

Spiritual Nursing Course Using a Narrative Process for BSN and MSN Programs

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Abstract

The purpose of this study was to construct a teaching model for a spiritual nursing course in Bachelor of Science in nursing (BSN) and Master of Science in nursing (MSN) programs by using a narrative process. Nursing students learned the skills for reviewing their own negative events and identifying substitute stories as their turning points with positive attitudes, toward the goal of self-recovery. The narrative study design followed Morgan's (2008) steps of narrative therapy. Nursing students described their mainstream stories and then identified the negative events through reading their own stories. This study conducted a spiritual nursing course for BSN and MSN students from August 2014 to July 2015, and included 36 nursing students and 3 cases. The data analysis for the BSN program included identifying the major themes of the narrative therapy process for the model examples. The data analysis for the MSN program consisted of analyzing case stories in vertical and horizontal life contexts. In the BSN program, this study identified the following themes: the interaction between family members and children, including control and autonomy; peer relationships; lost family members; lack of love; gender issues; low self-esteem; and self-identity. In the MSN program, 3 cases qualified as narrative cases: the life stories of a widow, the stories of a single mother to four children, and the stories of a woman who had divorced twice before achieving a happy marriage. Morgan (2008) steps of narrative therapy could provide as the reference for clinical nurses to heal themselves or patients.

Keywords: Spirituality, narrative, teaching, nursing.

1. Background

Spiritual care has been referred to in nursing ethics regulations, nursing education guidelines, policy records, nursing notes, as well as in many American and European studies. Ross [1] systematically reviewed 47 articles by using the keywords "spirituality or spiritual care" and "nursing" from 1983 to 2005 and identified five major paradigms: nurses, patients and caregivers, nurses and patients and caregivers, nursing education, and scale development. Pike [2] systematically reviewed articles by using the keywords "spirituality" and "nursing" from 2006 to 2010 and integrated four domains: concept clarification, religion and spirituality, nursing education, and spiritual care. Both authors have noted the lack of spiritual care education in nursing. In Taiwan, spiritual nursing is merged into hospice care and focuses on cognition and emotional care, but ignores spiritual care for human suffering and borderline experiences [3]. Leeuwen *et al.* [4] developed the good reliability and validity of two spiritual care nursing competences: nurses realizing the different values, beliefs, and feelings between themselves and patients about the professional relationship; and nurses listening to patients' life stories.

Because the lack of spiritual care education in nursing and nursing students could not realize values, beliefs, and feelings of minority groups and listen to their stories, Chung [5] proposed the narrative inquiry applying into curriculum and teaching and Morgan [6] developed the process of narrative therapy. Tsai [7] proposed that narrative therapy helps people examine their own perseverance and recover through their unique stories, which could enhance their resilience to difficulties and give them the courage and ability to conquer challenges. The motivation of this study was to combine narrative study with therapy for nursing students to learn how to self-discover their own and the case's stories and at the same time identify their own ways of self-resilience.

2. Purpose of the Study

The purpose of this study was to construct a teaching model for a spiritual nursing course using a narrative process in Bachelor of Science in nursing (BSN) and Master of Science in nursing (MSN) programs. Through the course, nursing students learned the skills to review their own negative events and identify substitute stories with positive attitudes as their turning points, toward the goal of self-recovery.

3. Literature Review

Reviewing the literature relating to narrative therapies revealed three major themes: clan, illness, and negative events. Family, children, adolescents, and elderly people, and nurses were included in the clan. For families, narrative therapies were found to heal the intimacy relationship between couples, and violent cases could be self-empowered and recovered through the narrative process [8, 9]. The narrative process has also helped children express and interact with others and interpret children's stories through counseling, which transferred their problems and identified the uniqueness of their beings as a meaningful and growing life [10, 11]. For adolescents, deviant behaviors and learning problems could be counseled and healed by the narrative process through positive attitudes and thoughts [12, 13, 14]. Additionally, narrative therapies have been used in counseling with parents and children to address problems in gender identity and homosexuality [15, 16].

