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# THE LIVED EXPERIENCE OF SPIRITUALITY IN THE LIVES OF CARIBBEAN MEN

by

Camille Andreen Orine Hamilton MS, MPH, RN

A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

2019

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## The Lived Experience of Spirituality in the Lives of Caribbean Men

By

Camille Andreen Orine Hamilton

This manuscript has been read and accepted for the Graduate Faculty in Nursing in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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THE CITY UNIVERSITY OF NEW YORK

**ABSTRACT****THE LIVED EXPERIENCE OF SPIRITUALTY IN THE LIVES OF CARIBBEAN  
MEN LIVING WITH CHRONIC ILLNESS**

By

Camille A O Hamilton MS MPH, RN CMSRN

Advisor: Dr. Martha Whetsell

The purpose of this qualitative phenomenological study was to explore the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. Caribbean men may face multiple challenges as they try to adjust to a diagnosis of chronic illness which have the potential to change their comfort level, introduce dependency on others and cause death. Reflection on lived experiences and evolution of experienced phenomenon allow for the discovery of strategies that may benefit both the Caribbean man with chronic illness and nurses that may be involved in their care and management. A purposive sample of eleven English-speaking men from the Caribbean, living with chronic illness were recruited and interviewed for this study. Max van Manen's 1997 Methodological Structure of Human Science Research was used as the phenomenological guide. The exploration of the context of the lived experience of spirituality in the lives of English-speaking Caribbean men living with chronic illness uncovered 4 essential themes of life experiences, higher being, belonging and adaptation, concluding that through the lived experience of spirituality Caribbean men experience an outcome of adaptation to chronic illness. The Roy Adaptation Model (RAM) 1970, 1990, 2009, was identified as the nursing framework fitting to help in the understanding of the process of adaptation of Caribbean men to chronic illness through the self-concept mode of spirituality.

Keywords: *spirituality, Caribbean men, chronic illness, phenomenology*

## ACKNOWLEDGEMENTS

I would like to extend my gratitude to my committee first for believing in me, and secondly for ensuring I remained on target for completion of this dissertation. Without each of your unique individual contributions and recommendations for improvement this feat would not have been possible. I am immensely grateful to each of you.

To Dr. Martha Whetsell, my committee chair, thank you for your never-ending love, nurturing and your immense kindness and ability to see the potential of your students. I appreciate your dedication to students and your unwavering effort to see us through to the ends of the earth and beyond. I will never forget your commitment, dedication and encouragement.

To Dr. Claudette Gordon, thank you for embracing me as your student and mentoring me throughout this process. You have invaluable knowledge and information to share, and I am blessed to have been in your presence. I have gained a wealth of knowledge from you. Thank you for your continued guidance and encouragement.

To Dr. Carole Baraldi, thank you for guidance and encouragement. Most of all for believing in me and always looking at things through the lens of the glass being half full. You always made me smile. Thank you.

To Dr. William Gallo, thank you for believing in me. Your enthusiasm and support from the first day we met have been unwavering and kept me believing that all this was possible.

To Dr. Jacqueline Witter, thank you for taking the time to offer your knowledge and support throughout this process. I appreciate the expertise you offered towards completion of this task.

To Dr. Catherine Alicia Georges, your dedication to immigrant students and foreign trained nurses have been invaluable. Your work through the Commission on Graduates of Foreign Nursing Schools (CGFNS) afforded me the opportunity to relocate, work and further my education in the United States. Your signature on my CGFNS is an honor that I will forever be grateful to you for. Thank you for your continued dedication.

To the distinguished nursing faculty and staff at the CUNY Graduate Center. Thank you for ensuring I received the necessary preparation to now hold this professional and educational title.

To my colleagues in cohort 11. Thank you for your support and encouragement. Thank you for sharing your knowledge and challenging my thought process, which ensured I was always on my toes.

To the participants in this study, who welcomed me in your homes and your lives, and openly shared your experiences, I am immensely grateful. You have not only inspired me but have opened my eyes to the experiences that may face many other men like yourselves. Thank you for your contribution to research and science.

**DEDICATION**

This humbling accomplishment is first dedicated to the author and finisher of my faith. For His never-failing promises and constantly paving the way, even where there seemed to be no way. To my mother, Hyacinth Hamilton, whose faith and prayers have literally moved mountains in my life. To my sister and nieces Dr. Nardia Hamilton-Blagrove, Avery and Emily Blagrove; you have been my joy, my rock; and you kept me laughing throughout this tedious process. To my father Canute Hamilton, who has held steadfast in reinforcing the importance of maintaining integrity and completing tasks successfully. The love and support of family can never be replaced or underestimated, and this achievement is not only mine but ours.

To all my extended family and friends who have constantly encouraged my endeavors and supported me in ways not even you could fathom. Your phone calls, kind words, meals, offers for lodging on my late nights from New York to Pennsylvania have all helped me to accomplish this feat.

Special mention to my nursing and non-nursing role models in Jamaica West Indies, specifically my former teachers from the Brown's Town Primary School and the University of the West Indies School of Nursing who taught me what it was like to develop as a lady, a professional, and a Nurse and how to live the life of Nursing, thank you for my basic preparation and training.



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## CHAPTER I: AIM OF THE STUDY

### Introduction

Spirituality is a phenomenon that is widely accepted by persons of different religions and cultures. The phenomenon carries a unique connotation within different cultural groups and holds great significance in health and cultural practices; a concept that many contemporary researchers struggle to explain. Many see spirituality simply as the search for meaning and purpose a “sense of meaning or purpose in life” (Kleinman, Eisenberg, & Good, 1978). The phenomenon of spirituality holds personal meaning and multiple interpretations of practices such as interior journeys, prayerful meditation, leading a righteous or faithful life, practicing self-awareness or identifying with oneself (Wolfteich, 2003).

#### *Spirituality*

*“Spirituality is staying afloat no matter*

*The Earthly troubles casted or thrown*

*With the Sun shining on my face*

*The wisdom of the Waters*

*I am like the Moon*

*Spirituality is sustaining in the midst of a dry Desert*

*A Rainbow covering life’s pain and misery*

*Spirituality can make Dreams of courage and fortitude come to life*

*Spirituality is the only tangible, universal force that keeps me connected*

*Keeps me from being torn asunder”*(Borum, 2005).

In the preceding poem, Valerie Borum (2005) creates a depiction of spirituality through her eyes. This depiction likens spirituality to a form of sustenance, support, strength and hope.

The phenomenon of spirituality is presented as one that is personal and individualized, a story best told by the one who experiences the phenomenon, and lives through or with it. Spirituality for each person can only be described and interpreted by individuals themselves. For Valerie Borum, it is a “tangible, yet universal force.” For others the description may vary widely. Researchers may use a phenomenological approach to unearth the true meaning of this phenomenon to persons from varied backgrounds and origins.

C.S. Lewis, another author, depicts deeper meaning to life events with the use of metaphors and allegory. According to Lewis, the importance of experience to our existence is highlighted along with the essence of what the experiences have left with us (C. S. Lewis, 1959). Researchers use the method of phenomenology to explore the existence of meaning and purpose of a phenomenon in the life of individuals. In this qualitative phenomenological study, phenomenology will be used to uncover the existence of meaning and purpose of the phenomenon of spirituality as it relates to English-speaking Caribbean men living with chronic illness.

Phenomenology seeks to unearth the true meaning of life events and experiences, while interpreting these meanings to gain deeper insight and understanding of specific phenomena (van Manen, 1990). A literature search exploring the phenomenon of spirituality in English-speaking Caribbean men living with chronic illness yielded no results. The aim of this study is to explore, describe, examine and interpret the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness. This researcher hopes to add to the knowledge on spirituality as a phenomenon in this under-researched population.



### Research Question

The primary research question for this qualitative phenomenological study is “What is the lived experience of spirituality in the lives of English-speaking Caribbean men aged 40-60 years old living with chronic illness and residing in the United States?” To achieve the optimal outcome and results, this study was guided by Heidegger’s hermeneutic phenomenology and the data interpretation was informed by Max van Manen’s (1990, 1997) Methodological Structure of Human Science Research. This study addressed the questions:

1. What is the lived experience of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States?
  - a. How does spirituality help English speaking Caribbean men, aged 40-60 years old find meaning in life while living with chronic illness?
  - b. How are spiritually significant events described by English speaking Caribbean men aged 40-60 years old living with chronic disease?

To remain true to the topic being explored and to prevent losing track of the topic during the communication between the researcher and the participant, van Manen, 1997 encourages the researcher to have questions at hand to prompt or redirect the interview process. The following questions were developed to keep the interview focused, and these are discussed in detail in the methodology section of Chapter III:

1. Describe what spirituality means to you.
2. What spiritual event (s) has/have been significant to you as a Caribbean man since you have been diagnosed with this chronic illness?
3. How has this event helped you, as a Caribbean man find meaning in life?

### **Purpose of the Study**

The purpose of this qualitative phenomenological study is to explore the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. This study used the phenomenological approach guided by Max van Manen, 1997 and Sister Callista Roy's, 2009 Roy Adaptation Model (Roy, 2009).

This qualitative phenomenological study has three purposes:

1. To describe the phenomenon of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States.
2. To explore the significance of spirituality to English-speaking Caribbean men, aged 40-60 years old, while living with chronic illness and residing in the United States.
3. To understand the meaning of spirituality in the life of English-speaking Caribbean men, aged 40-60 years old, who live with chronic illness and reside in the United States.

### **Significance of the Study**

Caribbean natives residing in the United States value the concept of spirituality in many different spheres of their lives. However, there is a paucity of studies addressing the role of spirituality in the health of the Caribbean population living in the United States. Since there were no studies identified that addressed the spirituality of Caribbean men living with chronic illness, this qualitative phenomenological study seeks to assist in the delivery of more culturally appropriate resources, and in the development of awareness and knowledge regarding care and management of chronic illness in this population.

As recent as 1990 and continuing into the 21<sup>st</sup> century, philosophers and scholars have explored the significance of the relationship of spirituality to health outcomes, mental health, end-of-life care, death and dying (Hodge, 2000; Pargament, Koenig, Tarakeshwar, & Hahn, 2001; Johnson & Friedman, 2008; Exline, 2013; Stephenson & Berry, 2015). More recently, spirituality has been explored as a protective factor for health maintenance and health promotion. VanderWeele and colleagues suggested that incorporating spirituality in the delivery of healthcare may offer improved personal well-being and improved health outcomes (VanderWeele, Balboni, & Koh, 2017). With the recognition of spirituality as an innate coping skill, researchers recommend the integration of spirituality in patient care to facilitate patient self-care and desired health outcomes (Sermabeikian, 1994; Barker, 1995; Ross-Gotta, 1999).

This qualitative phenomenological research study seeks to offer new knowledge regarding spirituality in the lives of English-speaking Caribbean men and uses semi-structured interview techniques to engage participants in open-ended questions on the meaning of spirituality while living with chronic illness. The study also seeks to enhance nurses' ability to provide more culturally appropriate nursing care and has the potential to add to the body of nursing knowledge.

Nurses play an integral role in the adaptation of individuals to changing health state or illness. The application of phenomenology enables the exploration of the meaning and awareness of individual experiences and their phenomena (Beck, 1994). If nurses are to effectively care for diverse populations, it is important that they understand the importance of coping skills utilized and the role of spirituality in the adaptation to chronic illness (Andrews & Roy, 1991; Beck, 1994; Roy, 2009).

### **The Phenomenon of Interest**

Büssing et al. (2014), defined spirituality as an intimate, individualized experience with something sacred or significant. A spiritual experience includes an understanding of the meaning and relationship of life experiences that may be sacred or transcendent. Understanding spirituality and the adaptation that occurs during life experiences supports the holistic nature of the care provided by nurses (Andrews & Roy, 1991; Roy, 2009). Personal journey towards understanding the meaning or purpose of life and hope is often a part of the spiritual experience. This complex phenomenon embraces such concepts as beliefs, values, practices and philosophies which impact human response and behavior when faced with challenges such as illness or failing health (Koenig, McCullough, & Larson, 2001; Büssing et al., 2014).

The difficulty with defining spirituality is directly related to the personal meaning and influences by the individual's social network, and one's conceptualization of the term (Hsiao, Chien, Wu, Chiang, & Huang, 2010; Lundberg & Kerdonfag, 2010; Mok, Wong, & Wong, 2010; Pike, 2011). Spirituality is often viewed as a debate between religious and secular worlds. Extant research shows that spirituality has no dependence on religion, and its devotion may lie in the significance of multiple dimensional perspectives, such as personal and humanistic views, which may be secular, religious or philosophical (Büssing et al., 2014).

The phenomenon of this study is the experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. According to Tull and colleagues, immigrants are considered a vulnerable group, and to whom spirituality holds rich meaning and significance (Tull, Doswell, & Cort, 2015). The context of this study will be centered on the need to understand the meaning of spirituality to men who belong to this vulnerable group. This study will focus on the spirituality, rather than

religion, as a means of support for English-speaking Caribbean men, who suffer from chronic illness and reside in the United States.

Spirituality is considered important in the lives of persons identified as vulnerable groups such as racial minority populations, immigrants, older adults, and those who are socio-economically challenged (Davis & Robinson, 1996; Richards & Bergin, 1997). There remains a paucity of information related to the role of spirituality in the adaptation of English-speaking Caribbean men to chronic illness.

### **Justification for the Study of the Phenomenon of Choice**

The body of evidence on spirituality is deeply rooted in culture and familial practices that are passed on through generations (Yuen, 2007; Mok et al., 2010; Lundberg & Kerdonfag, 2010). To understand the meaning of spirituality in the lives of Caribbean men, it is also important to explore the cultural foreknowing, and role of adaptation in this population. While the Caribbean Community (CARICOM) reports a diverse religious affiliation across member countries, very little is known about the spirituality of Caribbean natives. This detail indicates the myriad of differences in the meaning spirituality holds for different Caribbean groups. The context of this study is English-speaking Caribbean men who experience chronic illness and the role spirituality plays in their lives as they live with their chronic illness.

In 2004, Rowe and Allen posited that chronic illnesses affect individuals physically and psychologically and may often include pain and increased stress from having to manage life changes such as body image and lifestyle changes geared towards health maintenance. There is a paucity of research regarding men in general and no research has been identified that focuses on the phenomenon of spirituality in the lives of Caribbean men living with chronic illness. Researchers have identified the difficulty of exploring spirituality from a quantitative viewpoint

as spirituality is more attuned to personal, human life experience, a topic not easily measured using quantitative methods (Atchley, 2000). In the absence of this data, it is necessary to begin with a qualitative research approach to gain insight to the meaning of the phenomenon and understanding of the phenomenon in this population and context (Beck, 1994; Balls, 2009).

Men are more likely to die from serious and life-threatening diseases than women, and are less likely to undergo screening and seek help or treatment for symptoms (Griffiths, 1996; Gijssbers van Wijk, Huisman, & Kolk, 1999). This qualitative phenomenological study seeks to explore and interpret the lived experience of spirituality in the lives of English-speaking Caribbean men, while seeking to bring new meaning to the interpretation of spirituality when faced with chronic illness.

Coping mechanisms that help individuals deal with chronic illnesses include dependence on spirituality, dependence on values and cultural significance (Roy, 2009; Koenig, 2012; Büssing et al., 2014). An exploration of experiences with spirituality in the lives of English-speaking Caribbean men who live with chronic illness will facilitate the discovery of new knowledge that can be developed in a textual manner and later interpreted into pure scientific knowledge (Hegel, 1977; van Manen, 1997a).

