice/concur with the opinion on spiritual care at all times
M. I am sincere about my patient's concerns e.g. request for confession before operation.	3.64	Practice/concur with the opinion on spiritual care at all times
N. I document at the nurse's notes the spiritual care I administered.	3.38	Practice/concur with the opinion on spiritual care at all times
Mean	3.65	Practice/concur with the opinion on spiritual care at all times

Table 9 shows ecumenical practices among respondent in terms of specific manifestation in rendering spiritual care. the table concluded that spirituality is important in all aspect of the patient including the disease treatment, diet, and more aspects under specific manifestation in rendering spiritual care.

**Recipients of Spiritual Care**

Table 10. Mean and qualitative description of ecumenical practices among respondents in terms of recipients of spiritual care

2.3 Recipients of spiritual care	Mean	Description
A. Patients who are psychologically ill, e.g. depressed, suicidal, confused, needs spiritual attention.	3.75	Practice/concur with the opinion on spiritual care at all times
B. The critically ill and dying are those who most frequently need spiritual care.	3.74	Practice/concur with the opinion on spiritual care at all times
C. Palliative care and hospice patients need spiritual care.	3.77	Practice/concur with the opinion on spiritual care at all times
D. Patient for OR (Operating Room)/ undergoing surgery needs spiritual attention.	3.71	Practice/concur with the opinion on spiritual care at all times
E. Patients who received bad laboratory results .e.g., malignant for cancer, needs spiritual care.	3.57	Practice/concur with the opinion on spiritual care at all times
F. Patients in pain need spiritual attention.	3.54	Practice/concur with the opinion on spiritual care at all times
G. All patients including well patients need spiritual care.	3.75	Practice/concur with the opinion on spiritual care at all times
H. Patients who are losing hope e.g., HIV victims, cancer patient need spiritual care.	3.75	Practice/concur with the opinion on spiritual care at all times
I. Patients who are happy and grateful .e.g., patient for discharge needs spiritual care.	3.62	Practice/concur with the opinion on spiritual care at all times
J. Abused patients, e.g., battered wife/child need spiritual attention.	3.75	Practice/concur with the opinion on spiritual care at all times
Mean	3.69	Practice/concur with the opinion on spiritual care at all times

Table 10 shows Ecumenical Practices Among Respondents in Terms of Recipients of Spiritual Care. The result shows that the respondents practice/concur with the opinion on spiritual care at all times. They agreed that critically ill, psychologically ill, abused patient, even happy and well patient need spiritual care.

**Venue for Rendering Spiritual Care**

Table 11. Mean and qualitative description of ecumenical practices among respondents in terms of venue for rendering spiritual care

2.4 Venue for rendering spiritual care	Mean	Description
A. Spiritual care can be given anywhere as long as there is privacy.	3.73	Practice/concur with the opinion on spiritual care at all times
B. A silent and peaceful environment for meditation and prayer is a place for spiritual care.	3.75	Practice/concur with the opinion on spiritual care at all times
C. Spiritual care can be rendered in a patient's room	3.72	Practice/concur with the opinion on spiritual care at all times
D. Spiritual care is preferably done in the chapel/prayer room of the institution.	3.38	Practice/concur with the opinion on spiritual care at all times
Mean	3.64	Practice/concur with the opinion on spiritual care at all times

Table 11 shows Ecumenical Practices Among Respondents in Terms of Venue for Rendering Spiritual Care. The result shows that spiritual care can be render anywhere or at the chapel room as long as there is a privacy.

