

Spirituality and Self-Reclamation: A Response to Nursing on the Margins of the Profession

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Abstract—This paper focuses on spirituality and religious faith as a significant resource in the lives of Black nurses in a Nova Scotia, Canada. It argues that as a valuable source of self-identity and meaning-making, spirituality merits serious consideration in nursing research. This treatment of the subject brings together current attention to the work-life experiences of minority nurses in Canada’s healthcare system and new interest in spirituality as inherent to nursing care. Validating the spiritual strength and sensitivity expressed by the Black nurses would both allow the nurses to be wholly themselves as nurses, and make that strength and sensitivity available to a healthcare system that has need of them. It might be possible to bring both minority group nurses and spirituality back from the margins of the nursing profession,

Keywords- Nursing, minority nurses, spirituality, identity, meaning-making, work-life experience

I. INTRODUCTION

The need for ethno-cultural diversity within health care organizations is an issue with increasing international relevance as global populations become less homogeneous and public expectations for health care practice call for greater knowledge of and sensitivity to diverse cultural and personal experiences of sickness and health. To address the need for diversity within the healthcare workforce, initiatives to support minority nurses’ recruitment, retention and advancement are sorely needed [1]. For these programs to be effective, it is crucial that the experiences of minority health care providers currently in the system be understood and incorporated into developing policy. This concern has led to a growing interest in race, ethnicity, and racism within the nursing profession, both within Canada, and internationally [2]-[10].

The current work is based on the findings of a study designed to explicate the work life experiences of Black nurses working in Nova Scotia, Canada. Black health care professionals in Canada find themselves in a health care system where they are marginally represented. Being a Black health care professional in a predominantly white health care system has its difficulties. However, despite these challenges, some Black health professionals survive and thrive in their chosen careers. This study revealed the strength and resilience of the Black nurses who succeeded in their profession, and pointed to the importance of religion in that success. This paper will explicate the crucial role that spiritual practice and religious faith played in grounding the participants’ sense of self, and in supporting their work as nurses.

It is hoped that understanding the factors that support minority people’s engagement in the healthcare system will lead to policies and practices that acknowledge, validate and accommodate those factors. As reference [11] argues, the important role of spirituality and religious faith in supporting the agency of Black women requires particular attention because it is too easily overlooked by the biases of Western academic inquiry.

II. STUDY CONTEXT AND METHODS

The purpose of the original research was to explore the work life experiences of Black registered nurses in one of Canada’s eastern provinces’ health care system specifically, recognizing the ethno-cultural heterogeneity within the Black population in Canada and the different experiences of Black communities in different parts of the country [12]. For example, previous studies exploring the experiences of Black nurses in Ontario and Quebec focused primarily on recent immigrants from the Caribbean [13]-[15]. Reference [16] reports that Black people are the third largest visible minority group in Canada, after Chinese and South Asian-Canadians. 53.1 % of this Black population is immigrant. Black immigrants outnumber their non-immigrant counterparts in cities across Canada with the exception of the capital city of this province (Halifax), where, according to Statistics Canada “9 in 10 Blacks...[are] Canadian-born...the highest proportion of Canadian-born Blacks in any metropolitan area in Canada [and] in fact, the highest proportion of Canadian-born visible minorities in the country” [17]. This exceptionality invited an examination at the local level.

Nova Scotia is one of Canada’s ten provinces and three territories. It is located on the east coast of the country and is bounded by three other Atlantic provinces; Newfoundland, New Brunswick, and Prince Edward Island. Nova Scotia’s population is approximately one million, with Black people comprising over twenty thousand of this number [18].