The relationship between spirituality and culture are complex and researchers have reported that culture significantly impacts how one experiences spirituality (Eckersley, 2007; Büssing et al., 2014; Cassaniti & Luhrmann, 2014). Spiritual themes can be identified throughout all cultures and is often linked to health practices and health outcomes. The difficulty in distinguishing spirituality and culture is reflected in the dearth of research that exists on the concepts of spirituality and culture. Spirituality is often labelled as a component of culture itself.

Parker et al., 2002 documented the significant role that culture plays in the way a person experiences or expresses spirituality (Parker et al., 2002).

Cassantiti and Luhrmann, 2014 describe the phenomenological experience as a bodily response that involves the convergence of expectation, cultural invitation and spiritual practice. Merriam-Webster, 2018 defines culture as customs, norms, social beliefs, characteristics or practices shared by groups; therefore, culture impacts the way the world is experienced, and will affect the meaning of spirituality. The characteristic of the connection between the concepts of spirituality and culture, and explanations of inter-relatedness are difficult to explain. When individuals express this connection, through participation in phenomenological research methods, an understanding of the meaning of both concepts in their lives can be achieved.

### **Phenomenon in Specific Context**

#### **Spirituality and Health Behaviors**

The 1947 World Health Organization (WHO) definition of health is “A state of complete physical, mental and social well-being and not the mere absence of disease or infirmity”. This definition highlights the importance of holistic healthcare practices and interventions in managing health and illness to achieve optimal health outcomes. In 1998, WHO explored revisions to this definition to include spirituality and documented the importance of spirituality and personal beliefs to quality of life (World Health Organization, 1998).

Researchers investigated the relationship between spirituality and health in the early 1990's. Denominational groups such as the Seventh Day Adventists, Amish and Jehovah's Witnesses are avid in their use of the Bible and spiritual rules to guide their health behaviors and health practices (Adams & Leverland, 1986; Remmers & Speer, 2006; Basu-Zharku, 2011). As

such, persons affiliated with these religious denominations may report integration of spirituality in maintaining their health practices.

Spirituality is a personal concept that is closely aligned to cultural background, practices, self-empowerment, and a foundation on which patients rely when making the transition between hope, despair, and recovery (Yuen, 2007; Basu-Zharku, 2011). Williams and Sternthal (2007) support the association between spirituality and multiple health indicators. Spirituality is frequently studied with regards to chronic illnesses, mental health, death and dying, and its effects on health practices and health outcomes of different ethnic groups. However, despite ethnicity, many persons believe that spirituality plays an integral part in their lives and health outcomes (Anandarajah & Hight, 2001; L. Lewis, 2008).

The spirituality of Caribbean men living with chronic illness is important to the health care delivery and management of this population. This qualitative phenomenological study may offer information to health care workers as they develop programs in the delivery of care and provide information regarding resources for chronic illness management. This study may also encourage further research and investigation to enhance healthcare for English-speaking Caribbean men with chronic illness.

### **Assumptions related to the Study**

The researcher's assumptions for this study relate to the identification of cultural, residential, environmental and social barriers that prevent English-speaking Caribbean men from achieving satisfactory health outcomes during the management of their chronic illness. The first assumption was that study participants gave honest answers to the interview questions, and that they were already effectively managing their chronic illness with positive health outcomes. This researcher believed that Caribbean men would report increased sense of control and peace of



mind in dealing with their health diagnosis and express positive health outcomes from their reliance on spirituality.

The researcher anticipated that Caribbean men would report an increased awareness of, and reliance on, their spirituality when faced with health challenges and threats to their physical and mental well-being. The researcher also assumed that Caribbean men living with chronic illness rely on their Caribbean up-bringing and cultural background that is heavily rooted in spirituality. Thus, the researcher anticipated finding a linkage between cultural background and spirituality for Caribbean men living with chronic illness, all while assuming the effects of acculturation, from increased years of living in the United States, may erode their cultural heritage, which could impact their experience of spirituality.

### **Theoretical Perspectives**

In the Roy Adaptation Model (RAM), Sister Callista Roy defines the person as an adaptive system - a bio-psycho-social being who remains in constant interaction with an ever-changing environment (Andrews & Roy, 1991; Roy, 2009). Adaptation is the ability to cope with the changing world using in-born and acquired mechanisms (Andrews & Roy, 1991). Roy's Adaptation Model describes four adaptive modes used by persons to positively adapt to their environment: namely physiologic needs, self-concept, role function and inter-dependence. The latter of the adaptive modes addresses one's relationships and interactions which include intimate relationships with significant others, mainly God. While the inter-dependence role addresses the person's relationship with God, spirituality, as a more fluid phenomenon is reflected through the self-concept adaptive mode. The integration of spirituality in Roy's Adaptation Model demonstrates the reason for using this nursing framework to guide this qualitative

phenomenological study and to research the significance of spirituality in the adaptation of Caribbean men to chronic illness.

### **Research Method**

This qualitative phenomenological study utilized the hermeneutic circle as a foundation for exploring and interpreting the phenomenon as explained by the participants. Heidegger coined the concept of the hermeneutic circle to highlight the point between preunderstanding and understanding during communication and interviews (reciprocal activity) (Koch, 1995). The inquiry interview technique was used to examine the themes that emerged from the accounts of the lived experience of spirituality in the lives of English-speaking Caribbean men.

Face-to-face interviews allow establishment of rapport, direct observation of participants, and capture of accompanying nonverbal behaviors that can be communicative (van Manen, 1997b *p.162*). Participants in this study were asked to respond to an objectively framed open-ended questions followed by more probing questions for clarification (see Appendix F).

Scholars of Heidegger describe the concept of the hermeneutic circle as the alternative to phenomenological reduction, a form of revision of the concept of bracketing. In the hermeneutic circle method, the researcher becomes a part of the phenomenon, and does not bracket their biases, assumptions or pre-conceived ideas (Polit & Beck, 2006). The researcher in this setting strives to interpret something in which they already exist, with no separation or detachment (Koch, 1995).

Thematic interpretive analysis, using Max van Manen's (1997) Methodological Structure of Human Science Research was used to explore the meaning and themes of the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. Max van Manen (1997) highlights the use of a

combined descriptive and interpretive approach through the gathering of data from semi-structured interviews. This process allows for the mediation between the varied meanings of the experience as expressed by the participant and allows for new ideas to evolve from the interview process. The use of phenomenology in this research allows for the exploration, description and interpretation of the lived experience of this population with efforts to gain a deeper knowledge of the meaning of spirituality while living with chronic illness.

### **Definition of Key Terms**

- **Acculturation:** John Berry's (1980) definition of acculturation was used in this study.

“The process of psychological and cultural change that occurs when different cultures meet....Adaptation is a result of acculturation.”

- **Adaptation:** Sister Callista Roy's (1990) definition of adaptation was used in this study.

“The process and outcome whereby thinking individuals and groups use conscious awareness and choice to create human and environmental integration.”

- **Caribbean countries:** Caribbean countries include islands that are within the Caribbean Sea, along with those countries whose government are a part of the Caribbean Community (CARICOM) (Bennett et al., 2015). There are fifteen full-member countries within the CARICOM, which includes Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago. There are five associate member countries that have been included in this

study, these are Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands. Countries also included in this study as Caribbean countries, due to their geographical location in the Caribbean Sea, along with being labeled as Caribbean immigrants in the United States are Cuba and the Dominican Republic. For purposes of this study, Guyana was also considered as a part of the Caribbean community due to its CARICOM membership, despite its geographical location in Central America.

- **Culture:** “The characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time.” (Merriam-Webster, 2018).
- **Chronic Illness:** Chronic illness as explained by Walker, 2001; was used to guide this study:

“The lived experience of long-term bodily or health disturbance which may be related to a communicable or non-communicable disease. “It may not be a pathological change for the individual but the suffering to the individual is real, and may include feelings of fatigue, syndromes, pain, and personality disorders” (Walker, 2001).

- **Spirituality:** The Koenig’s (2012) definition of spirituality was used to guide this study.

“Spirituality is distinguished from all other things—humanism, values, morals, and mental health—by its connection to that which is sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self. Spirituality includes both a search for the

transcendent and the discovery of the transcendent and so involves traveling along the path that leads from non-consideration to questioning.”

- **Transcendent:** To exist, experience or have knowledge beyond normal or physical human limits (*Immanuel Kant in:* van Manen, 1997b).

### **Delimitations**

Delimitation allows the researcher to be clear on what will or will not, be explored in the study and set boundaries for the research (Balls, 2009). It is not possible to explore spirituality without mentioning some aspects of religion, however, this qualitative phenomenological study does not focus on religion, but rather the meaning of spirituality in the existence of chronic illness.

This qualitative phenomenological study does not focus on terminal illness, death or dying, but specifically explores the experiences of spirituality in the lives of English-speaking Caribbean men living with chronic illness and residing in the United States. Exclusion criteria affected men who do not speak English and who are under the age of 40 and over the age of 60 years old. The study population was selected due to the gaps in research focusing on the strong linkages between spirituality and culture in the health practices and management of Caribbean men living with chronic illness.

### **Limitations**

The use of a non-probability type sampling is a deliberate effort to apply judgement and logic to obtain representative samples of the population being studied. However, using a purposive study sampling strategy to recruit participants for this qualitative phenomenological study creates a limitation, and may invite questioning of the population represented in the study (Melnik, 2011). While transference of the findings to other populations will not be possible,

results may give insight and the opportunity for further research in spirituality for other ethnic populations.

Each volunteer participant was given flyers and asked to distribute them to other potential participants, until the desired sample size, determined by reaching saturation, was achieved (snowball sampling). Snowball sampling is a form of qualitative purposive sampling that is appropriate for the study, as the population may not be centrally located (Creswell, 2018).

Historically, phenomenological research methods have included the use of bracketing and reduction to isolate biases and preconceived knowledge regarding the phenomenon (Heidegger, 1996; *Edmund Husserl: The Idea of Phenomenology*, 2006; Dowling, 2007; van Manen, 1990). Max van Manen, 1997 speaks to reduction in the interpretive mode. van Manen encourages the researcher to reveal their experiences and knowledge that influenced selection of the phenomenon. Despite this level of revelation and transparency, this will not entirely remove presumptions, but will rather give the researcher the opportunity to remain true to the steps of inquiry in order to facilitate rigor. Specific use of English-speaking Caribbean males also limited the potential scope of information that was retrieved from interviewing only English-speaking males from the Caribbean.

Length of time living in the United States affects acculturation and adaptation, both of which can erode cultural practices and influence the perception of spiritual experience. Some individuals may also adapt quicker than others, contributing to the variance in perceptions and experiences that may be reported by study participants (Landrine & Klonoff, 2004). According to Roy (2009), adaptation occurs through constant interaction with the environment, and the extent of adaptation varies with length of stay in the new host country (Berry, 1980; Landrine & Klonoff, 2004). The effects of spirituality, which is strongly rooted in culture, may erode over

time with adaptation and acculturation. Individual changes that occur as a result of adaptation and acculturation may or may not impact innate or inherited cultural practices that are retained by each participant.

### **Summary**

The information in Chapter I presented a review of the phenomenon of spirituality. The chapter discussed the main research question and sub-questions guiding the study and identified the phenomenon in the context of history, study population and culture. Justification for the study was presented as the need to fill the research gap regarding the phenomenon of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness. The chapter detailed the need for additional knowledge regarding culturally competent nursing care. The discussion in Chapter II focuses on the evolution of the study from a historical, experiential, theoretical and phenomenological perspective.

## CHAPTER II: EVOLUTION OF THE STUDY

Max van Manen's (1997) Methodological Structure of Human Science Research which combines both a description and interpretation of the lived experience guided the investigation and development of this qualitative phenomenological study. Max van Manen (1997), posits that total bracketing, is never possible and attempts to bracket for the exploration of an individual's experiences will find preunderstanding and knowledge reappearing into the consciousness and reflections of the researcher. Instead, van Manen recommends that the researcher reveals their presuppositions, assumptions, biases and theories (van Manen, 1997b *p* 47). Interpretive phenomenologists suggest that researchers use their own experiences to interpret the experiences of others. Interpretive phenomenology includes documentation of experiential contributions to the selection of the phenomenon, and may include exploration of existing literature (van Manen, 1990, 1997b; Balls, 2009).

### Historical Context

As a part of the historical context, Max van Manen (1997), suggests that the researcher clearly documents their understanding, beliefs and assumptions regarding the phenomenon (van Manen, 1997b). The linkages between health and spirituality in most cultures is well documented (Koenig, 2012; Harper et al., 2013; Cyphers, Clements, & Lindseth, 2017; Park, Waddington, & Abraham, 2018). Rowe and Allen (2004), also agree that persons with high spirituality have a more positive outlook and stronger coping skills.

Studies have documented the importance of prayers, reading of the scriptures and relying on God as a way of coping with illness (Koenig et al., 2004), while others have noted that clinicians often overlook the fact that some patients find comfort in both formal and informal spiritual connections such as with family, friends and religious communities (VanderWeele et al.,



2017). This significant connection may be overlooked because of ongoing conflicts and confusion about the definitions of spirituality and religiosity (McKee & Chappel, 1992). Ethical norms that restrict the public discussion of spirituality and religion decrease the desire of clinicians and researchers to explore spirituality as an important element in the human experience.

It is important that clear discussions regarding spirituality and religion are brought to the forefront to facilitate knowledge and better understanding of these terms. Zinnbauer et al., (1997) views spirituality and religiosity as interchangeable, however, Mattis (2000), reports evidence that many persons view these terms as having different meanings and a different significance to each person (Mattis, 2000).

The word *religion* has become a less preferred term, as persons lean towards being identified as spiritual, rather than religious or having any religious affiliation (Zinnbauer et al., 1997). There have been many unsuccessful attempts to define the concepts of spirituality and religiosity (Ingersoll, 1994; Zinnbauer et al., 1997). This study did not explore, or consider, religion or religious affiliation, but rather focused on spirituality as a phenomenon and its meaning in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States.

### **Health, Spirituality and Caribbean Men.**

As at 2017, Caribbean immigrants accounted for 10% (approximately 4.4 million) of the estimated 44.5 million immigrants residing in the United States (Batalova, 2019). An estimated 90% of the Caribbean natives living in the United States were born in the countries of Jamaica, Haiti, Trinidad & Tobago, Cuba and the Dominican Republic (Kent, 2007; Camarota, Zeigler, & Center for Immigration Studies, 2016; Batalova, 2019); of this group, 63% of Caribbean natives

reside in the metropolitan areas of New York and Miami. Caribbean immigrants represents one of the fastest growing ethnic groups in the United States (Jasso, Massey, Rosenzweig, & Smith, 2005; Migration Policy Institute, Data Hub, 2013; Batalova, 2019).

High rates of non-communicable chronic illnesses have been reported among Caribbean natives living in the United States, with gradual failing health as their years of residency increase (Goel, McCarthy, Philips, & Wee, 2004; Oza-Frank & Narayan, 2010). Caribbean natives with longer years of residency in the United States were found to have high rates of obesity and cardiovascular disease, with numbers closely resembling the rates of their United States born counterparts (Goel et al., 2004; Argeseanu Cunningham, Ruben, & Venkat Narayan, 2008; Choi, 2012; Commodore-Mensah et al., 2018). An understanding of the impact of spirituality on the coping skills of Caribbean men, living with chronic illness, facilitates culturally specific care to gain better health outcomes.

### **Experiential Context**

The researcher's experience while growing up in the Caribbean was deeply rooted in Christian faith. The few men in the researcher's family were often far from committing to any religious group, and the mention of spirituality infrequently entered their conversations. Usually, a sudden awareness of spirituality began with failing health or as the men within the family and social circle were approaching middle-age. The men often started verbal declarations of their faith, spirituality, or reliance on the power of a higher sacred being.