**Appropriate Time in Rendering Spiritual**

Table 12. Mean and qualitative description of ecumenical practices among respondents in terms of appropriate time in rendering spiritual

2.5 Appropriate time in rendering spiritual	Mean	Description
A. Spiritual care is rendered when the patients request for it, e.g., to receive anointing.	3.74	Practice/concur with the opinion on spiritual care at all times
B. Spiritual care is appropriately done when the patients are calm and willing to listen.	3.71	Practice/concur with the opinion on spiritual care at all times
C. Spiritual care is given to patients who are in their lowest moment.	3.74	Practice/concur with the opinion on spiritual care at all times
D. Spiritual care is given every time nurses interact with the patient.	3.54	Practice/concur with the opinion on spiritual care at all times
E. Spiritual care is given when an emergency procedure is to be done with unknown outcomes.	3.58	Practice/concur with the opinion on spiritual care at all times
F. Spiritual care is given in the morning as part of daily routine.	3.58	Practice/concur with the opinion on spiritual care at all times
Mean	3.65	Practice/concur with the opinion on spiritual care at all times

Table 12 shows ecumenical practices among respondents in terms of appropriate time in rendering spiritual. the result depicts that spiritual care can be done anytime during patient-nurse interaction, to patient who are willing to listen and patient who are in lowest moment.

**Relevance/Meaning of Spiritual Care**

Table 13. Mean and qualitative description of ecumenical practices among respondents in terms of relevance/meaning of spiritual care

2.6 Relevance/meaning of spiritual care	Mean	Description
A. Spiritual care is based on the patient's religion, beliefs and faith.	3.74	Practice/concur with the opinion on spiritual care at all times
B. Spiritual care is done through counseling and using therapeutic communication.	3.69	Practice/concur with the opinion on spiritual care at all times
C. Spiritual care is allowing patients to practice their faith/beliefs.	3.77	Practice/concur with the opinion on spiritual care at all times
D. Spiritual care is a priority aspect of holistic nursing care.	3.68	Practice/concur with the opinion on spiritual care at all times
E. Spiritual care prepares patients to accept their illness/condition.	3.72	Practice/concur with the opinion on spiritual care at all times
F. Spiritual care is compassion.	3.75	Practice/concur with the opinion on spiritual care at all times
G. Spiritual care is respecting patients as human beings with heartedness.	3.83	Practice/concur with the opinion on spiritual care at all times
H. Spiritual care is assured when patients have a positive attitude towards their present illness.	3.69	Practice/concur with the opinion on spiritual care at all times
I. Integrating spirituality, like saying prayers, is a daily routine of healing in nursing	3.78	Practice/concur with the opinion on spiritual care at all times
J. Taking care of patients with empathy is spiritual care.	3.72	Practice/concur with the opinion on spiritual care at all times
Mean	3.74	Practice/concur with the opinion on spiritual care at all times

Table 13 depicts the ecumenical practices among respondents in terms of relevance/meaning of spiritual care. result shows a great outcome with a mean of 3.74 or with a qualitative description of practice/concur with the opinion on spiritual care at all times.

**Institutional Support**

Table 14. Mean and qualitative description of ecumenical practices among respondents in terms of institutional support

2.7 Institutional support	Mean	Description
A. The availability of the chapel/prayer room as a place of worship is necessary for spiritual care.	3.70	Practice/concur with the opinion on spiritual care at all times
B. Provision of institutional assessment tool is integrated in spiritual care.	3.48	Practice/concur with the opinion on spiritual care at all times
C. Daily blessing of patients from religious sisters/priests is a component of spiritual care.	3.48	Practice/concur with the opinion on spiritual care at all times
D. A built in speaker placed in each room for accessibility of hearing daily mass, is essential for spiritual care.	3.29	Practice/concur with the opinion on spiritual care at all times
E. Stipulation of Spiritual Care in FDAR (Focus Data Action Response) documentation is part of spiritual care.	3.24	Practice/concur with the opinion on spiritual care most of the time
F. Spirituality imparted to all nursing staff through integration in culture and sensitivity seminar given by the HR is crucial in spiritual care.	3.46	Practice/concur with the opinion on spiritual care at all times
G. A checklist is utilized in assessing spiritual needs upon admission.	3.29	Practice/concur with the opinion on spiritual care at all times
H. The provision of religious leaflets, given to patients, augments spiritual care.	3.50	Practice/concur with the opinion on spiritual care at all times
I. Providing spiritual care through visitations and offering of Christian songs helps patients.	3.54	Practice/concur with the opinion on spiritual care at all times
J. A chaplain is available to give needs such as anointing the sick, blessing, giving communion, etc.	3.49	Practice/concur with the opinion on spiritual care at all times
Mean	3.45	Practice/concur with the opinion on spiritual care at all times