Seventy percent (14 of 20) of the study participants were “indigenous” African Nova Scotians. Three of the six first-generation nurses were from the African continent, two from the Caribbean and one from the United States. Nineteen of the nurses in the study had Canadian citizenship while one nurse was on a work permit. The participants had worked in various areas of the province, from Sydney in northern Cape Breton, to Yarmouth in South Western Nova Scotia. The study sample included both rural and urban participants; however the majority lived and worked in the Halifax metropolitan area at the time the interviews

were conducted. There were 17 females and 3 males in the study sample. The participants ranged in age from 27 to 72, with a mean age of 51. Out of these participants, 55% (11 nurses) were over 50 years of age, reflecting the reality of an aging nurse workforce across Canada [19]. Their years of nursing experience in Nova Scotia ranged from two to forty, with an average of twenty years of work experience. Fifteen (75%) of the study participants entered nursing with diploma level education, again mirroring the general nursing population in Canada where 76% of nurses have diploma level. According to [20], a heterogeneous sample facilitates the discovery of commonalities embedded in diverse experiences. Therefore, participants were deliberately selected to ensure maximum diversity.

The data were collected by the sole researcher using informal interviews, observations, field notes and group meetings. Data were analyzed using the constant comparative method. Atlas ti qualitative data management computer software facilitated the analysis process. Consistent with the constant comparative method, data collection and analysis occurred simultaneously. Constant comparative method is a central element of the data analysis in grounded theory. It involves comparing incoming data continuously with already collated data as the researcher analyzes, conceptualizes and articulates emerging theory. A discovery model of theory development (Grounded Theory) was adopted since the goal of the research was to articulate social behavior, specifically the work life experience of Black nurses in Nova Scotia, and the resources and strategies they drew on to navigate that experience.

The theory that emerged explicated their experience of surviving on the margins of the nursing profession. The substantive theory “surviving on the margins of a profession” is explored fully elsewhere [21]. This work draws out one particular aspect of that research to highlight the significance of spirituality as it emerged from the data and fit into the developed theory. Spirituality, as individual worldview, collective practice, religious faith, and self-awareness was a constant presence in the narratives of the Black nurses who participated in my research.

III. FINDINGS

In order to understand the work life experiences of Black nurses within the Nova Scotia health care system, it will be helpful to have an overview of the historical experiences of Black people in that province. The arrival of Nova Scotians of African descent dates back to the early 1600s when Black slaves arrived together with the early colonizers [22]). The largest group of Black immigrants was Loyalists who came to Canada in the late 1700s, during and following the end of the American Revolution and the independence of the United States of America between 1776 and 1783 [23]. Like many early Canadians, they came in search of freedom and better lives for themselves and their families. Their journeys were full of trials and tribulations which did not end with their arrival in Canada where they met failed promises of land, unstable farming and living conditions, and the

forced relocation of whole communities [24]. The best known example of such relocation is the destruction in the late 1960s of Africville, a Black settlement on the outskirts of Halifax. Encounters with discrimination and racism forced many Black people to become dependent on various forms of relief aid as a survival measure [25]. In spite of obstacles and institutional barriers, people of African descent have persevered to obtain work as nurses, teachers, social workers, and other professionals [26].

Black people constitute the largest visible minority group in Nova Scotia, comprising 51% of the total population of visible minorities in the province [27]. According to the 2006 census, 13, 270 Black people reside in the Halifax Regional Municipality [28]. The most recent census figures (i.e. the 2001 Halifax Census Division community profile) give the proportions within the Black community in Halifax as 81% Indigenous, 14% Caribbean and 5% Continental African [29]. In relative and actual numbers, the multi-generation “indigenous” Black community represents a significant sub-population in Nova Scotia which affects daily life in general and work life in particular throughout the province.