As a health professional from the Caribbean, practicing in the United States; the researcher observes similar practices of engagement in spiritual expressions by Caribbean men who were living with chronic illness. These men would make subtle spiritual references when they were faced with health challenges that were potentially chronic.

Men are often expected to be the strength and support for those who are entrusted to their care. This includes caring for loved ones and themselves. What happens when the need for care is reversed? How do they adapt to the limitations of a chronic illness and what are their coping skills? Healthcare professionals are expected to understand the skills used for coping and adaptation, as well as resources needed to help these men who live with chronic illness. Exploring the lived experiences of Caribbean men with chronic illnesses may increase knowledge about the phenomenon and facilitate further exploration in this area.

### **Phenomenological Developments**

Phenomenology as a method of research inquiry focuses on the rule of *intentionality*. Intentionality is an inseparable connection with the world as it exists, where the meaning or appearance of things to the human and the human experience becomes significant (David R. Cerbone, 2014; van Manen, Knoppers, & Waters, 2015). To gain a deeper understanding of the phenomenon, individuals are interviewed and encouraged to share their experience relative to their perceptions and interpretations of the experienced phenomenon (van Manen, 1990, 1997b, 1997a).

The study of phenomenology does not take into consideration the cause of the phenomenon, but rather, the meaning of events and experiences (van Manen, 1997a; Dowling, 2007). The beliefs of phenomenology are philosophically based and built on the foundation that reality is based on the perceptions of individual experiences and encounters with phenomenon. A phenomenological approach allows for understanding and validating of individual experiences while viewing the individual and their experience as a whole person (van Manen, 1990).

**Edmund Husserl (1859-1938).**

Husserl's original works labelled as 'anti-naturalism' started as early as 1913 and was later revised in 1963. In his early works on epistemology, wherein he focused on the development of knowledge, he rejected the notion that the only reality or way to gain knowledge and insight was scientific empiricism. Instead, he focused on what he called *noema*. Husserl described noema as the content of one's thoughts, judgements and perception (*Edmund Husserl: The Idea of Phenomenology*, 2006). He insisted there were other methods of gaining knowledge such as through human experience and faith (*Edmund Husserl: The Idea of Phenomenology*, 2006). Since his work began, there have been other scholars of philosophy that have supported his entire philosophical frame, whereas some have accepted portions of his stance with others mildly refuting specific portions of his work (Dowling, 2007).

Husserl coined the works of what is now known as descriptive phenomenology, a method in which he encouraged the promotion of scientific rigor with the use of phenomenological reduction (bracketing) and the introduction of the concept of *epoché* (Moustakas, 1994). Epoché is the suspension of judgement and pre-conceptions to allow for phenomena to be examined as it is presented to the researcher. Epoché is achieved through the means of reduction or bracketing where the researcher's prior knowledge and perceptions (or world views) that already exist on the phenomenon are isolated, allowing the phenomenon to be explored in a pure manner. This method of research continued to evolve with other arms of the phenomenological approach emerging from Husserl's student Martin Heidegger, who also gave a new interpretation to Husserl's work, along with a revision and refutation of the concept of phenomenological reduction. This study did not use phenomenological reduction or bracketing, but explored the phenomenon using an interpretive approach.

**Martin Heidegger (1889-1976).**

Martin Heidegger refuted some aspects of the newly revised work of Husserl (1970) and shifted his focus to the ontological arguments which dealt with the nature of being, becoming, reality, and existence. He focused on being in the world rather than knowing the world (Lopez & Willis, 2004). According to Heidegger (1996), the concept of phenomenological reduction and bracketing, states that full reduction is impossible. He posited that while we have unique experiences with phenomenon, our interpretation and perceptions are not exclusively without the impact of world experience. Heidegger believed that world experiences affect our sub-conscious and our reactions to phenomenon, thus affecting conscious and subconscious mental responses (Heidegger, 1996). Heidegger introduced the concept of the hermeneutic circle, a school of thought that gave birth to hermeneutic phenomenology. Hermeneutic phenomenology aims not only to describe the meaning of phenomenon, but also to interpret the meanings, based on the premise that all experiences are already in interpretation based on existing worldviews (Heidegger, 1996). Heidegger coined the term *Dasein* which refers to the part of our humanness which makes enquiry about our existence and our being (Heidegger, 1996). He gradually introduced the forms of art and poetry as a form of interpretation of the experience and existence in a specific phenomenon. The expansion of hermeneutic phenomenology and Heidegger's ideas on interpretive phenomenology continued with the pedagogical works of contemporary philosopher Max van Manen.

**Max van Manen (1942-Present).**

Max van Manen, a Heidegger scholar, also followed closely behind in the study of hermeneutic phenomenology. A contemporary philosopher himself, he has refined the extant knowledge on hermeneutics and has also extended some of his works into the experiential or

practice of phenomenology. Max van Manen explores the pedagogy and educational perspectives of phenomenology. van Manen highlighted the importance of the ontological nature of phenomenology, where the phenomenon is interpreted with relation to its meaning to the individual as a being, while making efforts to see the new meaning amidst pre-conceptions and previous knowledge of meaning in the phenomenon experienced (van Manen, 1990). van Manen highlighted the challenge of phenomenology as the ability to report the experience as received without the influence of biases, preconceptions, theoretical and philosophical beliefs (van Manen, 1990).

### **Summary**

Chapter II focused on the evolution of the study and detailed the historical, experiential and theoretical contexts which guided this study on the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. The historical contexts of spirituality and health along with this researcher's experiential revelations and questioning that led to exploration of this phenomenon were discussed.

The historical phenomenological development that guided this study was discussed and the timeline of philosophical works in phenomenology from Husserl to Max van Manen was explored. Chapter III will explain the phenomenological approach and the methodology that was applied in this qualitative phenomenological study.

### **CHAPTER III: METHODOLOGY**

Chapter III provides an overview and justification of the methodological approach selected for this qualitative phenomenological study. The study is guided by a hermeneutic phenomenological approach as a means to explore the phenomenon of spirituality in the lives of English-speaking Caribbean men. Hermeneutic phenomenology is a qualitative research method that seeks to uncover the lived experiences of research participants by focusing on their subjective feelings and experiences, as shared through storytelling (Beck, 1994; van Manen, 1997a; Balls, 2009). For the present study, this approach will be applied to investigate the lived experiences of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States.

#### **Phenomenology**

Hermeneutic phenomenology, or the study of structures and experiences as experienced from a first-person point of view, will facilitate the exploration of the lived experiences of spirituality as a phenomenon among English-speaking Caribbean men living with chronic illness. This method takes into account the world as it is proximally experienced by research participants, relying on descriptive and interpretive techniques to interpret a phenomenon (van Manen, 1997b). Oftentimes, researchers using hermeneutic phenomenology rely on storytelling and textual writing to uncover participant experiences (Merleau-Ponty, 1994; van Manen, 1997b).

#### **Rationale for Selection**

The hermeneutic phenomenological technique utilized in this study is based on Max van Manen's, (1997) seminal work on conducting qualitative research on lived experiences. van Manen reinforced the importance of communication between a researcher and participant in

describing and understanding the meaning of a phenomenon (van Manen, 1990, 1997a). Importantly, this approach conceptualizes the researcher as an instrument through which participants tell their stories (Balls, 2009). To achieve optimal communication, van Manen (1990, 1997) supported the use of qualitative interviews followed by dynamic data analysis. In order to facilitate a dialogue between the researcher and participants in the present study that would allow for exploration of the meaning of spirituality as a phenomenon in the lives of the study population, semi-structured interviews were employed to enable participants to recollect, reflect and share their experiences (van Manen, 1997b).

### **The Methodological Structure of Human Science Research**

As a philosopher with expertise in experiential/contemporary phenomenology, van Manen proposed a six-step method to interpreting and analyzing the interview data using themes. This method addresses the experience of the person in relation to their consciousness and their world experiences. van Manen's six steps are described below in relation to the current study:

- 1. Identifying a phenomenon of strong interest, and one which commits the researcher to the world:** This first step requires a researcher to identify a phenomenon a-priori that they would like to understand. van Manen asserted that only after a phenomenon of interest has been identified can a phenomenological question be formulated (van Manen, 1997b). For the present study, the phenomenon of interest that was selected was spirituality.
- 2. Investigating the experience not as conceptualized phenomenon but as a lived experience:** In order to uncover new meanings of an already existent phenomenon, researchers must operationalize the phenomenon through the lived experiences of research participants rather than preconceived notions (van Manen, 1990). Exploring



the phenomenon of a lived-experience requires a “re-learning and re-awakening” of the world as it exists in the phenomenon (Merleau-Ponty, 1994). In order to openly investigate the phenomenon of spirituality in the present study, the researcher encouraged storytelling while redirecting participants, as necessary, to probe their lived experiences. It was also critical that the researcher be mindful of implicit biases and preconceived notions of the phenomenon throughout the data collection and analysis process.

- 3. Reflect on the essential themes that characterize the phenomenon:** Reflection on essential themes requires conscious thought and consideration of the significance of varying lived experiences. This required the researcher to not only focus on proximate meanings from participant stories during data analysis but also to engage in deep reflection to distill latent meanings. Through an iterative thematic and content analysis process, the researcher subsequently identifies the essential themes that characterized the phenomenon.
- 4. Describing the phenomenon through the art of writing and rewriting:** The activity of writing and rewriting is the art of textual activity, which allows for the researcher to transcribe the interview experience (van Manen, 1997b). In the current study, the researcher documented the essential themes as a way of describing the lived experience of the participants.
- 5. Maintaining a strong and oriented pedagogical relation to the phenomenon:** Maintaining a strong and oriented relationship to pedagogy requires a researcher to deliver the textual meaning and experience of the phenomenon in such a way that others could learn and gain new knowledge about the phenomenon. van Manen

(1997) posited that a researcher should record responses of participants in a strong, rich and deep fashion while remaining true to the experience of describing and interpreting the phenomenon. The researcher sought to do so through comprehensive note taking and memoing during data collection and analysis.

**6. Balancing the research context by considering the parts as well as the whole:**

Finally, in conducting hermeneutic phenomenological research, it is critical that a researcher not lose sight of the reason for using this method: to explore the meaning of an already existent phenomenon in the world. This requires constant evaluation of the research design and the incorporation of methods of rigor while also allowing the research to organically evolve. The researcher employed van Manen's methodological approach to intentionally construct a study that maintained fidelity to the research questions while enabling participants to authentically present themselves.

**Summary**

Hermeneutic phenomenology has been demonstrated to be an effective and validated method for exploring the lived experiences of phenomenon. It was therefore deemed an appropriate approach for investigating spirituality among English-speaking Caribbean men living with chronic illness during the present study. Max van Manen's, (1997) six dynamic activities for performing interpretive phenomenology offer a guide for the qualitative exploration of lived experiences to facilitate study design, data collection and analysis that is rigorous and maintains fidelity to the research question(s) at hand while encouraging transparency and authenticity in storytelling.

## CHAPTER IV: METHODOLOGY APPLIED TO THIS STUDY

This chapter provides greater detail about study design, data collection and analysis methods utilized in the present study. As previously discussed, the study employed a hermeneutic phenomenological approach grounded in van Manen's (1997) *Methodological Structure of Human Science Research* in order to explore the phenomenon of spirituality among English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States. Data collection involved semi-structured interviews with participants in order to facilitate open communication and a dialogue with research participants about their experiences.

### Research Activities

Following a literature review, in which a critical gap in scholarship regarding the lived experiences of spirituality among the study population was identified, the researcher employed van Manen's, (1997) six step process to inform study design and methodological selection. As earlier described, this qualitative phenomenological study was guided by the following research question: *What is the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States?* In order to explore this question, semi-structured, in-person interviews were conducted, an approach supported by van Manen, (1997) during hermeneutical phenomenological investigation as it fosters communication between the researcher and participant. Rigorous data analysis was conducted following data collection to distill key themes and findings from the interviews.

**Study Population**

The target population for this study was English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States.

**Setting**

In-person interviews were conducted in safe, private, comfortable locations such as participant homes, places of worship, and local businesses, selected by research participants to facilitate open dialogue.

**Institutional Review Board and Ethical Conduct in Research**

The researcher sought to safeguard the rights and welfare of participants throughout this study and mitigate the above-mentioned risks through various means, described below. The study protocol was reviewed and approved by the City University of New York (CUNY) Institutional Review Board (IRB) prior to the commencement of any research activities (see Appendix E).

**Privacy and Confidentiality.**

Federal research guidelines governing human subjects research require that all data and physical material related to participants be protected to safeguard participant privacy and confidentiality. The inability for the participant to protect themselves and their data while participating in the research places the burden on the researcher to ensure that all information is securely stored, and participant privacy maintained. To ensure privacy and confidentiality during interviews, participants were asked to select a location at which they felt comfortable participating. Prior to confirming the meeting dates and times, the researcher ensured the privacy and suitability of the space. Participants were made aware of privacy and confidentiality considerations during the consenting process and were required to sign a consent form prior to

participating in an interview. All consent forms, demographic information, audiotapes and transcriptions were stored in a locked filing cabinet in the researcher's home office and the key to the filing cabinet was securely maintained. All audiotapes were erased, and all transcriptions, analysis and data will be destroyed three years after completing this study.

### **Reduced Risk for harm.**

Throughout this study, the researcher was mindful of the potential risks participants might face, such as anxiety, discomfort, guilt, false hope, and irresponsibility. The researcher was further aware that her presence during in-person interviews may also contribute to some level of discomfort for a participant. According to philosopher Max van Manen (1997), persons who recall and share experiences and events may experience different levels of emotion when telling their stories (van Manen, 1997b). While participation in the research may yield greater insight and knowledge among participants, there is also the risk that they may experience longer lasting negative effects, such as anger, disgust, and despondence if poor interview techniques are employed (van Manen, 1997). To mitigate these risks, participants were notified on the consent form (Appendix B), as well as verbally, of their ability to withdraw or end their participation in the research study at any time without adverse consequences. Further, participants had access to a professional forum for counseling by trained personnel, if desired (see Appendix D).

### **Disclosure.**

There was no monetary exchange during this research activity. The researcher hopes that the participants benefitted from telling the lived experience of spirituality in their lives and contributing to the expanse of scientific knowledge regarding the lived experience of spirituality in the lives of English-speaking Caribbean men living with chronic illness.

**Procedures**

Various procedures were employed during this qualitative phenomenological study which involved a multi-step process, detailed below.

**Step 1: Recruitment Process.**

Participants were recruited through purposive and snowball sampling. Recruitment flyers were strategically posted throughout the United States region, including at religious institutions and institutions of higher education, to encourage participation (see Appendix A). Flyers were also distributed to the researcher's colleagues and others, who were encouraged to disseminate information to interested parties. Additionally, participants were asked to share information about the study with others who may have interest in participating. Individuals who were interested in participating in the study were instructed to contact the researcher for more information.

**Step 2: Participant Screening.**

All potential participants were screened via telephone for eligibility to participate in the research (e.g., English-speaking, originally from a Caribbean country, male, between the ages of 40 and 60, living with chronic illness, and residing in the United States) (see Appendix C). Those who satisfied eligibility criteria were asked to identify a place and time most convenient to them to participate in an in-person interview. In addition to ascertaining participant eligibility, the screening process allowed for establishment of rapport between the researcher and participant and facilitated interview scheduling.

**Step 3: Data Collection.**

Interviews took place during July 2019. Interviews were completed in one sitting and lasted between three and 40 minutes. Informed consent was obtained prior to commencement of

each in-person interview, including consent to be audio-recorded (see attached-Appendix B). Participants were given time to ask questions and request clarification, as needed, during the consent process. After the consent form was signed, a copy was provided to the participant, and the interview commenced.

