state. I understand that the Assembly is the highest governing body of ANA, where decisions shape national nursing policy, organizational priorities, and the future direction of our profession. My role would be to ensure that the perspectives and needs of Kansas nurses are clearly articulated and thoughtfully considered in those discussions.

Drawing on more than 36 years of nursing leadership experience, I would carefully review all proposed bylaws, policy recommendations, and position statements in advance, seeking input from members of the Kansas State Nurses Association to ensure I am representing their views—not just my own. I would actively engage in dialogue, collaborate with delegates from other states, and advocate for policies that support safe practice environments. ■

Effects of Spirituality on Perinatal Registered Nurses

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Introduction

Spirituality in nursing practice has gained attention in high-stress environments such as perinatal care. Nurses in perinatal care not only provide physical care but also support the emotional and spiritual well-being of mothers and families, particularly in bereavement cases. Despite the recognized benefits of spiritual care, barriers such as time constraints, lack of training, and personal beliefs can limit its integration into nursing practice. This study assesses the role of spirituality in the bereavement and grief process for perinatal registered nurses.

Literature Review

Research on spirituality and bereavement care in perinatal nursing highlights the emotional and ethical challenges nurses face when caring for families experiencing loss. Korean nurses who perceived perinatal bereavement care as a professional duty experienced higher stress levels, particularly when lacking formal training or institutional support (Kim and Kim, 2022). Nurses who received bereavement education reported more positive attitudes and felt better prepared to provide compassionate care. Similarly, another study revealed that nurses and midwives caring for women after pregnancy loss often experienced emotional exhaustion, secondary traumatic stress, and self-blame (Qian et. al, 2022). Most lacked adequate training in bereavement support or strategies to manage their own grief.

Institutional support is a critical factor influencing how nurses cope with repeated exposure to loss. One study demonstrated that sufficient organization support following traumatic events in labor and delivery settings was associated with reduced burnout and emotional fatigue. However, many nurses reported limited access to debriefing opportunities or emotional support resources. When workplace spirituality and emotional well-being were encouraged, compassion satisfaction increased while burnout decreased (Farmahini and Farahani, 2023).

Collectively, these studies underscore the need for structured bereavement education, spiritual care training, and supportive workplace policies within perinatal settings. Integrating spirituality into nursing curricula and clinical practice can enhance nurses' emotional resilience, self-awareness, and capacity to provide holistic, compassionate care. Institutional efforts to establish bereavement protocols, reflective debriefing sessions, and spiritual support systems are essential to sustaining the well-being of perinatal nurses who encounter grief and loss.

Design

The study uses a mixed-methods design, combining quantitative and qualitative data to explore how spirituality influences bereavement care provided by perinatal nurses. It was framed using Dorothea Orem's self-care deficit nursing theory, which emphasizes the importance of self-care in maintaining health and well-being (Orem, 1991). Orem's work has significantly influenced nursing practice, education, and research by highlighting the role of nurses in empowering patients to take charge of their own health. Based on Orem's theory, registered nurses need to acquire the ability to care for their own spiritual needs, to better care for their patients.

In the context of this study, spirituality can be viewed as an essential component of nurses' self-care, supporting emotional resilience and professional fulfillment. Labor and delivery nurses who engage in spiritual reflection or draw upon their beliefs are better equipped to manage the emotional demands of caring for grieving families, thereby preventing compassion fatigue and promoting holistic wellness. When nurses experience a self-care deficit, such as neglecting their spiritual needs, their ability to provide compassionate and effective bereavement care may be diminished. Applying Orem's theory stresses the importance of addressing nurses' self-care practices as a foundation for sustaining the emotional and spiritual strength necessary to support families through loss.

Methods

The study surveyed 20 female registered nurses working in perinatal care areas,

recruited through advertisements in hospitals and social media. Participants came from diverse religious backgrounds, levels of education, and experience. The survey included demographic, Likert scale items to assess the influence of spirituality on bereavement care, and open-ended questions exploring unit practices and the effects of spirituality on nurses' emotional well-being. Data was collected in 2024, with informed consent obtained from all participants.

Results

Results indicate that 75% of participants believe their spirituality has positively impacted their ability to support grieving families. However, there was variability in how spirituality influenced nursing care, with some nurses preferring a secular approach. A significant majority (75%) agreed that spirituality enhances their emotional resilience and well-being. Qualitative data revealed that many nurses find spiritual beliefs provide peace and purpose. Some nurses preferred to separate personal spirituality from professional responsibilities. The survey also identified a lack of structured institutional support for nurses' spiritual needs.

Conclusion

The data reveals a strong belief among many nurses that spirituality can significantly enhance their emotional well-being by providing support, coping mechanisms, and a sense of purpose. A participant wrote, "Being a labor nurse is hard work and we see a lot of terrible things happen. My belief and relationship with God has allowed me to help process a lot of the trauma that I've experienced in my job." The ability to process emotions and maintain community ties through shared beliefs were highlighted as important factors. Overall, incorporating a variety of supportive practices that respect diverse beliefs may enhance the emotional resilience of nursing staff in labor and delivery settings, helping them manage the unique challenges of their roles.

The findings highlight the complex relationship between personal spirituality and the ability to support grieving families. There is a need for healthcare organizations to provide spiritual support programs for nursing staff, including education and structured resources to address spiritual well-being. Future research should focus on developing strategies to integrate spiritual care into nursing practice and support the emotional health of nurses. ■

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