A recent study exploring the well-being of mid-life African heritage women living in Nova Scotia highlighted the significance of religion and spiritual practice in their lives. Reference [30] links the current reliance on religion reported by participants in their study to the longstanding significance of religion as a socio-political force within Black communities in Nova Scotia [31]. The Church, specifically the African United Baptist Association, has been steadfast as a haven of security, and an advocate for Black rights in Nova Scotia. Reference [32] points out that as well as nourishing deep friendships and a life-affirming sense of being needed by others in the present, their experience of religion links these women with a well of strength and affirmation drawing on victories over past tragedy and oppression. Reference [33] also describes the phenomenon of the intergenerational transmission of strength, describing spirituality as “the glue which connects them [Black women in the Diaspora] to the past and the present, and has been a source of survival” [34]. Religion, whether as private faith, or public participation in worship and service, was and is a vital part of the social cohesion and resilience of Black Nova Scotian communities, particularly among women

IV. BLACK NURSES WORKLIFE EXPERIENCE

Historically, Black nurses in Canada have been oppressed by the interlocking social systems of racism, classism and sexism [35]. Black Canadians were not admitted into nursing schools prior to the 1940s because the hospitals would not hire them [36], [37]. The entrance of foreign trained Black nurses into the country was curtailed through differential immigration policies [38]. Reference [39] claims that “perceiving Black men and women as inferior, undesirable and likely to create permanent economic, social and race relations problem, immigration officials sought to avoid this difficulty by restricting entry to

those whose services were in urgent demand, and only when sources of white labor were unavailable” [40]. This differential immigration policy, coupled with informal racial segregation in the nursing workforce, reinforced Black nurses’ subordination in the workforce [41].

Black nurses in Canada, like their counterparts in the United States [42] and Britain [43], [44] are mostly found in lower level nursing positions such as that of the staff nurse [45]. For instance, at the Toronto hospital where [46] conducted her research the management team was predominantly White, while 56% of the frontline nursing staff were people of color, with Black people comprising 30% of that population. Most of the Black nurses employed in the hospital worked outside the “high-technology and high-status specialty units” where there were better opportunities for further training and nurses were encouraged to take courses.

The Black nurses who participated in my Halifax study also experienced racially-based discrimination as a challenging reality in their workplaces. They described feelings of alienation and isolation on the job, as well as more blatant incidents of marginalization and exclusion. The following excerpts clearly express the challenges of their work environments. They highlight experiences of isolation:

- “It is very challenging and it is isolating to be a Black nurse in a White majority setting.”
- “I still do struggle with feeling alone as a Black nurse, you know, feeling like there is nobody.”
- “there’s definitely a feeling of loneliness, you know, you definitely feel very lonely...”

They point to experiences of exclusion from opportunities for professional growth or advancement:

Administration at the time . . . they would pay for you to have your education, no one ever discussed that with me...I took a weekend off once and . . .was docked two day’s pay, which I grieved through the union and lost it, but you know, I, it was always that kind of. . .attitude that, you know, ‘we’re not going to help you with this, you’re going to get through this on your own, it’s not something that we’re going to. . .help you with’. When they could have made...

The technicality that I didn’t have the masters, the bachelors of nursing, you know, I was really not . . . as I was told by one of them, I was not really . . . you know, competent. And actually the term competent was used. And I took all the courses, did all the prescribed stuff and so on, you know, they would have like maybe five team leaders and I would be sort of a junior team leader, and I stayed as a junior team leader, and I never moved up; everybody else around me did, but I didn’t.

They speak of discrimination and personal rejection based on race:

I have five patients, who refused to have me treat them, but thank goodness they were few and far between...I went to help her cut up her food, she was a neuropatient, and she needed assistance to eat. And she said, please, don’t touch my food. I was shocked... So, I told my co-worker who herself expressed some surprise, and she said, don’t worry, I will take over for you, and she took over the patient for me. So she was quite understanding of the situation...I thought, what did she think I was going to do with the food? Did she think I, my hands were going to contaminate it? What was she thinking of...I think deep down inside, there’s still the perception that we came from slavery and that we’re second-class citizens.