After participants were consented, the participant was asked to describe in detail the meaning of spirituality to them as a Caribbean man living with chronic illness. Three open-ended questions (one central and two sub-questions) regarding the meaning of spirituality were posed to guide the conversation (see Appendix F). These questions reflected this study's central aim—to explore the lived experience of spirituality in the lives of English-speaking Caribbean men, aged 40-60 years old, living with chronic illness and residing in the United States of America—and were framed in an investigative, open-ended format ranging from general to specific. This format was used to encourage participants to talk openly about their lived experience with spirituality. Relevant details were captured through the act of thinking, observing, keen listening and relating as the participants revealed their experience of the phenomenon of spirituality—activities included in maintaining *oriented text* according to van Manen's, 1997 requirement for ensuring research rigor (Melnik, 2011).

Each interview began with a general statement of greeting followed by the series of central and sub-questions. The interview proceeds began as follows: "Today I would like to get an understanding of spirituality for you as a Caribbean man since you were diagnosed with a chronic illness. First, describe what spirituality means to you." Following a participant's response to this central question, two follow-up questions were posed: "What spiritual event (s) has/have been significant to you as a Caribbean man since you have been diagnosed with this chronic illness?," and "How has this event helped you, as a Caribbean man find meaning in

life?” After these questions were answered, participants were asked if there was anything else, they would like the researcher to know about their experience with spirituality in their lives as a Caribbean man or while living with a chronic illness. During the interviews, the researcher also utilized silence and patience as a way of allowing the participant to gather their thoughts and come into their experience with the phenomenon in question (van Manen, 1997b *p* 68). Once recurrent themes started to emerge, saturation was accomplished, and data collection terminated.

#### **Step 4: Data Maintenance.**

All data were uploaded and saved to the researcher’s personal password protected computer. Audio recordings from an *Evistr* voice recorder were also uploaded to the researcher’s password protected computer immediately following the interview and erased from the recorder to maintain confidentiality and secure data. Data was also backed up on a password protected external drive (Armor-SP Silicon Power). All data such as informed consent, eligibility screening script, audio files, self-reflective journal, interview transcripts and analysis were de-identified using the unique numeric code provided by the researcher to each participant prior to the beginning of the interview. Transcriptions and analysis were stacked separately for additional security and anonymity.

#### **Step 5: Self-Reflective Journal.**

In keeping with the tradition of hermeneutic phenomenology, the researcher kept a journal to document thoughts and self-reflections that arose following the interviews (Lavery, 2003). Biases and assumptions about the phenomenon were also documented in this notebook and later used to assist the researcher during data analysis—specifically in interpreting the lived experiences of spirituality among participants. This research activity distinguishes hermeneutic phenomenology from that of descriptive; the latter of which uses the technique of bracketing to



isolate the researcher's previous knowledge and biases about the phenomenon (Moustakas, 1994; Koch, 1995; Polit & Beck, 2006). The notes were used to distinguish what was being understood from the interview as the lived experience of the participants and the researcher's assumptions of the phenomenon and the lived experience. Details of this journal used in each interview session was held in confidence and locked storage along with audiotapes and transcriptions of interviews.

### **Data Analysis**

Data analysis involved a multi-stage process. Firstly, audio-files from interviews were transcribed verbatim by the researcher using Microsoft Word. Each audiotape was listened to repeatedly to facilitate transcription accuracy. Transcription was conducted immediately following each interview and before the next was conducted so as not to lose the essence and momentum of the participant's experience. Transcriptions were de-identified using a coding scheme for each participant, with codes ranging from the first participant (CH01) to the last (CH11). All transcriptions were reviewed three times for errors, and corrections were made, as needed. Additionally, participants were asked to review the text in order to provide clarification, if necessary, and to confirm the accuracy of the transcription.

Following transcription, the researcher then engaged in an in-depth, iterative data analysis process, guided by van Manen's, (1997) dynamic six step method of conducting human science research, as earlier described. The researcher sought to conduct an unbiased review of the data to facilitate exploration of the lived experience of spirituality among participants (van Manen, 1997b). The analysis included the integration of all qualitative data, including audio-taped interviews, transcriptions of audiotapes, as well as the researcher's self-reflective journal. As proposed by van Manen, hermeneutic phenomenological analysis requires recurrent reading

and re-reading of transcribed interviews to discern relevant themes. To that end, transcribed data were read multiple times by the researcher in order to identify meaning units, codes, themes, and concepts—an iterative process that allowed the researcher to check for consistency with the understanding of the transcribed data and the entire context of spirituality as a lived experience (van Manen, 1997b). While reading and re-reading the transcribed interviews, the researcher bolded, highlighted and underlined each section of the interview response and wrote codes and related phrases that described the context and captured the essence of the interviewees' responses in the margins.

Analysis was conducted as an ongoing task during the writing, re-writing and reading of the data, allowing the researcher to clarify and elaborate the concept linkages threaded throughout each interview. Single words or phrases were used as codes to identify the concepts that were identified as linking similar ideas that were expressed throughout the data. Each sentence, group of sentences and phrases sharing the same meaning revealed narrative codes which were color-coded. The researcher's responding notes and thoughts were also color-coded to match the phrases, sentences and narrative codes. For example, the first theme of life experiences was coded with the color purple. All corresponding sentences and phrases that related to age, living well, growing up, aging and childhood were also highlighted purple as corresponding codes and meaning units. Similar reflections from the researcher notes included learning about God at an early age and teaching children by example; these were also highlighted purple.

The researcher reflected deeply on the interviews conducted to allow essential themes to come to the forefront. van Manen (1997), describes the act of finding themes as "seeing" the meaning. Since the meaning of human science can only be described or presented textually

through the use of textual transcription during presentation of organized narratives (van Manen, 1997a), it was important for the researcher to reflect on the description of the participants' experience in a thematic way as one would the phenomenon in the world as it exists. The self-reflective journal maintained by the researcher aided in the interpretive process and provided clarity amongst participants' expressions and the researcher's thought processes. The journal included pre-understandings, thoughts and experiences of the researcher throughout the study (Laverty, 2003).

The researcher initially identified 15 possible themes from the three research questions. Coding was conducted to eliminate repetition, and codes with similar meaning units were merged to create overall essential themes. Codes were merged as follows based on their corresponding meaning units: themes 1, 3 and 8 had meaning units of death, aging, childhood and living well. These meaning units were grouped under the essential theme of **life experiences**. Themes 2, 4, 6, 9 and 11 shared meaning units of relationship with a higher being, God, Mary Mother, prayer and meditation, preaching, messages from God, which were all grouped under the essential theme **higher being**. Themes 10, 12 and 15 shared meaning units of place of worship, religion, socializing, comradery, appreciation, family and friends; these were all grouped under essential theme **belonging**. Finally, themes 5, 7, 13 and 14 shared meaning units of coping, perseverance and new perspective which were grouped under the essential theme **adaptation**.

Categories of meaning units and codes as well as derived themes are detailed in Tables 1 and 2, respectively. Each essential theme was supported with several matching descriptions from the participant interviews (see Table 3). Descriptive tables below convey the percentage of participant responses that shared similar meaning codes, which aided the researcher in theme

development (see Tables 4 and 5). A visual representation of these tables is presented in Figure 2. Each theme was found to be weighted nearly equally based on the experiences described by participants, with adaptation emerging as the most prominent of the four themes.

### **Text Interpretation.**

A central component of hermeneutic phenomenological data analysis is text interpretation. After coding and theme identification, the researcher sought to ensure themes were consistent with the broader research context (van Manen, 1997). This required the researcher to comprehensively review themes and data while maintaining focus on the central aim of the research and critically examining the study's research design. In this way, hermeneutic phenomenology extends beyond providing a description of lived experiences to offer an interpretation of those experiences (Heidegger, 1962).

### **Study Rigor and Credibility**

This study's design was theoretically grounded, and empirically driven methodologies were utilized in order to enhance study rigor and the validation of findings. To enhance internal validity, an adequate sample size was sought to achieve adequate power. In phenomenological research design, data validity largely relies on the quality of the discussions that take place during the interview process and whether findings accurately represent the views of study participants, the researcher, and the reader (Creswell, 2003). To facilitate the collection of valid data, theoretical saturation was sought during interview, wherein new interviews do not generate any new information or the same information begins to emerge during subsequent interviews (Auerbach, 2003 pg. 19-21).

Reliability in qualitative research is based on consistency. For example, utilizing an interview guide with the same questions for each participant will increase the likelihood that

responses will reflect the research questions at hand (Creswell, 2018). Further, providing clear descriptions of the research structure and process facilitates credibility, transferability and trustworthiness of research findings among readers (Creswell, 2018). Maintenance of a strong and oriented pedagogical relation to the phenomenon is critical in order for a study to maintain fidelity to the central research question and avoid the risk of researcher bias and premature establishment of conclusions before exploring the full extent of the phenomenon under research (van Manen, 1997). To that end, the present study will employ four evaluative criteria proposed by van Manen (1990) to evaluate rigor and credibility: 1) oriented text, 2) strong text, 3) rich text, and 4) deep text. These criteria are discussed in greater detail in Chapter V.

### **Summary**

This chapter provided a comprehensive overview of the methodology utilized during this study to explore the lived experience of spirituality among the target population. As described above, Max van Manen's (1997) Methodological Structure of Human Science Research guided the study design, informing data collection and analysis approaches. Finally, considerations surrounding study rigor and credibility were discussed. The following chapter will describe central findings from this research.

## CHAPTER V: FINDINGS

This chapter presents findings from data analysis. Descriptive data about the study sample are first presented, followed by a discussion of central themes and sub-themes, which are supported by illustrative quotes to convey meanings and linkages among concepts.

### Study Sample

The final sample consisted of 11 male participants, between the age of 40 and 60 years old originally from a Caribbean country and presently residing in the United States. All participants spoke English fluently, inclusive of four who were bilingual and reported that Spanish was their native language. At times, bilingual participants initially discussed their lived experiences in their native language and then would immediately translate their thoughts into English. All participants resided in the United States and were living with a chronic illness, with years of diagnoses ranging from less than one year to approximately 40 years.

### Study Findings

#### Descriptive Sample Data

A description of each participant and their interview is described below as a means to illustrate the study setting and providing clarity on the research participant relationship during the interview phase of the research.

**CH01.** Eligibility screening commenced with the first potential participant, CH01, who was referred to the researcher by a colleague. This individual reached out to the researcher by phone on July 3, 2019, and upon passing the eligibility screening, requested to meet for an interview that same day at his home. Upon the researcher's arrival, the participant requested that the interview take place in his kitchen, explaining that he 'spoke freely' when doing what he loved—cooking. After reviewing and signing the consent form, the interview began. CH01 was

mild-mannered and smiled throughout the interview. His demeanor was one of reflection, and he periodically paused to consider the questions and his response. CH01 answered each question with short, to the point responses, and his interview lasted approximately six minutes. CH01 displayed emotions of gratitude as he reflected on the significance spirituality has in his life, explaining:

*“Spirituality for me is not necessarily going to church or “Christian”, because as I think about life, I think about the millions of people in the world. I like the word spirituality, because there are Jews, Hindus, and different kinds of people and then you have Christians. We were brought up as Christian so, we use that [label]; that’s our God. So, I believe everybody has their own God. You just need to believe.”*

As CH01 spoke about his experience with spirituality, he displayed a mixture of emotions, ranging from sadness to hopefulness and thankfulness. At the end of the interview, the researcher thanked CH01 for sharing his experience, offered him the opportunity to listen to his audio recording for approval, and asked how he would prefer to receive a copy of the transcription for review and feedback. He agreed to have his transcript hand delivered by the researcher. CH01 expressed his gratitude and hoped that his contribution was helpful to the research.

At the end of CH01’s interview, he informed the researcher that he would be referring a friend who he believed would be interested in participating in the study. This friend called the researcher and agreed to be screened. This potential participant was also successful in the eligibility screening. The second volunteer asked to be interviewed on the same day and stated he was on his way to visit CH01. The second potential participant requested that he be interviewed at the home of CH01, to which both participants agreed.

**CH02.** CH02 was interviewed in the evening, in the cool, quiet backyard of CH01's home.

After greeting each other, the consent form was signed, and the interview began. An older-looking man with a slower gait, CH02 maintained a serious demeanor throughout the interview yet closed his eyes intermittently during the interview, raising his face to the rays of the evening sun and taking deep breaths. He, too, showed emotions of gratitude and deep reflection when he considered the role of spirituality in his life while living with a chronic illness, commenting: *"Spirituality is everything. Spirituality is my whole life. Through spirituality, I am better able to cope with life. When I get up in the morning, I must give God thanks. He gives me a sense of going on."*

CH02's responses were brief, and the interview lasted approximately three minutes.

CH02 took time to explore the details of his chronic illness and expressed his gratitude for being allowed to participate. CH02 declined to listen to the audiotape of his interview but agreed to have the researcher hand deliver his transcript for review and feedback.

**CH03.** CH03 contacted the researcher by phone after viewing a flyer on the electronic notice board at his church. During the phone call, he expressed that he "truly believed that he needed to contribute to this study as he had so much to tell." CH03 passed the eligibility screening, and an interview was scheduled for the following day in a classroom at his church complex. The participant was tall and poised, showed no signs of illness and was enthusiastic to share his experience. He appeared relaxed from the start of the interview and was very detailed in his descriptions of his experiences with spirituality and his chronic illness. CH03 began by explaining the complexity of spirituality, carefully choosing his words. As he explained:

*"I can be controversial when it comes to my spirituality, and I think that I have a different concept as to who God is than what most people think God is. And, I think God is, to me,*



*now that I am older, God is a spirit, and God is not a man. Although we say he most of the times, I think it's a spirit, and I think that most of the times, we tend to expect certain things from this spirit, but I think this God that I have in my head, is something that controls me morally, ground me, not so much to ask for things, physical things, but to get more direction, in some way I can find comfort, or peace, or just some spirit that I can speak to, and I can listen, even to the wind, even to the rain and get a message from it. So, it's not just the God that is sitting in heaven as a man looking down on me, it's a force."*

This interview lasted approximately 13 minutes. The participant requested to listen to his audiotaping, which he approved, and asked the researcher to hand deliver a copy of the transcription in person.

**CH04.** The researcher was contacted by CH04 after receiving a flyer from someone living in his apartment complex. After successfully completing the eligibility screening, the participant requested that the researcher meet him for the interview at his home the following week. He was welcoming and expressed that he was more than happy to talk about his experiences for further research and exploration.

CH04 works full-time and lives with his family. He was diagnosed with diabetes over 12 years ago and discussed the numerous lifestyle adjustments he has had to make since that time. He talked about the role of spirituality in his life during this time, at times providing details in his native language (Spanish), which he would then repeat in English. For CH04, meditation was vital in helping him and his family adjust following his diagnosis. As he spoke, he often stared into space in a reflective manner. CH04 described his experience with spirituality while living with diabetes as follows:

*“I utilize my spirituality and believe in God in coping with my illness using meditation. I offer God my pain especially when I have to get injections; Sometimes is hard to stick to the diet, to do the exercise, but then I realize that some people in the hospitals are worse than I am and I concentrate in how lucky I am that I have a family that takes care of me.”*

The interview lasted over 30 minutes, at which time, CH04 listened to his audiotape and affirmed what he heard. He requested that his transcript be hand delivered to him at his apartment. After revising the transcript, CH04 provided his approval.

**CH05.** The fifth participant heard about the study from CH04 and reached out via telephone to express his interest in participating. After answering his questions about the study and administering the eligibility screening, an interview was scheduled at home for the next evening.