Table 14 represent the ecumenical practices among respondents in terms of institutional support.. result shows an excellent outcome with a qualitative description of practice/concur with the opinion on spiritual care at all times.

**There is No Significant Relationships Between the Ecumenical Care Practices of Nurses and Their Demographic Profile?**

Table 15. Significant relationships between the spiritual care practices of nurses and their demographic profile

Profile	Significance (Pearson’s Chi-square)	Analysis	Decision	Remarks
Sex	0.789	C > 0.05	Accept Ho	Not Significant
Age	0.999	C > 0.05	Accept Ho	Not Significant
Educational Attainment	0.996	C > 0.05	Accept Ho	Not Significant
School Graduated From	0.883	C > 0.05	Accept Ho	Not Significant
Religion	0.515	C > 0.05	Accept Ho	Not Significant
Patients Each Shift	0.690	C > 0.05	Accept Ho	Not Significant
Time of Shift	0.980	C > 0.05	Accept Ho	Not Significant

Table 15 shows that the hypothesis; There is no significant relationships between the spiritual care practices of nurses and their demographic profile was accepted. Therefore, the hypothesis is correct and accepted.

**There is No Significant Differences Between the Ecumenical Care Practices of Nurses when They are Grouped According to Their Profile Variables?**

Table 16. Significant differences between the spiritual care practices of nurses when they are grouped according to their profile variables

Practices on	Mean	Significance ANOVA F	Analysis	Decision	Remarks
2.1 General manifestation in rendering spiritual care	3.51	0.000	F < 0.05	Reject Ho	There is Significance
2.2 Specific manifestation in rendering spiritual care	3.65				
2.3 Recipients of spiritual care	3.69				
2.4 Venue for rendering spiritual care	3.64				
2.5 Appropriate time in rendering spiritual	3.65				
2.6 Relevance/meaning of spiritual care	3.74				
2.7 Institutional support	3.45				

Table 16 shows the significant difference between spiritual care practices of nurses when they are grouped according to their profile variables. The hypothesis “There is no significant differences between the

ecumenical care practices of nurses when they are grouped according to their profile variables” was rejected. There is a significant differences between the spiritual care practices of nurses when they are grouped according to their profile variables.

### DISCUSSION

The current study was carried out in the province of Isabela, republic of the Philippines to show how the nurses in Isabela render spiritual care to the patient. The respondents of this study are 102 nurses of the chosen hospitals in province of Isabela. Numerous of studies shows that spirituality has a great impact in every patient well-being.<sup>(1,2,3)</sup>