I was an RN, and I went in the house as an LPN. And he still refused to let me go in and take care of the patient, as an LPN. He told me that he didn’t trust me. And he actually told the agency, and they pulled me out of the house...The manager at the agency, actually told me that this client, this is the first time he has come across a Black person going into his house, and he’s not used to, and he’s never seen a Black nurse in his life... He didn’t even give me the opportunity to prove myself. As soon as he saw the Black person, he thought I was going in there to steal and he didn’t trust me walking around the house. He was always behind my back watching me...

The nurses cited above are only a sample of the data collected. All of the participants in the study reported experiences of racism expressed in terms of being excluded from information about professional education opportunities, overlooked for professional advancement, and/or feeling scrutinized by colleagues, administrators and patients. Unfair treatment based on accent, skin color, cultural practices and communication patterns act to devalue Black nurses’ knowledge and experience, even in their own minds. The cumulative effect of these experiences is obviously dispiriting and stressful.

It makes you feel... humiliated and degraded... because here was I, a qualified RN, I moved a step down to work as an LPN, and even that I’m not even given the chance to do that because of my skin color... so one feels really humiliated and degraded... you feel worthless, as if you’re not quite sure of what’s going on.... And you see your other colleagues, they don’t go through the same thing and they are even less qualified and they’re getting it all, like comparatively. It makes you really feel humiliated and less worthy.

It can be hard. It can be stressful. Very stressful ... Being Black is stressful enough, and you always have additional stress... and like I said, in the unit I’m the only black person, I don’t have anybody to identify with. So all those little things that one needs help with, apart from the stress of the work, you have that stress added, you know. And you’re carrying that baggage on you the whole time.

V. SPIRITUALITY

The Black nurses who participated in this study cited faith in God as their most valuable asset in surviving the challenges of their work-life situations. Spirituality seems to have special significance in off-setting the corroding effects of racism. Experiencing themselves as spiritual beings allowed them to reclaim themselves as whole and worth-while, in the face of discouragement and negation. Reference [47] argues a definition of spirituality that goes beyond religiosity to focus on the human spirit as the locus of a vital life force. They point to the important success of spiritual practice as a strategy to safeguard the wholeness and integrity of the person in the face of stress. Reference [48] defines spirituality as the “experiences and expressions of one’s spirit in a unique and dynamic process reflecting faith in God or a Supreme Being; connectedness with oneself, others, nature or God” [49]. However defined, spirituality seems tied to our need to see life as purposeful, and ourselves as part of that purpose.

Defining oneself as Black in a positive way despite negative experiences requires some degree of maturity and experience and a heightened awareness of ethno-racial differences as well as commonalities with the mainstream [50]. There was evidence of the conflict surrounding conceptions of “self” in the responses of study participants. Questions such as: “Who am I?”, “Am I a Black person?” and “Am I a professional nurse?” surfaced in the interviews. Self definition can draw on a number of factors as it does for this interviewee:

I’m very involved with music, it helps me to relax and sort of to stay focused in terms of who I am...nursing, you know is a profession, it’s my job but it’s not everything that I am. I am much more than a nurse. I’m much more than a Black nurse. You know, I’m many other things. And I kind of have to keep that perspective and I think that helps.

Self-definition requires one to resolve inner conflicts and come to terms with being a Black person in the nursing profession. This can be accomplished through exchanges between friends, family members and others knowledgeable about minority issues. Moving beyond negative stereotypes through experience and knowledge increases confidence and enhances one’s ability to adopt an open and inclusive definition of self. For example, some Black nurses have developed an inclusive definition of themselves, as reflected in their strong sense of self and pride in both their Black heritage and their professional values as nurses.

Maybe it’s my age, my experiences, my love of nursing, but I really wouldn’t let anybody interfere with that...I know who I am and what I’m capable of doing. I’m proud of being Black. I don’t see that as anything that should draw me back, you know. As a matter of fact, I think oftentimes I feel empowered by that... The majority is White, and I have something unique to bring. I really do, as a Black nurse, not just dealing with Black patients, but with people generally. And I think having confidence in myself as a caring person, who loves nursing.