Upon the researcher’s arrival, CH05 commented on the beauty of life, being alive and his gratitude to God for keeping him through his diagnosis of hypertension and diabetes. CH05 discussed his increased reliance on his spirituality since his diagnosis, expressing that, over time, he drew strength from his spirituality: *“The relationship between spirituality and my illness has been my focus of considerable interest since I became 52 years old. I get my strength and comfort from religion and from my prayers.”*

At the end of the interview, which lasted approximately 40 minutes, CH05 declined to listen to his audiotape, stating he “didn’t like to hear his own voice.” He also requested that his transcript be hand delivered.

**CH06.** CH06 was recruited by word-of-mouth from the researcher’s colleague. The participant expressed immediate interest in participating in the study, and subsequently passed the eligibility screening. An interview was scheduled at his home that same evening.

The interview took place in the participant's quiet living room. CH06 is retired and a widower who lives with his family members who are also his primary caregivers. Despite his noticeable frailty and quiet demeanor, he spoke comfortably about his challenges with cardiac disease and diabetes.

For him, the need for acceptance was of utmost importance, and he readily acknowledged the anger and fear he experienced after becoming ill. Spirituality provided the participant with new insight into himself and disease-related challenges. He described these experiences periodically in Spanish, which he said better described his feelings than English. As CH06 reflected: *"I don't think every person who has chronic illness uses spirituality. For me the use of spirituality helped me realize that my attacks were related my anger and my fear because I was sick and did not want to accept my Illness."*

He declined to listen to his audiotape at the end of the 25-minute interview but requested that his transcript be returned to him at home.

**CH07.** After attending a church service at a location where the research flyers were posted, CH07 approached the researcher and expressed his interest in participating. He informed the researcher that his chronic illness was diagnosed over 40 years and wondered if that met the criteria for the study. Once this was confirmed, he smiled and said, "well let's get started." The interview took place in what the participant described as the "older part of the church building."

CH07 was over 6-feet tall with a robust build, but his speech was noticeably slurred and delayed. Several times during the interview, he forgot his train of thought mid-sentence. He was smiling throughout the interview as he spoke about his chronic illness and the residual effects with which he now lives. At 60, CH07 still experiences muscle weakness, pain and episodes of paralysis resulting from childhood polio. Throughout his interview, the participant was careful to

reinforce the goodness of God and how his spiritual activities carry him through his challenges. CH07 likes to sing and even offered to give the researcher a rendition of his talent. Singing and prayer are described by CH07 as important spiritual activities in his life that have significantly helped him. As CH07 discussed:

*“Spirituality, it help me a lot, because, I was sick a long time. I had polio, I couldn’t talk. I was dumb, all of my left side was dropped down. The left side from the head straight down couldn’t move. I am a polio victim. They prayed for me, some church prayed for me and brought me back. I couldn’t use spoon, I couldn’t even talk. I was dumb, and they prayed for me. God brought me back.”*

CH07 described his devotion to working in the church, believing that without the church and prayer, he would not be alive today. After 12 minutes of responding to the questions and speaking about his spiritual experience, he stated that was all he had to say. He listened to his audiotape and commented that it was “good.” He declined a copy of the transcription, saying “that is alright, I know what I said.”

**CH08.** The researcher received a call from CH08 two days after visiting the local church where the interview with CH07 took place. He mentioned he had received a flyer from another colleague of the researcher who encouraged him to share his story. After answering his questions, he agreed to participate, and the eligibility screening test was conducted. After being informed that he was eligible, he asked to be interviewed the next day. The next morning, the interview took place at a coffee shop nearby the participant’s house in a quaint and quiet setting.

CH08 was eager to begin the interview. He highlighted that his experience with his spirituality and chronic illness emerged from his strong fear of death after receiving his diagnosis. He expressed his reliance on religious practices and his belief in miracles. He was

careful to state how aware he became of his own responsibility and accountability for his health and life, which he believes came from his spiritual practices: *“Spirituality taught me to get over my fear of death. Religion and Spirituality have helped me to get better ideas to believe in miracles and in the truth that I am in charge of my health and of my life.”*

While he declined to listen to his audiotaped interview, he asked that his transcript be handed to him for review and clarification.

**CH09.** The researcher was introduced to CH09 by a colleague, as well, who had seen the recruitment flyer. CH09 was screened successfully, and a quiet location was identified for the interview. Similarly, to other participants, CH09 detailed challenges after being diagnosed with diabetes. He highlighted the strength he derived from the teachings of the church and his religious leaders. For him, spirituality was perceived as a coping method chronic illness and aging: *“I have learned that an important coping method for older people with chronic illness is to meditate in the life of Jesus this helps you to adhere to your daily routine, to take your medication, to pray daily and to get better. Spiritual beliefs are the strength that we need as we get old.”*

CH09 also reinforced that spirituality helped him understand that his chronic illness is not a punishment, nor can he place blame for his illness on anyone. His interview lasted approximately 25 minutes. He welcomed the opportunity to listen to his audiotape, which he approved. He requested that the written transcript be hand delivered to him by the researcher.

**CH10.** CH10 was a part of the congregation of the local church visited by the researcher and had heard about the study through word-of-mouth. He contacted the researcher by telephone to indicate interest in participating, and after passing the screening, requested to meet the next morning at his church for the interview. During the interview, the participant shared his journey

about experiencing a cardiac arrest and having multiple open-heart surgeries, from which he was beginning to regain some functionality.

CH10 is medium built with erect shoulders and walks with an air of pride and authority. He wears his shirt with the first three buttons undone, causing his thick mid-sternum scar to stand out. A gold-looking chain with a crucifix pendant sits on his chest, brushing his scar with each move. He explains that his near-death experience re-awakened his spirituality, causing him to see spirituality as the only thing he could depend on after realizing he would be living with cardiac disease for the rest of his life. He is deeply reliant on his church and its members and values the community aspect of being part of the congregation. He spoke often of his activities in the church and how being in the presence of church members provided him with support. He also believed that his family's spiritual practices increased from the support that came from the church. CH10 described his experience with spirituality as follows: "*Prayer. I attend prayer. I attend meetings and discuss things and to meet and just to socialize at some point and hear concerns. We invite doctors to come in and talk about certain things and so forth. It's rewarding, because not only for the information, but the comradery with the brothers.*"

The interview lasted approximately 25 minutes. He did not listen to his audiotape. When asked about delivery of his written transcript for confirmation he also declined, stating he just hoped his story will "be of some help."

**CH11.** Referred by another colleague, CH11 reached out via telephone and inquired about the study. After answering his questions, he confirmed his interest in participating and subsequently successfully complete the screening. An interview was then scheduled for two days later at his home. During the interview, CH11 expressed the importance of embracing the life changes that come with being diagnosed with a chronic disease. Spirituality had helped him

to find new meaning and purpose in life as he aged and developed a chronic illness. Like CH06 and CH08, CH11 expressed the importance of socializing with family and friends:

*“Since I got sick I learned that chronic illness make it necessary for you to change the plans you had for your life and retirement... Spirituality has helped me to find new purpose and comfort in my older years and to enjoy my family, my grand-children my neighbors, the sick people in my church.”*

The interview lasted 20 minutes, after which he listened to a portion of his audiotape and then confirmed that his transcript be returned to him in person for review.

### **Essential Themes**

As earlier mentioned, four essential themes were identified during data analysis—life experiences, higher being, belonging, and adaptation—as were several sub-themes. These themes and sub-themes will subsequently be discussed.

#### ***Theme 1: Life Experiences***

Several participants alluded to the ways in which their life experiences influenced their perceptions of spirituality. *As one participant noted, “Going through life sometimes you don’t really think about God. But as you age, you start thinking back to when you were a child.”*

Another mentioned, *“Although you have been brought up or you have been indoctrinated to think a certain way, now that you are older you can decipher for yourself.”* Others equated spirituality with living well, as described by one participant: *“The meaning of spirituality is to live well and develop well into a positive manner willing to do well in this ugly world.”*

Myriad sub-themes associated with life experiences emerged during data analysis, as well—particularly in relation to the complexity of spirituality and the role of spirituality in aging and mortality.

**Life Experiences in relation to the complexity of spirituality.** Several participants described spirituality as being complex and individualized. CH03 revealed spirituality covers a “complexity” of things, while CH05 considered it a “big thought with room for many ways to look at things.”

**Life Experiences in relation to living well and the way one lives.** Participants also discussed the way in which spirituality provided a moral compass and purpose in life. As CH08 bluntly described, spirituality is “a gift God gives so one can live a good life.” CH11 sentiments reflected a similar notion: “Spirituality can mean different things to different people. For some, is the way that you live.” For CH09, spirituality was interconnected with his personal values: “The most valuable discovery that I found is the connection between spirituality, of my personal values.”

**Life Experiences in relation to aging.** Spirituality also shaped several participants’ perceptions of aging and mortality. As CH01 commented, “When they preach at funerals it is like trying to preach you into heaven.” As participants grappled with their own aging processes and mortality, several discussed loved ones who had passed. As CH04 noted, “I have [been] going to many funerals of friends that died.” Others alluded to the connection between spirituality and religious institutions, with CH10 stating, “Spirituality is of vital importance to me. Because, as a child growing up, I was always interested in church.” These statements support the dynamic nature of the phenomenon of spirituality as experienced by these participants, encompassing tangible religious practices and rituals, such as memorializing those who have died or regularly attending religious services, as well existential principles, such as a belief in an afterlife.



**Theme 2: Higher Being**

Another prominent theme that emerged during data analysis was the notion of identifying with a higher power. Participants discussed relying on a supreme source for guidance strength and hope, especially regarding coping with and managing their illnesses. As one participant commented, *“...meditate in the life of Jesus this helps you to adhere to your daily routine, to take your medication, to pray daily and to get better.”* Some participants described deriving profound meaning from their spirituality that was not necessarily associated with God. As one noted, *“In general, for me [spirituality] is a manner of connection to something bigger than I am, and it gives me meaning in life.”* Several others discussed the importance of connecting with a higher being through talk and prayers. As one participant succinctly noted, *“Spirituality is a way to talk to someone bigger than we are.”* Yet another commented, *“A spiritual experience as sacred for me is talking to God or simply praying to God going to church, talking with the Blessed Mother.”* Others mentioned how God was there to provide help and support, with one participant stating, *“God does not punish us He forgives us and help us when we need the most.”*

**Connection with a Higher Being a sense of Eternity.** Various practices—namely, prayer, meditation, and teachings—emerged as important exercises for participants to help them connect to a higher being. For some, these practices were perceived as a means to achieving eternal life, with CH01 commenting,

*“Since everybody wants to go to heaven, you must start praying a little bit more as well. Sometimes when you pray God helps you with whatever. Sometimes you feel like you, can’t make it. Because I have diabetes, and sometimes diabetes makes you weak and fatigued, so, sometimes you just say a little prayer. Sometimes, you are in the car and you say a little prayer and you feel a little bit better.”*

The critical role of engaging in regular prayer and meditation as coping mechanisms to navigate the emotional and physical challenges that often accompany living with a chronic illness was evident from the interviews. CH04 noted that he “utilize(s) my spirituality and believe in God in coping with my illness using meditation.” Yet another participant described how prayer and spirituality have afforded him perspective and insight into his illness: “People like me cannot predict how they will live the next day, so I learned to use prayer and my spirituality believes to tolerate pain, manage my fears, and realize that my disease is not a “castigo” [punishment], from God, and that I cannot blame anyone for it.” (CH09). CH11 expressed a similar sentiment, noting “Spirituality and religion helped me to cope with my chronic illnesses, by using meditation and “oraciones” [prayers].” Others commented on how they derived strength and solace from the practice of prayer: “Praying. Praying strengthens me and helps me to go on.” (CH02)

**Searching for the meaning of God:** *The existential dimensions of spirituality were also discussed, as participants referred to a desire to find the meaning through religious rituals and practice. As one participant mused, “What does God mean to you? Where does God come into your life? I like listening to my radio, listening to my gospel service and try to know what the real meaning of God is.” Another described,*

*“A lot of times when I listen to sermons or messages, I tend to write them down. And I read them ever so often. And sometimes, not only do I read them, but I tend to research. I put that topic or that subtopic, in the search box, and see if I can find something that would certainly lead me to even elaborate on that particular point.”*

Other participants alluded to ways in which the abstract nature of spirituality provided support and solace, with one stating *“The Universe listens to every word that you send with love.”*

**Higher Being as a personal ethos.** For many participants, spirituality was equated with God, especially in relation to the practice of Christianity. However, some participants perceived spirituality to be more of a personal ethos that was not directly connected to a higher being. As CH01 expressed,

*“Spirituality for me is not necessarily going to church or “Christian”, because as I think about life, I think about the millions of people in the world. I like the word spirituality, because there are Jews, Hindus, and different kinds of people and then you have Christians. We were brought up as Christian so, we use that [label]; that’s our God. So, I believe everybody has their own God. You just need to believe.”*

For some, this personal ethos transcended organized religion and served as a broader existential presence and moral compass, as reflected in comments by CH03:

*“I think God is, to me, now that I am older, God is a spirit, and God is not a man. Although we say he most of the times, I think it’s a spirit, and I think that most of the times, we tend to expect certain things from this spirit, but I think this God that I have in my head, is something that controls me morally, ground me, not so much to ask for things, physical things, but to get more direction, in some way I can find comfort, or peace, or just some spirit that I can speak to, and I can listen, even to the wind, even to the rain and get a message from it. So, it’s not just the God that is sitting in heaven as a man looking down on me, it’s a force.”*

***Theme 3: Belonging***

The role of spirituality in fostering a sense of belonging was expressed by many participants during interviews, with the structure of organized religion providing a sense of security and community. Some participants described the way in which participation in church activities encouraged them to self-reflect on the way in which they were living their lives and engaging with their church community. One participant posited, *“How do you see yourself, and how do you want people to see you?”* Another asked, *“How important is honesty, not only with others but with yourself?”* Yet another mused, *“When I look into my eyes, or look into my soul, if that’s a term I can use, what am I seeing, and what do I want people to see in me?”*

**Belonging to a place of worship.** As earlier alluded to, the structure of organized religion, especially physical places of worship, were intimately connected to many participants’ perceptions of spirituality. As CH06 succinctly stated, “Spirituality is to practice religion well, to obey the laws of the church, to go to mass Sundays, to go to confession, and to take communion.” Indeed, experiences with religious institutions, including receiving religious teachings, provided numerous participants with guidance on living spiritual lives across the life course. Several individuals discussed the central role that church has played in their lives since they were children, with CH01 and CH10 commenting respectively, “Growing up as a little child in the Caribbean, we are sent to church. So, you learn about God at an early age” and “Spirituality is of vital importance to me. Because, as a child growing up, I was always interested in church.” Others described deriving solace in religious teachings and sermons delivered during services. As CH03 observed, “When I hear a message that can really say, yes, this is what I want to hear today. Yes, concerts are great, but a great message, from a great messenger.” CH09 expressed a similar sentiment, noting, “My vision of spirituality is to live

paying attention to the teaching of the Minister, and to the teachings of the Church, to pray, to teach your children with your example, not to steal, not to drink, not to lie and to follow the religion of your parents and grandparents.” For others, being active in the church community played an important role connection an individual to his spirituality. As CH07 stated, “I am a polio victim. They prayed for me, some church prayed for me and brought me back... I do singing I do everything. I used to sing all over the place. I used to sing in the church. I still sing in church sometimes, for the men’s choir.” For others, receipt of their diagnosis prompted them to seek out communities of faith for moral and social support. As CH10 described, “I was always interested in church, not really a die-hearted person in church, but as I got older and when I got sick, I realized that was the only thing I could depend on. And, so I went into it wholeheartedly. I found myself more committed, and I actually have proven that it does help me.”