Regarding elderly people, Hsu and McCormack [17] studied the feelings of 28 elderly rehabilitation patients toward their hospital services, and successful services included respectful understanding and acceptance of those patients. Chen [18] explored the life context of 138 elderly people to construct their sexual identity. They found that elderly men often presented the achievements made over their entire life and elderly women reminisced about their family activities; furthermore, elderly men interpreted their aging as powerless, but elderly women expressed their lives as developing in a diverse world. In spirituality for elderly people, faith is the turning point, with the influencing factors of inner meaning and connection, interaction between family and friends, and socio-cultural and construal factors [19]. Ku, Ku, and Ku [20] applied reminiscence photos to lead an elderly military woman to describe her life on the vertical and horizontal axis to discover her life meaning and achievements.

For nurses, Shrubsole [21] examined public health nurses and the merging of the Christian faith into the community process and identified four themes: life faith, guidance, gatekeepers, and the blessing of God. With the exception of public health nurses, a life-developing context could affect a nurse's choice of working in hospice care, with the influencing factors of job stability and positive attitudes toward hospice nursing [22]. Robichaux and Clark [23] explored the internal conflict in nurses caring for terminal patients and identified three themes: the protector or surrogate for patients, the presentation of facts, and job frustration and termination. Chang [24] identified the coping processes of frustration and perseverance in nurses, including negative points, facing, transforming, and love-involving. Chang and Ku [25] constructed the passionate life experience of a critical care nurse and identified the four themes of insisting and support, positive power, conflict and training, and worldview. Additionally, Liu, Chung, and Ku [26] constructed the life experiences of a psychiatric nurse and identified four themes: mutual living and independence, sorrow for losses, the effectiveness of Buddha, and the integrated family.

On illness, Chou et al. [27] explored the suffering experiences of 21 terminal cancer patients and how they used inner and external resources to cope with their suffering, and also applied Eastern philosophies to transform the spiritual pain. Molzahn et al. [28] used a narrative study to explore the spiritual stories of 32 severely ill patients and identified three themes: spiritual faith, life-forming beliefs, and identified meaning. Cheng and Chou [29] used a narrative process to explore the suffering and self-awareness of women with obstetric cancer, reconstructing their life meanings through deconstructing gender issues to identify their essence of existence and values. Regarding negative events, Chapple, Swift, and Ziebland [30] narratively studied 40 people in England who have undergone disasters; they found that some people used religion and faith to overcome their trauma, and others did not think religion was helpful, or thought their help had no relationship with religion. In sexual harassment and assault, narrative studies could help victims reinterpret their trauma stories as part of their unique lives and gain their identity [31, 32].

Overall, the literature on narrative studies included family, children, adolescents, elderly people, nurses, illness, and negative events. It included few narrative studies on nurses, but nursing students. However, the narrative process is a self-recovery journey whereby nursing students describe their stories, both positive and negative; from this, they can reach a turning point in their lives and develop strategies for strengthening their coping abilities.

4. Research Methods

The narrative study design by Morgan [6] outlined the narrative therapy of nursing students who described mainstream stories and identified their negative events through the reading of their own stories. Nursing students gave their negative events nicknames, as the process of externalization; they also analyzed those negative events by determining when they start, the factors that influence them, and the effect on their lives. The nursing students also identified their turning point, which meant that there were critical points for them to transform. Finally, they learned how to find substitute stories as a coping mechanism whenever negative circumstances arose.

A teaching model for a spiritual nursing course using a narrative process was constructed for BSN program, as shown in Tables 1. The principal investigator first introduces the course with leading thoughts, and explains the definition of spirituality from different experts. Spiritual assessment skills are then developed through first-reflection journals after accompanying and listening to persons of the nursing students' choosing. Spiritual development and grief are introduced following a second narrative writing about main stories to identify negative events. The relationship between spirituality and themselves, others, and faith are explained following a third narrative writing that analyzes negative events by calling them nicknames for externalization. The fourth deconstruction writing aims to identify substitute stories by consistently reviewing the second and third journal writings. Finally, the four reconstructed writings are used to enrich the substitute stories, transforming the nursing students' negative events into positive points of view by using literature, music, nature, and art. Every student in the course of spiritual nursing for BSN program wrote eight narrative writings by following the reflection questions, as shown in Tables 2.