In this study, Black nurses expressed spirituality through a belief in themselves and in God through the practices of faith and prayer. Faith, as they used the word, referred to complete trust in God. It involved making the Supreme Being, God, the foundation for positive meaning and hope in life [51], [52]. Faith can be understood as the positive affirmation of life. Most of the nurses spoke about the significance of their faith in God as a vital support in dealing with the challenges they faced in their marginalized work-life position. Reference [53] reported a similar reliance on God among African Nova Scotians diagnosed with cancer. His research showed that members of this community demonstrate a strong faith in a higher power that provides them with strength and enhances their sense of spiritual fulfillment and their appreciation for life. The African Nova Scotian nurse from my sample cited below clearly shares this faith. In this transcript excerpt she declares her belief in herself and her faith in God:

I have confidence in myself and I feel that no matter what this life has to bring to me, I can cope with it, because I am who I am, my faith in God, I just feel secure in being a Black female nurse, a mother, a grandmother...

Prayer refers to the process of addressing God. It involves making a request to God or simply thanking God. Reference [54] defines prayer as a form of communication which gives full attention toward connecting with God. In this excerpt a retired nurse describes how she used prayer to prepare herself for work.

When I have a challenging night ahead of me, I would often sit in the hospital chapel for a little while before reporting to work. I always used to go in and sit quietly in that chapel, and say, ‘hey, I don’t know what the evening holds for me, but guide me in the correct way.’ Prayer used to help me.

The literature describes prayer as a defining attribute of spirituality which reflects connectedness with God and is associated with meaning in life and well-being [55]-[57]. In the following excerpt a study participant talks about regaining a sense of self-worth by “finding God” through prayer.

Spiritually, yeah. I found the Lord. I think that’s been the biggest thing for me, finding God is getting me through that. That’s been the biggest thing that I think... it’s made me a better person, not only professionally, but personally.

Spirituality was also cited as a resource which helps Black nurses to deal with everyday work challenges. Here is how one nurse describes accessing this source of strength,

I would go for a quiet time in the chapel or for a quiet time by myself...to give me strength to encounter whatever situation I have to face. I realize that back there there’s someone always giving me guidance, someone that I can turn to. Maybe it’s not a visible person. It could be a spiritual person, or a person from within. But there’s always someone that I can say, ‘oh, this is not a good person for me today, show me the way, how am I going to do it, how am I going to handle it. Don’t let me blow up. But if I have

to blow up, let me do it at the right time and the right place.'...let me be able to handle it properly and thoughtfully'

Faith is a collective, as well as an individual, endeavor. It is obvious that some of the strength offered to the individual through faith and participation in a religious community lies in community itself. If full identity development for the Black individual is impaired by negative experiences and internalized stereotypes, it can be stimulated and made whole by incorporation into a community. Among participants in this study, Church congregations, fellowship groups, and choirs took their place beside family as vital supports for collective and individual identity formation. In the excerpt below, the influence of family on this nurse's worldview comes through clearly. It is particularly noteworthy that she uses a familiar biblical story as an analogy to better express her thoughts. Her faith tradition is also her interpretive lens.

I think we're brought up with the expectation that we're going to meet adversity at some point, so we're prepared a little bit more. I don't think we go through life with the expectation that...oh, everything's going to be wonderful and why should this happen to me. I think we anticipate, what's going to happen tomorrow. So, you're prepared for that. And so when it does happen, it's almost like Jesus being betrayed by Judas, do you know what I mean? You know at some point, someone's going to sell you down the river, so you're prepared for that. And so, you've always been, you know, its part of the thing I said, like, preparing yourself at the best level. So that, when someone questions you, you're prepared for that. And I think that's why you come out better, because you're prepared, you're not just going to go home and fall to pieces; you're going to come out fighting. And most people I know are like that.