This study shows facts regarding the importance of spirituality in nursing care. In the demographic profile of the respondents; in terms of sex, female nurses outnumbered male nurses who are currently working in our chosen hospitals. The researchers believed that gender is a factor in provision of ecumenical care, however it was opposite as hypothesized (Table 1). A study assessing Jordanian nurses, Male and female have different and satisfactory levels of perceptions of spirituality and spiritual care.<sup>(4)</sup> When it comes to age, majority of the respondents of this study are belong to the age bracket of 31 to 35 years old (Table 2). Next category is Educational attainment, majority of the respondents are Bachelor’s degree holder (Table 3). Education is one of the factor that may hinder to the provision of ecumenical care. Nurse’s knowledge plays a vital role in the provision of holistic care.<sup>(6)</sup> School Graduated shows that majority of the respondents graduated from a Private sectarian (Catholic/Christian) school. with a frequency of 61 or 60% (Table 4). The next category under profile of the respondents is Religion, result shows that there are various of religions, but majority of the respondents are catholics (Table 5). Religion has a big impact in executing ecumenical care to the patient. Most of the spiritual care the nurse’s provide to the patient was based on their religious beliefs and practices, thus illustrating the significance of religion’s role in healthcare provision. <sup>(24)</sup> Moreover, the last category is workload every shift. The study shows that of the respondent’s handles approximately 5 to 10 patients each shift and has an approximately 8 to 10 duty hours in each shift (Table 6 & 7). Workload is one of the factors that hinder in rendering ecumenical care. Due to an oppressive workload and time constraint affected the interaction of patient-nurse that is why nurses are not able to provide the appropriate care they want.<sup>(9)</sup> This study find out that the first hypothesis; there is no significant relationships between the spiritual care practices of nurses and their demographic profile was accepted. The study shows a result directed, as it was hypothesize. A study opposed the result, they presented that in terms of the nurse’s demographic and work-related profile that includes gender, nature of work, age, and length of service have an influence on nurse’s competency.<sup>(5)</sup>

This study concluded that in terms of profile variables, educational attainment and workload of the respondents do not have direct connection in providing spiritual care. However, study shows that education plays a vital role and to be used as the foundation in every student nurse and used as their guide in the future.<sup>(6)</sup> It is important that all of the nursing students will take spiritual care training.<sup>(7)</sup> Another study presents that heavy workload highly affects nurses, too much workload in their workplace and does not have the opportunity to provide the equal and appropriate care in patient.<sup>(8)</sup> Due to an oppressive workload and time constraint affected the interaction of patient-nurse that is why nurses are not able to provide the appropriate care they want.<sup>(9)</sup>

Under ecumenical practices, study found out that knowing the religion of the client is very important in rendering spiritual care and religion is obtained upon arrival of the patient. Moreover, the mission and vision of the hospital is important in giving appropriate spiritual care to the client because it will mold the nurse to practice spiritual care and to move in accordance to hospital protocols. It is important to respect client’s religion, beliefs and norms, through this, the nurses are trusted by the client to easily identify client’s needs. This supports by the study of Linegang <sup>(1)</sup> Caring for a patient doesn’t matter what religion you belong to and what beliefs you have. Study found out, the nurses considers the religious background of the patient and renders appropriate spiritual care for the client, a study supports the result of this study, they separately defined religion and spirituality. According to the authors, spiritual practice is a person’s way of finding sense of meaning and fulfilling relationship between oneself and to other people and the encompassing universe and the ontological ground for existence.<sup>(10)</sup> The nurses respect the religious preferences of their clients in regards with food, traditions and beliefs. This result supports by the study of Hellman <sup>(2)</sup> holistic nurses respect each perception of individual’s and the articulation of his/her own cultural values, beliefs, and health practices rather than platitude or standardized cultural descriptions. In addition, nurses usually granted the patients request for spiritual care and as well as when the family requested if they can express spiritual needs on their own.

The holistic nurse identifies special areas such as the person’s health and cultural practices, values, beliefs, preferences, meanings of health, illness, lifestyle patterns, family issues, and risk behaviors in order to appropriate provision of care and to avoid violation.<sup>(11)</sup> Spirituality has a great impact in patient well-being. Spiritual plays a vital role in the day-to-day life of the patient, especially at dark moments because it is the time that they mostly needed wisdom and strength which can only be executed using spiritual practices. A study supported the result wherein, they mentioned that both Spirituality and nursing can cause positive effects on clients who need care. These two aspects of care may be used together to promote overall health and improve