Table 1: Teaching content of the BSN program

Week	Content	Week	Content
1	Course Description/ Thinking Thoughts	9	Narrative Writing(二)/Externalization/ Analyzing Negative Event Deeply
2	Definition of Spirituality	10	Deconstruction Writing(三)/ Looking for Substitute Stories
3	Spiritual Assessment	11	Reconstruction Writing(四)/Literature
4	Spiritual Assessment Writing(一)	12	Reconstruction Writing(五) /Music
5	Spiritual Development	13	Reconstruction Writing(六) /Nature
6	Spirituality and Grief	14	Reconstruction Writing(七) /Art
7	Narrative Writing(二)/ Main Stories	15	Reflection Feedback Writing (八)/ Members Integration and Talk
8	Spirituality with Themselves, Others, and Faith	16	Narrative Therapy Graduation

Table 2: Reflection questions for eight narrative writing

Number	Reflection questions
Writing(一) Spiritual Assessment	<ul style="list-style-type: none"> -Write down your and other's definition of spirituality and compared your definition with the others and experts', what are the similar and difference? -Accompany with one family or friend with less talking, and write down the feelings of accompanying -Practicing the skills of listening from one family or friend whom you just accompany with and analyze what he/she has talked, not talked but he/she knows , and not talked but he/she does not know
Writing(二) Main Stories (Negative Events)/ Externalization/ Analyzing Negative Events Deeply	<ul style="list-style-type: none"> -Reflecting own life by human developing process, which stage do you consider being performing best? Which stage do you consider being performing worsen? -Write down whatever being hurt and how to self-recovering, and experiencing of illness and dying of family members -Narrative analyzing/Externalization: naming of the problems as nicknames/finding the history and influencing factors of the problems Leading Questions for Analyzing Negative Events Deeply -When do you start to pay attention on the problems? -When do the problems become stronger and weaker? -How do the problems influencing your daily life? -How do the problems influencing your role, feelings and thoughts, values and meaning, looking at things? -How do the problems influencing your relationship with others, and social interaction? -How do the problems influencing your faith?
Writing(三) Deconstruction /Searching Substitute Stories	<ul style="list-style-type: none"> -Leading students read what they have written stories consistently and continuously to identify the substitute stories, which means that the way to self-recovering according to own experiences of being hurt, sickness, and dying of family or others -How do the above experiences help them go through recovering? Leading Questions for Searching of Substitute Stories -When do you start to have the energy to face the problems? -How do you let the problems not become worsen? -What methods and steps do you use for fighting the problems? -During coping the problems, what are your own personality, beliefs and values, intention and motivation, personal abilities, quality of relationship found? -Created the new stories based on the previous old stories with the process of deconstruction. -Externalization: naming of the new stories as nicknames
Writing(四) Reconstruction by Literature	Searching for a literature, write down the main points and how could they enrich your substitute stories? Writing down your own feelings of self-recovering
Writing(五) Reconstruction by Music	Searching for a song, write down the main points and how could they enrich your substitute stories? Writing down your own feelings of self-recovering
Writing(六) Reconstruction by Nature	Searching for the trees, animals, or traveling...etc, write down the main points and how could they enrich your substitute stories? Writing down your own feelings of self-recovering
Writing(七) Reconstruction by Art	After conducting the creative art activities, write down the main points and how could they enrich your substitute stories? Writing down your own feelings of self-recovering