The ability to negotiate conflict and in effect choose one's battles is an essential survival tactic which minimizes avoidable stress and promotes good working relationships. The Black nurses in the study decided which battles to take on and which to let go based on their personal resources including family support. Collective values and religious faith also played a role in learning when and how to disengage. One nurse described her own struggle to disengage this way:

But as my parents always say, 'pick your battles', you can't get up every day and fight. You know, you'd drive yourself crazy, you'd at least have a heart attack. You know, and you as a Black, you know, a lot of things we may not address, but you might say, 'oh, well, she let that go over her head'. We don't let anything go over our heads, we take it all in.

The ability to transcend or "outshine" adversity is also evident in these excerpts:

I don't get hung up about people over my color because I feel that that's their problem, it's not mine. I'm proud of who I am. I know who I am...I try to, to take a negative situation and make it a positive one out of it.

We [Black nurses] have to see who we are and be proud of who we are and be confident...and present ourselves and not be worried about the talk of people judging us, and if they are, then that's their problem... But, just be confident in who you are and what you're about...

and again here:

I'm very forward thinking and consider myself to be very smart so I don't let other people belittle that or diminish that in any way. And if anyone has a problem with me they need to talk to me, and I don't see anyone having the ability to diminish who I am, for any reason. Because I am too strong for that... it's just my personality and the confidence. And if they feel that way, that's their opinion, move along, I have better things to do with my time than worry about something like that or, you know, waste my energy on thinking of something like that, so.

In order to step away from conflict it is helpful to be able to put responsibility for justice into the hands of God. The nurses described falling back on this self-protective strategy when they felt particularly overwhelmed and helpless in the face of adversity and its impact. From their perspective it is helpful to see adversities such as racism as "sins" committed by the men and women who hold power over them. It can be a great relief to leave the weight of such injustice with God, trusting that God will hold the sinners accountable for their actions. In this interview excerpt a nurse describes how God rescued her from the scrutiny of her clinical instructor:

Most of these instructors had never been to the floors themselves, so she just had my nerves, I'm telling you. I had to go to the bathroom; she had my nerves just in tether... And, I said to my classmates, I've got to find a voodoo doll so this one will leave me alone. Anyhow, I don't know if God was on my side or what ... she had the 'flu and she was off for the other two weeks of my rotation. She was driving me around the wall... I thought, oh, my God.

Transcendence can take the form of rising above troubling concerns by placing them in God's care. Like the Halifax women described above, participants in a study of African American breast cancer survivors conducted by [58] felt that prayer gave them access to religious exemplars from the past. The Black breast cancer survivors they interviewed reported that expressing their fear and sorrow to God in prayer created in them "feelings of connectedness with God and other individuals they believed God "delivered" in the past" [59]. Associating their own struggles with those of biblical heroes "led to a unique combination of acceptance and optimism" [60]. Reference [61] points out that spiritual surrender is not experienced as ceding power but as empowerment. It is a form of transcendence that allowed the African American women she wrote about to reinterpret their troubled situations. Through prayer they were able to finding blessing in hardship as an affirmation of their part in a greater plan [62].

A sense of meaning and purpose is vital to a positive sense of self, which is in turn essential as a stable standpoint from which to confront life's challenges. Reference [63] assert that a positive self-identity enables an individual to identify purpose in life, define his or her status within a community, and develop and maintain meaningful relationships with others in society. Identity, purpose and meaning are inextricably bound together.

VI. DISCUSSION

The work-life experiences of Black nurses in the Canadian health care system continue to be subject to discrimination and racism, reflected in hiring practices, underemployment, differential treatment, performance appraisals and promotion processes, as well as through relationships with their White colleagues, especially those in supervisory or managerial positions [64]-[68]. According to reference [69], although the face of Canadian nursing has changed over the years, nursing continues to be the product of a society where "Whiteness" is systematically privileged. As reference [70] pointed out in her recent analysis of Caribbean nurses' experiences, it is not uncommon to observe patterns of "colonial relationship" in nursing even today. It can be seen, for example, at conferences or meetings where minority presenters or minority issues are often the last items of the day, deferred until the "important" topics have been addressed.