**Belonging with relation to family and friends or having comradery.** In a similar vein, many participants expressed how spirituality has fostered more meaningful relationships with family, friends, and others. As CH04 described, “[Spirituality] Teaches me to be happy, to enjoy my family and become happy even in the tough moments... It helped me to have a true communication between the two of us [my wife] and with our children.” CH10 similarly noted, “I attend meetings and discuss things and to meet and just to socialize at some point and hear concerns... It’s rewarding, because not only for the information, but the comradery with the brothers. And now also my family, they are convinced too that it is good to really know God. And they believe that the church was a circle of support for me.” For others, spirituality was equated with caring for others: “[Spirituality is] loving your family, taking care of your children, being honest with your wife, help your older parents, and being good to your friends and neighbors.” (CH08).

**Theme 4: Adaptation**

Many participants discussed the ways in which their spirituality has enabled them to more effectively adapt to life's circumstances, including their illness.

**Adaptation through coping, gaining strength, perseverance, comfort and inner peace.**

Numerous participants discussed the ways in which their spirituality has provided them with inner strength and an effective way of coping with life's challenges, including their illnesses. CH02 expressed that his spirituality helped him to "better able to cope with life" and that the spiritual ritual of prayer "strengthens me and helps me to go on." The notion of spirituality providing a coping mechanism when living with chronic illness was prevalent among interviews. As CH04 noted, "I utilize my spirituality and believe in God in coping with my illness using meditation. I offer God my pain especially when I have to get injections *"Creí no tener nada, pero cuando descubrí la esperanza por el espiritualidad, encontré que lo tenía todo."* (I thought I had nothing, but when I found hope in spirituality, I realized I had everything)." For others, spirituality has aided them in finding comfort and a sense of peace with their illness, as expressed by CH08: "Spirituality has helped me find peace with my illness and live my life in peace." The ability for many participants to derive strength and coping tools from their spirituality helped them to adapt to their circumstances.

**Adaptation in relation to gaining new perspective and insight.** Spirituality also afforded many participants new perspectives and insights into themselves and their illnesses, which enabled them to adapt to evolving situations. For some, their experience with chronic illness motivated them to embrace spirituality. As CH02 described, "Since I have been ill, I am more caught up in spirituality. Since I got sick; coming from diabetes, and now, I have heart and kidney failure, it pushes me more to really serve God and love God." For others, their illness

provided them with new perspectives on priorities. CH03 described the new outlook he has adopted since his illness, commenting, “The things that used to frustrate me.... are they that important? Or are they just noise that you make in your head?...How do I embrace what I have, and not let it play victim’s role?” Some participants also described how spirituality has helped them to view themselves and the world differently. As CH04 commented,

*“Some of us, who live with chronic illness instead of realizing that we have the disease, sometimes believe that we are the disease. Spirituality helps us to accept the changes; it is like a new mirror. Spiritual Beliefs can help us to accept our new person and as a new person teach us to act differently.”*

Other participants similarly discussed gleaning new perspectives about themselves and their circumstances since they were diagnosed with a chronic illness, which they attributed to their spirituality. As CH03 commented, *“So, it [spirituality and my chronic illness] has grounded me, and I think I know who I am, and I don’t wish I didn’t have it, because this is what I have. And I think fate had determined this is what I must have. How you deal with it, then that is a different story.”* In a similar vein, another participant, CH09, explained, *“People like me cannot predict how they will live the next day, so I learned to use prayer and my spirituality believes to tolerate pain, manage my fears, and realize that my disease is not a “castigo” [punishment], from God, and that I cannot blame anyone for it.”*

Others expressed empathy for those who might be in more grave circumstances. As CH04 noted, *“Sometimes is hard to stick to the diet, to do the exercise, but then I realize that some people in the hospitals are worst than I am and I concentrate in how lucky I am that I have a family that takes care of me.”* A similar sentiment was expressed by CH06: *“Living with my*

*chronic illness has taught me that I am not the only one that is sick. I learned that millions of people are sick and that sometimes their families do not have the strength to take care of them.”*

For some participants, their spirituality helped them to regain a sense of control over their lives as they were forced to adapt to new limitations and realities associated with their illnesses.

As discussed by CH08,

*“Spirituality have helped me to get better ideas to believe in miracles and in the truth that I am in charge of my health and of my life... I learned that I have to plan my sleeping patterns, that I needed help from my wife, that all in my life changes, I had to learn to manage pain and that I had to have a positive disposition.”*

Exerting control was reflected by some in the form of prioritizing their values and accepting their circumstances. As CH11 described:

*“Since I got sick I learned that chronic illness make it necessary for you to change the plans you had for your life and retirement... Spirituality has helped me to find new purpose and comfort in my older years and to enjoy my family, my grand-children my neighbors, the sick people in my church.”*

Finally, some participants described a renewed hope that they derived from their spirituality in navigating their illness. As CH10 stated, “[spirituality] helps you realize that well, you are not alone, you can move on and there is life and hope to just believe and move on.”

**Adaptation through an appreciation for life.** Numerous participants alluded to adapting to their chronic illness through developing a gratitude for life, self and others through their spirituality. Some participants’ expressions of gratitude were mainly focused on family members who served as their caregivers. This sentiment was expressed by CH05, who noted, “I learned that chronic illness or disability affects the family. Spirituality teaches me to focus in my family,



in the sacrifices that they make so, that I can live longer. The economic sacrifices that they make, so that I can eat better and I can buy the medications. I am grateful that they ignore my sad moments and often time they do anything to help me even sacrificing themselves.” Others expressed gratitude to God or a higher being for things for which they are thankful. As CH03 expressed, “[hearing motivational messages that] not only build my spirit but also to remind me of the goodness of God and to not let things like the condition I have, have me, but I have it.” Having relied on his spirituality to effectively deal with his own chronic illness, CH01 expressed how he utilized this same approach to cope with health challenges faced by his child: “Thank God that I believe in God, because I [also] had a son that was diagnosed with cancer at a young age, and the only person who helped bring him back, [was God] and he is now 20 years; when he was diagnosed he was 8, so, to me God is the one who helped, along with the doctors and the nurses, to bring hm back. I thank God for that.”

### **Interpretive Statement**

From these findings, the researcher sought to capture the essence of the phenomenon of spirituality among English-speaking Caribbean men, aged 40-60 years old, living with chronic illness in the United States by developing a concise interpretive statement: *The experience of Spirituality is the courage and determination to connect to eternity through life experiences, relating to a higher being and having a sense of belonging which ultimately leads to adaptation to personal challenge and self-fulfillment.*

The above interpretative statement was developed through an iterative analytical process. As earlier discussed, the researcher repeatedly reviewed study data to uncover key themes associated with the phenomenon of spirituality and to ensure the parts (meaning units in the form of phrases, sentences and expressions) reflected the central line of inquiry (the phenomenon of

spirituality)—an approach that reflects Max van Manen’s sixth step for the Methodological approach to Human Science Research (i.e., an examination of distinct research components as they relate to the phenomenon of inquiry) (van Manen, 1997b). As part of this exercise, the researcher assessed whether the data met the following four conditions defined by van Manen as being essential in establishing rigor and credibility in phenomenological human science research: the text must be 1) oriented, 2) strong, 3) rich, and 4) deep (van Manen, 1997b).

***Oriented text.*** Oriented text requires the researcher to answer the question of how a phenomenon is practically experienced, which requires thinking, observing, listening and relating (Melnyk, 2011). These activities facilitate a deeper understanding of the ontological nature of the phenomenon. In this study, the act of being spiritual or experiencing spirituality must not be separated from the theory or life itself (van Manen, 1997). Rather, one’s experiences with spirituality should be understood contextually and according to their worldview.

***Strong text.*** Achieving strong textual representation requires a researcher to document a phenomenon in a way that is both clear and powerful (Melnyk, 2011). Textual interpretations should facilitate learning and therefore lend themselves to varied interpretations. In the present study, the researcher sought to explore the phenomenon of spirituality as an opportunity to teach others about the lived experiences of the phenomenon (van Manen, 1997).

***Rich text.*** Rich text is concrete and allows for the exploration of a phenomenon from the perspectives of the researcher and the participant (Melnyk, 2011). This criterion highlights the epistemological (the knowing) of the phenomenon and experience. Rich textual documentation opens the opportunity for the expression of the experience in artistic, narrative, story and other forms of expressions (van Manen, 1997). The resultant captured experience is therefore unique to the individual. This step requires detailed transcriptions of the described lived experience of

participants. In this study, each interview was carefully transcribed, and narratives were segmented into meaning units, resulting in the development of essential themes that reflected the phenomenon of spirituality among the study population.

***Deep text.*** Deep textual representation gives true meaning to the phenomenon of interest (van Manen, 1997). This form of documentation encourages the researcher to orient themselves to the meaning of the phenomenon and be mindful of previous experiences, understandings, and biases that may cloud those interpretations. In-depth textual delivery aims to contextually convey the phenomenon as it is lived and experienced (ontological) (van Manen, 1997). To ensure deep textual representation maintained in the present study, all themes were combined, and the interpretative statement mentioned above was formulated to capture the essence of spirituality among the target population.

### **Summary**

This chapter provided an overview of key findings from this study. Interactions and characteristics of the study sample were provided, and essential themes and sub-themes were discussed. Finally, an interpretive statement of derived findings was presented to concisely convey the phenomenon of spirituality among the target population. Reflections on key findings will be subsequently discussed in the following chapter.

## **CHAPTER VI: REFLECTION ON THE FINDINGS**

Four themes emerged from data analysis and interpretation process: Life Experiences, Higher Being, Belonging and Adaptation. These four themes represent the concepts on which the experience of spirituality as a connection to eternity and as a moderator in the description of adaptation to the stimuli of chronic illness. This chapter will present a synthesis of the historical context as it relates to the research findings as well as employ The Roy Adaptation Model to explain the themes. Finally, study implications, researcher reflections, and recommendations for future research will be addressed.

### **Data as it relates to Prior Literature**

A literature search of health care and academic works revealed a paucity of information on the experience of spirituality in the life of Caribbean men, and thus, affirmed the need for a phenomenological exploration of the topic. As earlier discussed, myriad challenges exist to studying this phenomenon, including the historical exclusion of, and difficulty recruiting, the target population to participate in research, resulting in their under representation in studies.

As revealed in the literature, spirituality plays a significant role in health maintenance among Caribbean immigrants. In one study of Caribbean immigrants, spirituality, and health, participants expressed that disease and illness are divine interventions that are not preventable, positing that health screenings are not as important as attending church (Marshall & Archibald, 2015). These findings suggest that those who are religious may not engage in health behaviors that may help them improve or maintain their health. While these sentiments were not supported in the present study, findings did underscore the important role that spirituality plays in shaping Caribbean men's understanding of and response to their chronic illness, God and religiosity, well-being, sense of self, relationships to others and overall worldview.

### **Reflection on Data using Nursing Framework**

#### **Theoretical Context: Roy Adaptation Model**

In the Roy Adaptation Model (RAM), an individual is conceived of as an adaptive system, using innate and acquired mechanisms to respond to positive or negative stimuli. Adaptation is the process and outcome whereby individuals and groups use conscious awareness and choice to create human and environmental integration (Andrews & Roy, 1991; Roy, 2009). This model provided the framework to study how Caribbean men may use spirituality as a mode of adaptation to the biological and psychological stimuli of having a chronic illness (physiologic mode).

Reliance on spirituality as both innate (culturally inborn) and acquired through the mechanism of acculturation may be significant for Caribbean men living and coping with chronic illness. Innate and acquired coping mechanisms are part of the RAM's cognator subsystem, which includes the person's response through cognitive-emotional challenges, such as learning, judgement, emotion and perceptual or information processing (Roy, 2009). Coping mechanisms in the RAM include the use of both the cognator and regulator subsystems responding to changing environments (Andrews & Roy, 1991, 1986; Roy, 2009).

The environment, classified as the *stimuli* according to the RAM constantly present individuals with challenges, which forces adaptation to these changes. The regulator subsystem is considered a basic type of adaptive process, which is an automatic response demonstrated by neural, endocrine or chemical changes. The dynamic environment stimulates the person to prompt changes through adaptive responses. In this study, findings revealed that the stimuli of chronic illness forced change and adaptations among research participants both physically and psychologically. Roy suggests that a person's level of adaptation is dependent on three types of

stimuli: focal (those stimuli immediately confronting the person), contextual (all other existent stimuli that may affect or influence the focal stimuli), and residual (stimuli that may influence adaptation level, but whose effects are not fully understood). In this study, examples of focal, contextual, and residual stimuli included the immediate chronic illness diagnosis, health care delivery or access, and the phenomenon of spirituality respectively (Andrews & Roy, 1991; Roy, 2009).

Once one is exposed to a stimulus, adaptation is initiated as a coping mechanism. The implication of this adaptation are based on the mode of adaptation exercised and manifested in the behaviors of the person, which, in return, produce a feedback loop by which behaviors are reinforced if and when a person is faced with similar stimuli (Andrews & Roy, 1991; Roy, 2009). Adaptation takes place in four modes: physiologic needs, self-concept, role function and interdependence. According to the RAM, the behavioral responses of persons responding to stimuli are dependent on these four modes. The physiologic mode addresses the manifestation of physiologic activities, namely cells, tissues and organic responses from systems within the body. In this study, the presence of chronic illness is a physiologic response and mode of adaptation to environmental stimuli. The self-concept mode is one of three psychosocial modes that focuses on the psychological and spiritual aspect of the individual. Roy (2009) highlights that self-concept embraces the understanding of one's being and existence, which includes the understanding of one's self relative to unity. This study reveals that adaptation is the ultimate outcome for Caribbean men living with chronic illness. Spirituality (self-concept mode) is the mediator through which adaptation to chronic illness is achieved (see Figure 1).

Adaptation is integral to nurses' promotion of health, quality of life and dying with dignity among their patients (Andrews & Roy, 1991; Roy, 2009). Nurses can facilitate

constructive and positive adaptation to negative environmental stimuli by assessing behaviors and factors that influence a patient's ability to adapt and intervening, when deemed appropriate, to enhance one's environmental interactions and stimulants toward the adaptation of the person (Andrews & Roy, 1991). Based on study findings that spirituality can serve as an effective adaptation tool among Caribbean men living with chronic illness, nurses may consider various individual factors that can moderate one's ability to connect with spirituality and ultimately achieve adaptation and positive physical and psychological outcomes (Figure 1).

Considering findings from this study in relation to RAM tenets—especially the self-concept adaptive mode, fosters a greater understanding of the ways in which immigrant Caribbean men living with chronic illness experience spirituality and in turn respond to varying environmental stimuli. Exploring these relations can aid clinicians and others in helping their patients navigate and readily adapt to complex health circumstances, with the potential to yield various positive outcomes.

### **Study Implications**

Novel findings from this study revealed that English-speaking Caribbean men rely on spirituality to adapt to living with a chronic illness. The spiritual experiences described by research participants during their interview offer a better understanding of the lived experience of being an English-speaking Caribbean immigrant man living with chronic disease in the United States. Lessons learned should be translated to the health care provided to this population—primarily, greater attention by nurses, who provide the majority of direct patient care, to the ways in which a patient's spiritual practices and beliefs can impact their treatment and health status.

Nurses are at the helm of direct patient teaching and are poised to promote adaptation to health challenges, such as chronic illness, through clinical practice, mentorship, and teaching.

Yet, existing nursing curricula rarely involve the role of spirituality among patients who live with chronic illness. Thus, findings and case studies derived from this study can be integrated into nursing curricula to facilitate best practices as well as greater awareness and cultural competence.