Writing (ハ) Reflection Feedback /Members Integration and Talk	-The main stories of your own life -The substitute stories of your own life ° -From the main to substitute stories of your own life, what is your growing experience?
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A teaching model for a spiritual nursing course using a narrative process was constructed for MSN program, as shown in Tables 3. The principal investigator first introduces the course with leading thoughts. Spiritual assessment skills in nursing students are then developed through reflective writing after accompanying, empathizing, and listening to persons of their choosing. Narrative research and therapy are then taught to students, along with interviewing skills and principles. Spiritual development and concepts related to spiritual well-being, suffering, and crisis are introduced so that students can distinguish the spiritual status of their stories and in case studies. Nursing students initially wrote their stories following Morgan's (2008) narrative therapy process and then interviewed their case using narrative study skills and principles to identify the case's spiritual problems. Finally, nursing students conducted a literature review based on the case's spiritual problems to identify problem-solving strategies and to draw a spiritual care map, by integrating the themes of the case's stories with findings in the literature. Every student in the course of spiritual nursing for MSN program wrote the personal life story by following the reflection questions, as shown in Tables 4.

Table 3: Teaching content of the MSN program

Week	Content
1	Course Description/Thinking Thoughts
2	Spiritual Assessment Skills/Listening, Empathy, Accompany
3	Narrative Research/Therapy
4	Interviewing Skills and Principles
5	Spiritual Development/ Spiritual Concepts (1)-well-being
6	Spiritual Concepts (2)-suffering Spiritual Concepts (3)-crisis
7-9	Personal Life Story/Substitute Story of the Students
10-12	Personal Life Story/Substitute Story of the Cases
13-15	Literature of the Cases
16-18	Spiritual Care Map of the Cases

Table 4: Reflection questions for the personal life story

Number	Reflection questions
For students	(一) Life Review Please talk about your childhood (1-12 years) ? Please talk about your teenage (13-29 years) ? Please talk about your adulthood (30-59 years) ? (二) Main Stories According to the description, what were your negative events? When was your most important turning point for your negative events?

	<p>Please described the situation for that moment, and how did it change your life and your opinions about life? How did you cope during the process? What were your supports?</p> <p>(三) Help yourself conduct the process of externalization according to the negative events and search of the nicknames for the spiritual problems and explored the history and influencing factors for them</p> <p>(四) identify substitute stories and enriching them</p> <p>(五) reflection feedback</p> <p>From the main to substitute stories of your own life, what is your growing experiences?</p>
For the elderly cases	<p>The First Interview Guide</p> <ul style="list-style-type: none"> -Talk with the case causally -Explain the purpose and process of the interview -If the case agrees with participating in the interview, ask he/she sign the inform consent -Preparing and testing the recorder and ask the case as ready to be interviewed <p>Interviewing the case by following the guides:</p> <p>(一) Life Review</p> <ul style="list-style-type: none"> Please talk about your childhood (1-12 years) ? Please talk about your teenage (13-29 years) ? Please talk about your adulthood (30-59 years) ? Please talk about elderly (60 years and above) ? <p>(二) Main Stories</p> <p>According to the description, what were your negative events? When was your most important turning point for your negative events? Please described the situation for that moment, and how did it change your life and your opinions about life? How did you cope during the process? What were your supports?</p> <p>Listening, Recording, and Organizing The First Interview Data</p> <p>The Second Interview Guide</p> <p>(三) The interviewer reviewed the first interview data with the case together to search for the negative events and lead externalization by calling the problems as nicknames to identify the history and influencing factors of the problems</p> <p>(四) Identify the substitute stories and the ways to enrich them</p>

This study was supported by a national research grant (MOST 103-2511-S-242 -001) and was approved by the institutional review board (FYH-IRB-103-08-02). A teaching model for a spiritual nursing course in a BSN and MSN program was conducted from August 2014 to July 2015. In both the BSN and MSN programs, the principal investigator announced this elective course by following Morgan's [6] process of narrative therapy and every student wrote eight reflective writings. If the students did not want to write the reflective journals, they could cancel the elective course. In total, the spiritual nursing course for the BSN and MSN programs had 56 and five nursing students, respectively, registered and participating in the course. BSN students wrote eight reflective journals following the principal investigator's guidance, and after grading the scores, they were invited to participate in the study and signed a consent form as agreement. MSN students also signed a consent form to participate in the study. They further invited elderly people to be interviewed after screening for the absence of cognition problems and depression by using a short portable mental status questionnaire and the Geriatric Depression Scale. These elderly respondents gave their written consent for the interviews. BSN and MSN nursing students were offered \$NT100 each for participating in this study; the elderly respondents were offered \$NT500 in bath gifts.