the quality of life by living life to the fullest without deficiencies in any part of life.<sup>(3)</sup> The study found that spiritual care is crucial in every patient, in both sick and well patient; in patients who are undergoing surgery, in patients who have a serious illness; in patients who are losing hope (e.g., HIV positive patient and cancer patients). Also, spiritual care is vital for abused and mistreated patients. In these patients' cases, spiritual practices are the suitable care to be rendered because the strength and hope can only be given by the Holy Spirit. A study supports the result of this study, it was stated that in dealing with a patient who experienced physiological alterations due to critical illness, the nurse should likewise deal with psychosocial challenges, moral and ethical conflicts that usually occur within the basic consideration setting.<sup>(12)</sup> Providing spiritual care to the client must be given in appropriate place as long as the place is peaceful and the client is comfortable. The result was supported by a study showing the relationship between the nursing practice environment and work outcomes.<sup>(13)</sup> Prayer must be done in peaceful and quiet places to feel the presence of the Holy Spirit. As one author has put it that spirituality includes the link with God, the connection with themselves, and beyond themselves.<sup>(14)</sup> Another author mentioned Nursing interventions targeted directly at the spiritual health of a patient during hospital care.<sup>(15)</sup> In giving spiritual care to the client, it must be given according to the client's perspective to avoid client's discomfort. Study supports the result, they suggested that the provider must be sensitive to the spiritual needs of the patient, don't force the patient to discuss spiritual topic or practice.<sup>(16)</sup> The nurse considers the proper time in rendering spiritual care to their client, also listening is essential for the clients. Norton<sup>(17)</sup> stated that informing, enhancing, touching, and spiritualizing are the ideal behavior that the nurse must possess which is also perceived by the family and patient itself. Through these practices, a relationship between the family of the patient and the nurse will create a stronger bond. Nursing, on the other hand, is viewed as the health care provider, which helps sick individuals to continue living regardless of their situation.<sup>(18)</sup>

The nurse understands the meaning and relevance of spiritual and provides appropriate spiritual care practices to their clients such as prayers and counselling as part of providing holistic care. Carvajal<sup>(20)</sup> suggests that the greater the understanding of spiritual care of a nurse, the more often spiritual care is used in nursing practice. Recommends enhancing the level of spiritual care offered by nurses to patients, including practices that would encourage spiritual understanding, enhance interpersonal relationship with patients, and the provision of religious articles and practices among others.<sup>(20)</sup> A study on definition of spirituality, spiritual nursing care as an act of recognizing the client as an equal person and not as just a patient.<sup>(21)</sup>

The nurses are supported by their institutions by providing appropriate spiritual items such as bible, rosary, chapels or documentation sheets/checklist that may help their client having spiritual needs. Hellman<sup>(2)</sup> conducted a study to support the increased attention regarding the needs for spiritual care within the hospital setting. They found out that 91 agreed that they are able to report orally in addressing patients' spiritual functioning. Meanwhile, 74 of them can report through documentation or writing. These percentages simply mean that these nurses are able to identify outward patient's needs, which include reading bibles, prayers, and many more that are needed by the external body in connection to spirituality. A study on the Filipino Nurses who have a high level of understanding of spiritual existence give otherworldly care to their patients.<sup>(21)</sup>

## CONCLUSION

Ecumenical care indeed a vital component of nursing practice. Each and every patient must receive the appropriate care in accordance to ecumenical practices. The result of this study is a note taking, the study concluded that spirituality plays a vital role in providing care to the patient which contributes to the patient well-being. Spiritual care is defined as the essence of caring and the provision of this care is inherent to the holistic framework.<sup>(22)</sup>

The result of the study shows that nurses of our chosen hospitals are rendering care in accordance to spiritual practices. Moreover, Sex, Age, Educational attainment, School Graduated, Religion, and workload (time each shift & patient each shift) doesn't affect how the nurses of our chosen hospitals render spiritual care to the patient. This study concluded that the demographic profile of the respondents does not have a relationship with their ecumenical care practices and there is a difference between the spirituality care practices when they are grouped according to their profile.

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