Finally, it is essential that nurses engage in self-reflection and continually ask themselves what it is like to be a patient in order to approach complex patient cases with an open mind towards someone's lived experience and empathy. Phenomenological studies, such as these, are critical to advancing nursing literature and practice, as they allow for new meanings of phenomenon to be uncovered and understood in unique cultural contexts (van Manen, 1997a).

### **Researcher Reflections**

Valuable insights were gleaned from conducting this research study. Through data collection and analysis, the researcher gained greater awareness of how this population uses spirituality to manage and cope with chronic illness. These new perspectives and insights have fostered a greater sense of urgency within the researcher to critically examine how patients employ various adaptation modes to navigate health and related challenges. Through conducting this study, it became evident that spirituality is a tool that can help an individual living with a chronic illness manage their situation, gain meaning and purpose in life, and grapple with mortality.

While the study yielded useful findings, there were several limitations. Participants were recruited primarily using purposive sampling, which is highly subjective and prone to researcher bias. Similarly, as this study was intentionally targeting a homogenous group (immigrant Caribbean men, aged 40 to 60, living with a chronic illness and living in the United States), findings are not broadly generalizable. Further, several interviews were short in duration. As a



result, issues of saturation may have arisen in which the findings may not reflect the full breadth and depth of experiences among the target population. Additionally, as this was an independent project, it was not feasible to obtain inter-rater reliability when coding the data and identifying themes and trends. Despite these limitations, the researcher sought to be mindful of assumptions and expectations throughout data collection and analyses to ensure that identified themes and trends were as unbiased as possible.

### **Recommendations for Future Research**

As this was among the first studies to explore this phenomenon, there is great potential for findings to inform the development of future research studies in this area among the Caribbean male population and other populations. Comparative studies focusing on the lived experience of ethnically diverse immigrant populations would be especially valuable to explore differences in lived experiences related to this phenomenon. Relatedly, as the study sample was solely male, future studies should examine the experience of spirituality among women, as well as comparisons across genders. Additionally, as this study only targeted men ages 40 to 60, future studies should explore the experiences of those living with chronic illness who are in both younger and older age cohort, as their perspectives may significantly differ.

### **Summary**

This chapter described central study findings in relation to the study's prevailing theoretical framework, Roy's Adaptation Model (RAM). A novel thematic model for spirituality as a lived experience among immigrant Caribbean men living with chronic illness was also presented. The chapter concluded by discussing study limitations, recommendations for future research, and implications for nursing practice.

**APPENDIX A**

**Recruitment Flyer**

LEHMAN COLLEGE,  
CITY UNIVERSITY OF NEW YORK

**DOCTORAL RESEARCH STUDENT SEEKING VOLUNTEERS TO  
PARTICIPATE IN A RESEARCH STUDY**

**Research Topic: Your experience of spirituality as a Caribbean man living with a  
chronic illness**

This study involves a face to face conversation with the researcher about your experience  
with spirituality

**Interested individuals are invited to call, text or email Camille Hamilton at  
(718) 962-5261, or [chamilton@gradcenter.cuny.edu](mailto:chamilton@gradcenter.cuny.edu)**

**\*\*Participants must be English-speaking Caribbean males aged 40-60 years old  
diagnosed with a chronic illness**

**Thank you**

**APPENDIX B****PARTICIPANT INFORMED CONSENT****THE CITY UNIVERSITY OF NEW YORK**

*Lehman College, City University of New York (CUNY)*

*Nursing*

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Title of Research Study:** *The Lived Experience of Spirituality in the Lives of Caribbean Men*

**Principal Investigator:** *Camille A O Hamilton, MS, MPH, RN  
PhD Nursing Student*

**Faculty Advisor:** *Martha Whetsell RN, PhD, ARNP, FAAN  
Professor of Nursing  
Lehman College, CUNY  
And Executive Officer/  
Professor of Nursing  
Graduate Center, CUNY*

**Research Sponsor:** *N/A*

---

You are being asked to participate in a research study because:

*You have indicated that you are a male between the age of 40-60 years old, living with a chronic illness, and a native of the Caribbean.*

**Purpose:**

The purpose of this research study is to:

*Explore the lived experience of spirituality in the lives of English-speaking Caribbean men aged 40-60 years old living with chronic illness and residing in the United States. The study will explore the meaning of spirituality in the life of Caribbean men with chronic illness.*

**APPENDIX B (cont'd)****Key Information:**

- This consent is being sought for the sole purposes of this research and your participation is entirely voluntary;
- This research study is being conducted for a dissertation to meet the requirements for partial completion of a PhD in Nursing and will require no more than an hour of your time if you so choose to participate. You will be asked to participate in a face-to-face semi-structured interview setting where you will be asked the question: "Tell me about your spiritual experience while living with chronic illness". You will be allowed to speak freely about your spiritual experience while living with your chronic illness, the interview will be audio taped and the audio will later be transcribed to paper and analyzed by the researcher to find common themes.
- There are no reasonably foreseeable risks or discomforts for participating in this research study. You will have access to a professional forum for counseling by trained personnel, if after participating you feel the need for this service.
- You may benefit from telling the researcher about your lived experience of spirituality on in your life as you live with chronic illness and in so doing, contribute to the expanse of scientific knowledge regarding spirituality and Caribbean men.
- There will be no interventions in this study and no appropriate alternative procedures or courses of treatment, that might be advantageous to you as a participant.

**Procedures:**

If you volunteer to participate in this research study, I will ask you to do the following:

- *Select an area conducive and comfortable to you for an interview.*
- *Sit in a quiet area with no distractions with the researcher for a face to face audio taped interview where you will be asked about your experience with spirituality and your chronic illness.*
- *Answer questions specific to your experience with spirituality and your chronic illness.*

**APPENDIX B (cont'd)****Audio Recording/Video Recording/Photographs:**

*You have the right to listen and review the audio recording taken as part of this research to determine whether they should be edited or erased in whole or in part.*

*Consent forms and all research documentation will be stored securely in a locked cabinet inside the researcher's home and separately from tapes and transcriptions for analysis. All research material will be stored for a total of three years, after which they will be destroyed.*

**Time Commitment:**

Your participation in this research study is expected to last for a total of *no more than 1 hour*.

**Potential Risks or Discomforts:**

*This proposed research will not be administering interventions; however, the subject of spirituality and illness may be emotionally disturbing for some participants. Participants will have access to a professional forum for counseling by trained personal, if research participants may feel the need for this service. This will be a voluntary option for the participants.*

**Potential Benefits:**

*Participants will benefit from telling their lived experience of spirituality on their lives and so contributing to the expanse of scientific knowledge regarding spirituality and Caribbean men.*

**APPENDIX B (cont'd)****Payment for Participation:**

*There will be no monetary exchange during this research activity.*

**New Information:**

You will be notified about any new information regarding this study that may affect your willingness to participate in a timely manner.

**Confidentiality:**

I will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. I will disclose this information only with your permission or as required by law.

*I will protect your confidentiality by storing all consent forms and research documentations bearing information securely in a locked cabinet inside the researcher's home. No identifiable demographic information will be collected. I will assign you with a unique identifier code. Only the researcher will know the identity of the participants. This research will be conducted using audiotapes and analysis will be conducted by the transcription of audio details. All consent forms, audiotapes and transcriptions will be kept in a locked filing cabinet housed in the researcher's home, and the key will be maintained secure by the researcher. At the end of the research and analysis all audio tapes will be erased, and all transcriptions destroyed after three years.*

The research team, authorized CUNY staff, and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

The information I collect from you as part of this study will not be used or distributed for future research.

**APPENDIX B (cont'd)****Participants' Rights:**

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

**Questions, Comments or Concerns:**

If you have any questions, comments or concerns about the research, you can talk to the researcher:

*Call or email Camille Hamilton at*

*(718) 780-4540, or [chamilton@gradcenter.cuny.edu](mailto:chamilton@gradcenter.cuny.edu)*

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email [HRPP@cuny.edu](mailto:HRPP@cuny.edu). Alternatively, you may write to:

CUNY Office of the Vice Chancellor for Research  
Attn: Research Compliance Administrator  
205 East 42<sup>nd</sup> Street  
New York, NY 10017

**Participant Signature for Audio Recording/Video Recording/Photography**

If you agree to audio recording, please indicate this below.

\_\_\_\_\_ I agree to audio recording.

\_\_\_\_\_ I do **NOT** agree to audio recording.

**APPENDIX B (cont'd)****Signature of Participant:**

If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.

---

Printed Name of Participant

---

Signature of Participant

Date

**Signature of Individual Obtaining Consent**

---

Printed Name of Individual Obtaining Consent

---

Signature of Individual Obtaining Consent

Date



**APPENDIX C****SCREENING FOR PARTICIPANT ELIGIBILITY IN STUDY****THE CITY UNIVERSITY OF NEW YORK***Lehman College, City University of New York**Nursing***ELIGIBILITY SCREENING SCRIPT**

**Title of Research Study:** *The Lived Experience of Spirituality in the Lives of Caribbean Men*

**Principal Investigator:** Camille A O Hamilton MS, MPH, RN  
PhD Nursing Student

---

Thank you for your interest in this research. This research study will explore the meaning of spirituality in the life of Caribbean men living with chronic illness. I would like to ask you a few questions to determine whether you are eligible to participate in this research.

The screening will take about *10 mins*. I will ask you some questions that require yes or no answers to your age category, your chronic illness and where you reside. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

I will make the best efforts to keep your answers confidential. No one except for myself and research team will have access to your answers. If the screening determines that you are not eligible for this research, all collected information will be destroyed immediately.

**APPENDIX C (cont'd)**

If the screening deems that you are qualified for this research and you have agreed to participate, you will be asked to sign the informed consent form, and the screening responses will be kept secured in a locked cabinet with the research record.

Would you like to continue with the screening?

Instruction: If yes, continue with the screening. If no, thank the person and hang-up.

Are you between the ages of 40 and 60? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a chronic illness? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you had this illness? \_\_\_\_\_

Are you from a Caribbean country? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently residing in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you for answering the screening questions.

Instruction:

Volunteer is:

\_\_\_\_\_ Eligible to participate in the research.

\_\_\_\_\_ Not eligible to participate in the research.

Why is participant not eligible? \_\_\_\_\_.

Do you have any questions about the screening or the research? I am going to give you a couple of telephone numbers to call if you have any questions later. Do you have a pen? If you have questions about the research screening, you may **call or email:**

**Camille Hamilton at (718) 780-4540, or [chamilton@gradcenter.cuny.edu](mailto:chamilton@gradcenter.cuny.edu).**

**APPENDIX C (cont'd)**

If you have questions about your rights as a research participant, or if you wish to voice any problems or concerns to someone other than the researchers, please call CUNY Research Compliance Administrator at 646-664-8918 or email [hrpp@cuny.edu](mailto:hrpp@cuny.edu).

Thank you again for your willingness to answer our questions.

**APPENDIX D****VOLUNTARY PARTICIPATION FOR PSYCHOLOGICAL REFERRAL**

If you have experienced any emotional or psychological discomfort related to our conversation on your lived experience of spirituality while living with chronic illness, please feel free to access any of the resources below for further assistance and support.

Emergency Site: New York City Department of Health and Mental Hygiene

Type of service: Counselling (NYC Well)

Contact Information: Phone (1-888-NYC-WELL (1-888-692-9355)); Text (text “WELL” to 651-73)

Emergency Site: Substance Abuse and Mental Health Services Administration

Type of service: Counselling

Contact Information: National Helpline 1-800-662-HELP (4357)

## APPENDIX E

## LEHMAN COLLEGE INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL LETTER



University Integrated Institutional Review Board  
205 East 42<sup>nd</sup> Street  
New York, NY 10017  
<http://www.cuny.edu/research/compliance.html>

**Approval Notice  
Initial Application**

07/02/2019

Camille Hamilton,  
The Graduate School & University Center

RE: IRB File #2019-0588  
The Lived Experience of Spirituality in the lives of Caribbean Men

Dear Camille Hamilton,

Your Initial Application was reviewed and approved on 07/02/2019. You may begin this research.

Please note the following information about your approved research protocol:

Protocol Approval Period: 07/02/2019- undefined  
Protocol Risk Determination: Minimal  
Expedited Categor(ies): (6) Collection of data from voice, video, digital, or image recordings made for research purposes.; (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.);

**Documents / Materials:**

| Type                  | Description                            | Version # | Date       |
|-----------------------|--|-----------|------------|
| Interview Question(s) | Research Question outline for IRB.docx | 1         | 05/19/2019 |
| Advertisement         | Research Recruitment Flyer.docx        | 1         | 05/19/2019 |
| Curriculum Vitae      | Camille Hamilton CV                    | 1         | 05/30/2019 |
| Curriculum Vitae      | Dr. Martha Whetsell                    | 1         | 05/30/2019 |
| Curriculum Vitae      | Camille Hamilton Citi Training         | 1         | 05/30/2019 |
| Curriculum Vitae      | Camille Hamilton Citi Training 2       | 1         | 05/30/2019 |

## APPENDIX E (cont'd)



University Integrated Institutional Review Board  
 205 East 42<sup>nd</sup> Street  
 New York, NY 10017  
<http://www.cuny.edu/research/compliance.html>

|                            |  |   |            |
|----------------------------|--|---|------------|
| Curriculum Vitae           | Dr. Martha Whetsell C&I Training   | 1 | 05/30/2019 |
| Informed Consent Document  | ICF-Template_2019.03.06_CLEAN1 Lived Experience of Spirituality in the Lives of Caribbean Men.docx | 1 | 06/24/2019 |
| Telephone Screening Script | Research participant screening script for dissertation updated 2.doc                               | 1 | 06/24/2019 |

Please remember to:

- Use **the IRB file number** 2019-0588 on all documents or correspondence with the IRB concerning your research protocol.
- Review and comply with CUNY Human Research Protection Program [policies and procedures](#).
- The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.
- Any modifications to currently approved research must be submitted to and approved by the CUNY-UI IRB before implementation.

If you have any questions, please contact:

Lisa Peralta

[lisa.peralta@lehman.cuny.edu](mailto:lisa.peralta@lehman.cuny.edu)

**APPENDIX F****SCRIPT FOR RESEARCH QUESTIONS****Script for Central question:**

“Today I would like to get an understanding of spirituality for you as a Caribbean man since you were diagnosed with a chronic illness.”

- a) Describe what spirituality means to you.

**Script for sub-questions:**

- a) What spiritual event (s) has/have been significant to you as a Caribbean man since you have been diagnosed with this chronic illness?
- b) How has this event helped you, as a Caribbean man find meaning in life?