To ensure confidentiality, data analysis was conducted using the externalization nicknames created by the BSN students, MSN students, and the elderly respondents instead of personal information. Each investigator in the narrative study team also signed an agreement to not disclose any of the students' personal information and to use only nicknames so that no connection could be made between reflective journals and the interview data. Data analysis for the BSN programs followed Morgan's [6] narrative therapy themes: negative events, externalization, transformation, and richening substitutes through literature, music, nature, or art therapy. The data analysis for the MSN program further followed the structure of Ku, Ku, Ku [20], analyzing stories in vertical and horizontal life contexts by using Morgan's [6] process of narrative therapy.

5. Results

For the BSN program, 36 of 56 nursing students (64.2%) signed the consent form and participated in the study. Narrative therapy themes included the interaction between family members and children, including control and autonomy; peer relationships; lost family members; lack of love; gender issues; low self-esteem; and self-identity. Tables 5–7 present model examples of different themes following Morgan's (2008) process of narrative therapy.

Table 5: Themes and examples following Morgan's (2008) process of narrative therapy

Process	Themes/Examples	
	Family and Children Interaction with Controlling and Autonomy	Peer Relationship
Events	Whenever I have the different opinions with my mother, I will obey her and felt the insufficient communication among family.	I had a good friend who was the core person in the class and onetime I fight with her, but everyone supported her and bullied me, which has made me feel depression.
Internalization	I will follow what my mother said to me from childhood and envy my junior high school students who could buy whatever they like, but I only could buy the small decorations and could not buy clothes; therefore, 「bad girl」 was coming out.	I called the problem of peer relationship as 「grey」, although life does have black and white color as positive and negative aspects, 「grey」 was my growing memory.
Transforming	I do not know how to face my problems and even communicate with fighting bravely.	Now my personality become causally and carefully, but easily getting hurt, and learn how to be perseverance consist ently as becoming 「yellow and white」 color.
Richening Substitutes	Music- I would like to listen the song of 「afraid to miss home」 to present my value of family and expect them could respect my own thoughts.	Literature-I described the definition and distinguishing between myself and friends through the book of 「this is so called friend」.

Table 6: Themes and examples following Morgan's (2008) process of narrative therapy

Process	Themes/Examples	
	Lost Family Members	Lack of Love
Events	I could not accept that the grandmother suddenly died and I even did not hold her which made me feel full of regret.	Parents divorced stroked on me greatly and seems I was abandoned by the whole world with teasing no mother and felt low self-esteem and sounds like I lost one angle of my heart.
Internalization	After the grandmother died, I started to pay attention on the 「regret」, which was becoming seriously during the night.	After parents divorced, my father disappeared and whenever I face frustration or difficulties, 「woof」 would become stronger.
Transforming	The way to cope the 「regret」 was willing to change and face self bravely with the positive thinking and learning to love immediately.	When 「woof」 becomes stronger, I will release my emotion by listening music, exercising, going into ocean or gaining positive thoughts and inner perseverance from family supports.
Richening Substitutes	<p>Literature-After reading the article of 「urgent turning of life」, my feeling was that the most important thing in life is not what is happening, but the ways and attitudes to handle it, and to accept own regret and be not perfected.</p> <p>Music-After listening the song of 「different in everyday」, my feeling was to cherish those who were around me to avoid regret.</p> <p>Nature-Traveling could relax my physical, psychological, and spiritual aspects with courage as the enriching factor to regain spiritual energy.</p> <p>Art-After I created the picture 「Cat and Fish」, my feeling was that the enriching factors included cherishing the important persons around me and courage to let regret go away.</p>	<p>Literature-The book of 「king of adventure by the daydreamer」 helped me find the initial life passionate and spirit of adventure gradually.</p> <p>Music- The song of 「I feel sorry to myself」 could help me perseverance during difficulties and identify the route in the darkness to become the most beautiful scenery.</p> <p>Nature-I remember that my father used to bring me back to the secret place of my hometown where everyplace has the meaning of existence and soul and identify my own wellbeing.</p> <p>Art-After I created the picture of ocean and sky, I felt the mind of human beings should like the openness of ocean and sky, which could have the function of cleaning spirituality.</p>