Topics like spirituality and its potential role in supporting both patients and nurses are often after-thoughts in a health-care system focused on science-based treatments and leery of interventions it cannot see or measure. Given its centrality in the lives of the Black nurses who participated in this research, and the implication that this significance extends well beyond the Canadian province studied, the place of spirituality in healthcare requires some consideration.

There is, in fact, a growing consensus that spiritual care is inherent to nursing care. Providing a particularly clear example of this point, reference [71] study the impact of nursing care provided to believing Christians directly through their parishes. In this scenario spiritual care becomes a natural part of a triptych of care encompassing body, mind, and spirit. In their study of the health care expectations of African-Americans, reference [72] showed that the patients in their study desired direct spiritual care from nurses. They looked for such interventions as reading spiritual material or praying together, and opportunities to talk about their concerns. They report that, "participants clearly desired more from nurses than referral to spiritual leaders to meet their spiritual needs" [73].

Reference [74] found that providing spiritual care training to nurses had positive outcomes for patients in that they felt better "cared" for, and for nurses in that they felt better able to assess and address the spiritual needs of their patients. In the context of this discussion it seems appropriate to point out that the provision of spiritual training within nursing training would also work to validate spirituality as a "need" within nursing practice and thus

validate a part of the nurses' identity which has been previously downplayed or negated. Much good might accrue from efforts to validate a Black nurses' self-identity over and above his or her 'nurse' identity, especially within the work place context. If it can be said that appropriate spiritual care will have beneficial outcomes for patients, how much more would it benefit the work-life experience of nurses as front line healthcare providers.

Not contented with studies that measured whether or not staff nurses were satisfied with their work, reference [75] sought to identify the specific factors that supported and/or detracted from their satisfaction. Her research found that staff nurse job satisfaction derived from three sources: feeling competent and able to give patients good care, enjoying the working environment including relationships with co-workers, and feeling that their work contributed to rather than conflicted with individual and family values and needs [76]. These findings make an invaluable contribution to understanding how best to intervene to improve the work-life experiences of Black nurses already in the healthcare system. The study concludes that, "there is a need to understand the influence of culture, particularly the influence of culture as it relates to women's professional roles, [and] to job satisfaction and dissatisfaction in nursing" [77]. Given the importance the women in this study placed on feeling that their work-life supported their home-life it seems obvious that cultural values (including the significant role of spirituality and faith in the lives of the Black nurses in this study) need to be given consideration in planning work-place expectations. It seems equally obvious that in order to support the individual and family needs of Black nurses the healthcare system must first become aware of those needs and their cultural context.

VII. CONCLUSION

The findings of this study substantiate the need to take seriously the role of spirituality and religious faith in the lives of Black Nova Scotian nurses. In my estimation, taking this new knowledge seriously will mean incorporating support for 'spirituality' into policy and practice in healthcare institutions. It is a call to validate the spiritual knowledge and sensitivity these nurses bring to their nursing, and accommodate the individual and family needs and practices that support their spiritual strength. Acknowledging the role of spirituality in supporting the work-life experiences of Black nurses raises questions about the potential significance of other culturally specific factors that might play similar roles. It will also points to the possibility of similar factors in other places, and in other populations. Encouraging Black and other minority group nurses to bring all rather than part of themselves to the work of nursing will increase their sense of themselves as competent nurses, and bless their patients with their whole presence.

ACKNOWLEDGMENT

The study was funded by Social Sciences and Humanity Council of Canada (SSHRC) and the Nova Scotia Health Research Foundation (NSHRF). My sincere appreciation goes to the Black nurses who took the time to participate in all phases of this study.

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