Table 7: Themes and examples following Morgan's (2008) process of narrative therapy

Process	Themes/Examples	
	Gender Issues	Low-Esteem and Self-Identity
Events	Because I am a homo, I am afraid to introduce my lover to others and finally I lost my friend and lover and only left loneliness, frangibility, and sorrow.	Parents compared with me by sister and brother during childhood which made me felt low self-esteem when growing up.
Internalization	I hope my family could accept that I am a 「lesbian」 and felt proud of being a 「lesbian」.	I started to pay attention on the existence of 「itself」 whenever the exam scores given me the stress and cared about the criticizes from others and could not accept everyone, including myself.
Transforming	I felt proud of being a 「lesbian」 after supports from my family and friends bravely and I believe the value of human being with making efforts.	I try to use the vision of God to face 「itself」 and could look at the beautiful side with paying brave and forgiveness and then 「itself」 could leave and gain freedom.
Richening	Music-I used the songs 「the power of existence」 and 「what is difference」 to present my own feelings which should be respected and contented and used the song 「let it go」 to represent self balancing.	Literature-I will open the bible and read Poem Chapter 23 and let Almighty God as my provider and relying on whenever I felt weakness and powerless. Nature-I like to take photos and onetime I saw the touching and beautiful scenery which let me think about Jesus Christ baptism with the voice from the sky : “this is my lovely and favor son” Art-I have the habits of collecting postcards and mark cups to rich my life which made myself as unique and joyful.

In the MSN program, although five nursing students did not sign the consent form, four out of five potential respondents (80%) agreed to be interviewed and participated in this study; however, only three cases qualified as narrative cases. These three case studies comprised the life stories of a widow, of a single mother who raised four children, and of a woman who had divorced twice before achieving a happy marriage.

In the first case, the respondent's husband had a stroke and died during her adult period (30–59 years old). The respondent described the negative event of becoming a widow as a *widowed pain abyss*. Her recent experience of hypertension was identified as the turning point for her and her children and siblings. She had started to plan her retired life with a spiritual peace.

Based on the vertical life of the second case, the happiest time of this respondent was during her childhood (1–12 years) among a rich family. She then met her partner as an adolescent

(13–29 years) and became pregnant. They were later married, but her husband developed bad habits such as gambling and having affairs, and acted violently toward the respondent. The respondent called her negative event the *fool period*; the turning point was when her mother told her that if she ever chose to kill herself, then her mother would commit suicide too. The respondent, working different hard jobs, decided to independently raise her four children. Finally, her four children had positive comments about growing up with her.

Analyzing the third respondent's childhood, adolescent years, adulthood, and old age, this study identified the major themes of *lonely with a lack of love, patriarchy and shadow, affair pain, and happy marriage*. An examination of the respondent's horizontal life with the deep description of her unique experiences revealed the major themes of *bereavement remorse, understanding parental love, and blessed grace*.

6. Discussion

Most of the narrative studies in the literature mainly focused on problems such as parenting, relationships, illness, negative events, and work and life experiences. Internal and external coping mechanisms were identified either by the respondents themselves or by the interviewers; however, they lacked strategies for guiding the identification of problem-solving routes to self-recovery. This study combined the skills and principles of narrative studies with Morgan's [6] steps of narrative therapy to teach nursing students the paths of self-resilience; the journal writing of stories was used for students to identify their negative events and the turning point for their substitute stories, and to identify the strategies for enriching their substitutes.

In the BSN program, the stories of the 36 nursing students revealed themes such as the interaction between family members and children, including control and autonomy; peer relationships; lost family members; lack of love; gender issues; low self-esteem; and self-identity. The literature on family issues focuses on the counseling of couples and violent cases [8, 9] rather than the problems identified in this study, which were the interaction between family members and children, and broken family relationships resulting in a lack of love. The literature on peer relationships and adolescents concentrates on deviant behavior and learning problems with self-identity issues [10, 11, 12, 13, 14], rather than the gender issues, low self-esteem, and self-identity indicated by the nursing students in this study. However, Tseng [15] and Hsieh, Lin, and Wu [16] have identified gender and homosexual issues similar to the results in this study. Nevertheless, there are few narrative data on the life experiences of the elderly respondents in this study, in contrast to the literature [17, 18, 19, 20]; however, a lost elderly family member has made one nursing student in this study cherish family and friends more.

In the MSN program, three cases qualified as narrative samples. Although different from the literature on illness and severely ill patients, as well as from the narrative life experiences of the nurses, the process of healing through narrative therapy was similar. For instance, Chou et al. [27], Molzahn et al. [28], and Cheng and Chou [29] have used narrative methodology to help severely ill patients identify themes and cope with their suffering. Similarly, other studies have shown how people use spiritual beliefs and the process of narrative therapy to cope with tragedies such as natural disasters and sexual harassment and assault [30, 31, 32]. The circumstances in these studies were similar to those of the widow, single mother, and twice-divorced woman in this study undergoing the process of self-therapies through the narrative process. However, the literature also includes contrasting studies such as Shrubsole [21], who explored how public health nurses merged Christian faith into the community process; Lin [22], who identified how the life context of nurses influenced their choice of working in hospice care; and Robichaux and Clark [23], who studied the internal conflict of nurses caring for terminally ill patients, focusing on the nurses' narrative experience to develop a community spiritual care program and the effect of their life experience on their career choices.

7. Conclusions

This study applied Morgan's (2008) steps of narrative therapy to nursing students and interview cases to help them learn the process of self-discovery and self-healing through the narrative process, toward the goal of self-resilience. For the BSN program, the study focused on the nursing students' personal healing process; however, for the MSN program, the students learned the narrative therapy process and applied it to the interview cases. Five major points can be derived from this study:

1. This study helped BSN and MSN nursing students become self-aware of their traumatic experiences and discover coping mechanisms to promote their spiritual powers for overcoming frustration.
2. This study taught MSN nursing students how to assist clients in becoming self-aware of the negative events in their life and discover coping mechanisms to promote their spiritual powers for overcoming negative events.
3. The teaching model for the spiritual nursing course used a narrative process combining the theories of the Parse model of human becoming and the Rogers energy model of unitary human beings (Tomey & Alligood, 2006), meaning that through the connection and detachment of stories, nursing students and teachers could transform their spirituality into the spiral shape of promoting.
4. The spiritual nursing course should encompass the five goals of communication, professional caring, problem-solving, reasoning speculation, and the life-long learning of nursing core competences developed by the nursing department.
5. The process of narrative study is different from that of Evidence-Based Nursing (EBN), that clinical decision making is decided by the outcomes of the evidences-based research with suggestions of the clinical expertise following the preferences and values of the patients (Wu, 2015), rather than focused on life stories of the patients to identify their spiritual problems, providing as the basis of literature review, to integrate the themes of the case's stories with findings in the literature, and to draw a spiritual care map (Ku, 2015).

Recommendations for future studies include applying narrative studies combined with Morgan's (2008) narrative therapy process to nursing teachers as well as nurses who work in clinical settings.

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