### Tables

**Table 1. Manual Analysis of Data and Thematic Coding with Color Codes**

| Research Question  | Themes                                       | Color Codes |
|--|--|-------------|
| <b>RQ1: Describe what Spirituality means to you</b>  | 1. Growing up and getting Old                |             |
|  | 2. God/Higher Being                          |             |
|  | 3. Living Well                               |             |
|  | 4. Church/Place of Worship/ Religion         |             |
|  | 5. Coping                                    |             |
|  | 6. Prayer                                    |             |
|  | 7. Complex                                   |             |
| <b>RQ2: What spiritual events have been significant to you as a Caribbean man since you have been diagnosed with this illness?</b> | 1. Death                                     |             |
|  | 2. Meditation                                |             |
|  | 3. Preaching/ Messages from God              |             |
|  | 4. Prayer                                    |             |
|  | 5. Family/ Socializing/ Comradery/ Belonging |             |
| <b>RQ3: How has this event helped you as a Caribbean man find meaning in life?</b>   | 1. Perseverance                              |             |
|  | 2. New Perspective                           |             |
|  | 3. Appreciation                              |             |



Table 2. Themes and Corresponding Meaning Units

| Themes           | Codes   | Meaning Units  |
|------------------|---|--|
| Life Experiences | Childhood/aging                               | 1. Growing up as a little child in the Caribbean, we are sent to church. So, you learn about God at an early age. Going through life sometimes you don't really think about God. But as you age, you start thinking back to when you were a child.   |
|                  | Living well with family friends and neighbors | 2. Although you have been brought up or you have been indoctrinated to think a certain way, now that you are older you can decipher for yourself. How does it [spirituality] manifest itself in your life, in reality, as opposed to it being forced upon you?   |
|                  | Death/funeral/mortality                       | 3. Spirituality is of vital importance to me. Because, as a child growing up, I was always interested in church, not really a die-hearted person in church, but as I got older and when I got sick, I realized that was the only thing I could depend on.<br>4. The meaning of spirituality is to live well and develop well into a positive manner willing to do well in this " <i>mundo tan terrible</i> " [ugly world].<br>5. Spirituality is a present that God give us so that we can live a good life. Loving your family, taking care of your children, being honest with your wife, help your older parents, and being good to your friends and neighbors.<br>6. Spirituality can mean different things to different people. For some, is the way that you live.<br>7. Preaching at funerals is like trying to preach you into heaven<br>8. Spirituality taught me to get over my fear of death. |

| Themes                  | Codes                       | Meaning Units  |
|-------------------------|-----------------------------|--|
|                         |                             | I have [been] going to many funerals of friends that died.   |
| <b>God/Higher being</b> | Prayer                      | 1. Learn about God...look back on what God can do for you and can help you with                      |
|                         | Meditation                  | 2. What does God mean to you, where does God come into your life?                                    |
|                         | Preaching/Messages from God | 3. A manner of connection to something bigger than I am  |
|                         |                             | 4. A way to talk to somebody bigger than we are  |
|                         |                             | 5. Everybody wants to go to heaven   |
|                         |                             | 6. When you pray, God helps you with whatever  |
|                         |                             | 7. You must start praying a little more as well...sometimes you just say a little prayer             |
|                         |                             | 8. When I pray what am I praying for, ...when I pray do I want to be guided by the things I pray for |
|                         |                             | 9. Spirituality for me is talking to God or imply praying to God...talking with the Blessed Mother   |
|                         |                             | 10. They prayed for me and God brought me back   |
|                         |                             | 11. Spirituality for me is not necessarily going to church or Christian                              |
|                         |                             | 12. I believe everybody has their own God you just need to believe                                   |
|                         |                             | 13. When you pray, God helps you with whatever   |
|                         |                             | 14. You must start praying a little more as well...sometimes you just say a little prayer.           |
|                         |                             | 15. I like listening to my radio...to gospel services and try to know the true meaning of God        |
|                         |                             | 16. I meditate on my spirituality and belief in God  |
|                         |                             | 17. I have learned that an important coping method for older people                                  |

| Themes           | Codes                                | Meaning Units  |
|------------------|--------------------------------------|--|
|                  |                                      | <p>with chronic illness is to meditate in the life of Jesus</p> <p>18. Spiritual events such as listening to a message that is motivational...a great message from a great messenger</p> <p>19. I get my strength and comfort from my prayers</p> <p>20. Spiritual events include praying daily to get better</p> <p>21. Prayer. I attend prayer</p> |
| <b>Belonging</b> | Place of worship                     | 1. Spirituality is how you see yourself and how you want people to see you   |
|                  | Family/Friends/Socializing/Comradery | 2. It is how you see family, friends and how important honesty is with yourself and others   |
|                  | Appreciation                         | 3. Not doing the things you used to and start going back to church   |
|                  |                                      | 4. Spiritual experience for me is going to church  |
|                  |                                      | 5. Spirituality for me is to practice religion well, obey the laws of the church, go to mass Sundays go to confession and to take communion  |
|                  |                                      | 6. Spirituality for me is not necessarily going to church or Christian   |
|                  |                                      | 7. I believe everybody has their own God you just need to believe  |
|                  |                                      | 8. Thank God that I believe in God, because I had a son that was diagnosed with cancer at a young age and the only person who helped bring him back was God  |
|                  |                                      | 9. [Prayers] teach me to focus on my family, in the sacrifices that they make so that I can live longer  |
|                  |                                      | 10. I am grateful that they [family] ignore my sad   |

| Themes            | Codes           | Meaning Units  |
|-------------------|-----------------|--|
|                   |                 | <p>moments and often time they do anything to help me even sacrificing themselves</p> <p>11. I do singing...I used to sing in the church. I still sing in church sometimes, for the men's choir</p> <p>12. I attend...meet and just to socialize at some point and hear concerns</p> <p>13. It is rewarding, because not only for the information, but the comradery with brothers</p> <p>14. To enjoy my family, my grandchildren, my neighbors, the sick people in my church</p> |
| <b>Adaptation</b> | Coping          | 1. He gives me a sense of going on   |
|                   | Complexity      | 2. The things that used to frustrate me...are they that important or are they just noise that you make in your head?   |
|                   | Perseverance    | 3. It helps me to tolerate the bad days  |
|                   | New Perspective | 4. It helped me not to get divorce when my wife was being awful  |
|                   |                 | 5. When I got sick, I realized it was the only thing I could depend on   |
|                   |                 | 6. I thought I had nothing, but when I found hope in spirituality, I realized I had everything   |
|                   |                 | 7. Spirituality and religion may help patients and families to adjust to any illness   |
|                   |                 | 8. Prayer strengthens me and helps me go on  |
|                   |                 | 9. When you listen to other people's concerns and issues it gives you a lot of   |

| Themes | Codes | Meaning Units  |
|--------|-------|--|
|        |       | strength and helps you realize that well, you are not alone  |
|        |       | 10. Meditation and prayers help me to cope with my chronic illness   |
|        |       | 11. Listening to sermons and messages help me to even have directions as to what I am looking for...getting more insight on it   |
|        |       | 12. Some of us who live with chronic illness instead of realizing that we have the disease sometimes believe that we are the disease   |
|        |       | 13. I have learned that chronic illness changes everything...It [meditation] helps us accept the changes; it is like a new mirror...can help us to accept our new person and as a new person teach us to act differently |
|        |       | 14. Meditating help me find peace with my illness and live my life in peace  |
|        |       | 15. I learn to use prayer and my beliefs to tolerate pain, manage my fears and realize that my disease is not a punishment from God  |
|        |       | 16. Meditating reduces anxiety, helps you relax and learn to love without being selfish  |
|        |       | 17. [Prayer] Has taught me that I am not the only one who is sick and sometimes their families do not have the strength to take care of them   |

**Table 3. Coding and Theme Development**

| <i>Theme I: The meaning of Spirituality for English-speaking Caribbean Men is found in Life Experiences</i>  |  |   |
|--|--|---|
| <b>Codes</b>   | <b>Respondents</b>                                   | <b>Researcher Reflective Journal Thoughts</b>   |
| <b>Reflection on childhood/aging/Death/Heaven after death/Living by example/Living well with family friends and neighbors/Honesty with self and others/Helping others</b>                                  | CH01, CH02, CH03, CH04, CH06, CH08, CH09, CH10       | <ol style="list-style-type: none"> <li>1. Culture/up-bringing and early teachings play a significant role in spiritual views and practices</li> <li>2. Raising children and being able to pass on spiritual beliefs and practices is significant to how they view spirituality</li> <li>3. Life after death is more a reality</li> </ol>  |
| <i>Theme II: The meaning of Spirituality for English-speaking Caribbean Men is the ability to relate to a Higher Being</i>   |  |   |
| <b>The meaning of God to individuals/ Connecting to greater power through prayer and meditation/Hearing messages from God/getting life guidance and help through prayer/Strength for when one gets old</b> | CH01, CH02, CH03, CH04, CH05, CH06, CH09, CH10, CH11 | <ol style="list-style-type: none"> <li>1. Supremacy</li> <li>2. Trusting in a higher power</li> <li>3. Sense of eternity</li> <li>4. Ability to pray and receive prayers from the church with answers to prayers</li> <li>5. Hearing messages through religious authority increases connection to higher being</li> <li>6. Prayer is recurrent throughout the experience and description of spirituality</li> </ol> |
| <i>Theme III: The meaning of Spirituality for English-speaking Caribbean Men is having a sense of Belonging</i>  |  |   |
| <b>Codes</b>   | <b>Respondents</b>                                   | <b>Researcher Reflective Journal Thoughts</b>   |
| <b>Perception of self and others/ Comradery/Socializing/Family</b>   | CH01, CH03, CH04, CH05, CH06, CH07, CH10, CH11       | <ol style="list-style-type: none"> <li>1. A common place that sets order laws to live</li> </ol>  |

|   |  |  |
|---|--|--|
| <b>and Friends support/Practicing religion/Support from the Church/Worship/Appreciation of others</b>   |  | <p>by and for communal worship is important in defining the meaning of spirituality for this population</p> <ol style="list-style-type: none"> <li>2. Social support is an important resource</li> <li>3. Conducting spiritual exercises together gives strength and support to individuals</li> <li>4. Thankfulness for everything</li> </ol>   |
| <b><i>Theme IV: Spirituality for English-speaking Caribbean Men leads to Adaptation</i></b>   |  |  |
| <b>Coping/Having inner peace/Endurance/New perspectives/New insight/Better communication with family/Ability to prioritize/Sense of going on/Gaining hope/Complexity of adjustment and spirituality</b> | CH01, CH02, CH03, CH04, CH05, CH06, CH08, CH09, CH10, CH11 | <ol style="list-style-type: none"> <li>1. Spirituality is seen as important for coping with illness, facing difficult situations, or giving guidance for living</li> <li>2. New understanding develops through connection with spirituality</li> <li>3. Seeing the illness from a different perspective</li> <li>4. Spiritual events facilitate new perspectives on life, illness, living and self</li> <li>5. They learn they are not alone</li> <li>6. Awareness of responsibility to care for self</li> </ol> |

**Table 4. Distribution of Codes received from meaning units**

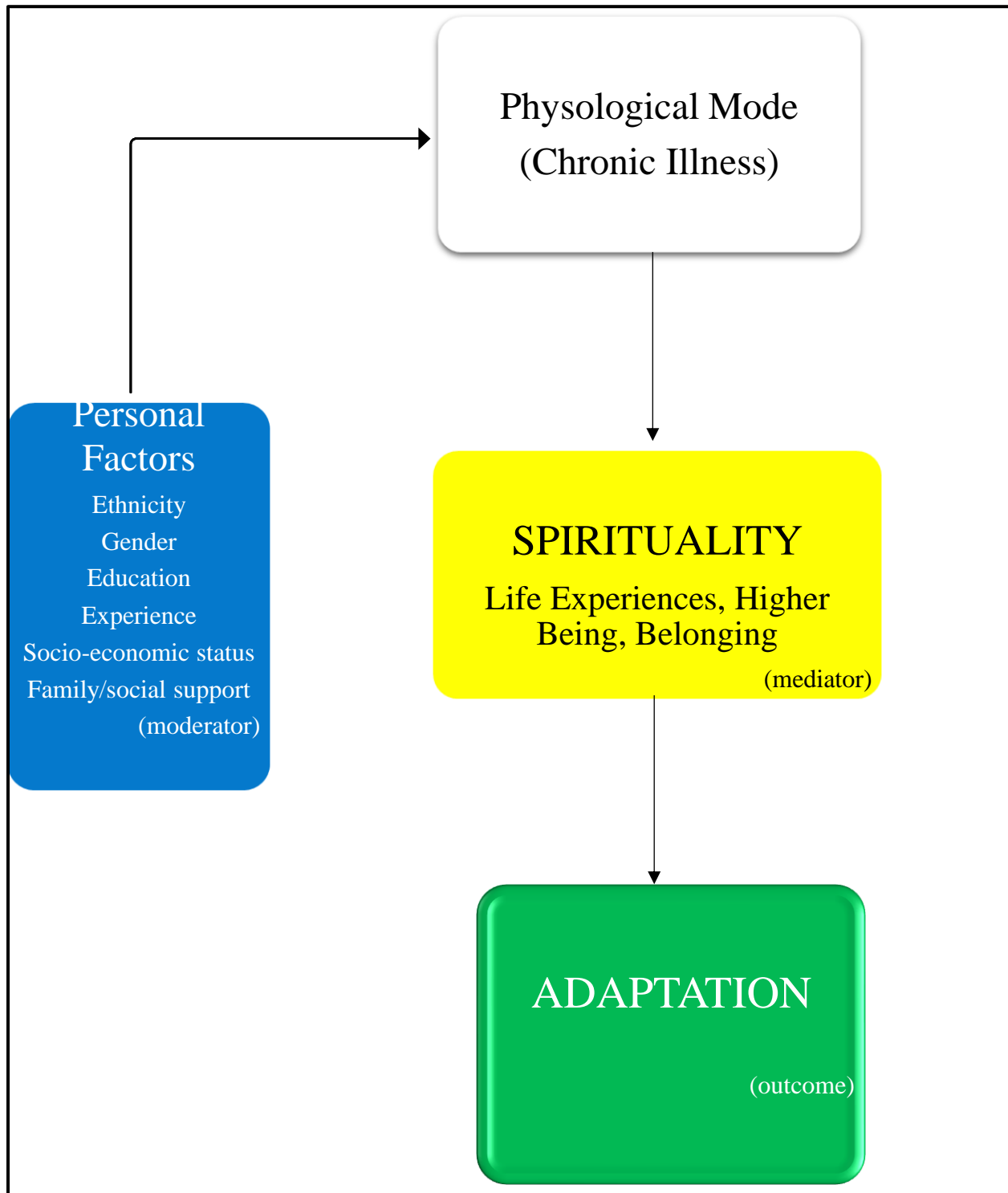
| <b>Research Question</b>   | <b>Codes</b>                                  | <b>Number of times<br/>theme occurred in<br/>scripts</b> | <b>%age of Respondents</b> |
|--|---|--|----------------------------|
| <b>RQ1: Describe what Spirituality means to you</b>  | 7 Codes:                                      |  |                            |
|  | 1. Growing up and getting Old                 | 5  | 6/11 (55%)                 |
|  | 2. God/Higher Being                           | 7  | 5/11 (45%)                 |
|  | 3. Living Well                                |  |                            |
|  | 4. Church/Place of Worship/ Religion          | 5  | 5/11 (45%)                 |
|  | 5. Coping                                     | 5  | 4/11 (36%)                 |
|  | 6. Prayer                                     | 9  | 6/11 (55%)                 |
| <b>RQ2: What spiritual events have been significant to you as a Caribbean man since you have been diagnosed with this illness?</b> | 7. Complex                                    | 5  | 4/11 (36%)                 |
|  |   | 2  | 4/11 (36%)                 |
|  | 5 Codes:                                      |  |                            |
|  | 8. Death                                      | 2  | 3/11 (27%)                 |
|  | 9. Meditation                                 | 3  | 4/11 (36%)                 |
|  | 10. Preaching/ Messages from God              | 2  | 3/11 (27%)                 |
|  | 11. Prayer                                    | 3  | 3/11 (27%)                 |
| <b>RQ3: How has this event helped you as a Caribbean man find meaning in life?</b>   | 12. Family/ Socializing/ Comradery/ Belonging | 4  | 3/11 (27%)                 |
|  | 3 Codes:                                      |  |                            |
|  | 13. Perseverance                              | 3  | 3/11 (27%)                 |
|  | 14. New Perspective                           | 7  | 7/11 (64%)                 |
|  | 15. Appreciation                              | 3  | 5/11 (45%)                 |

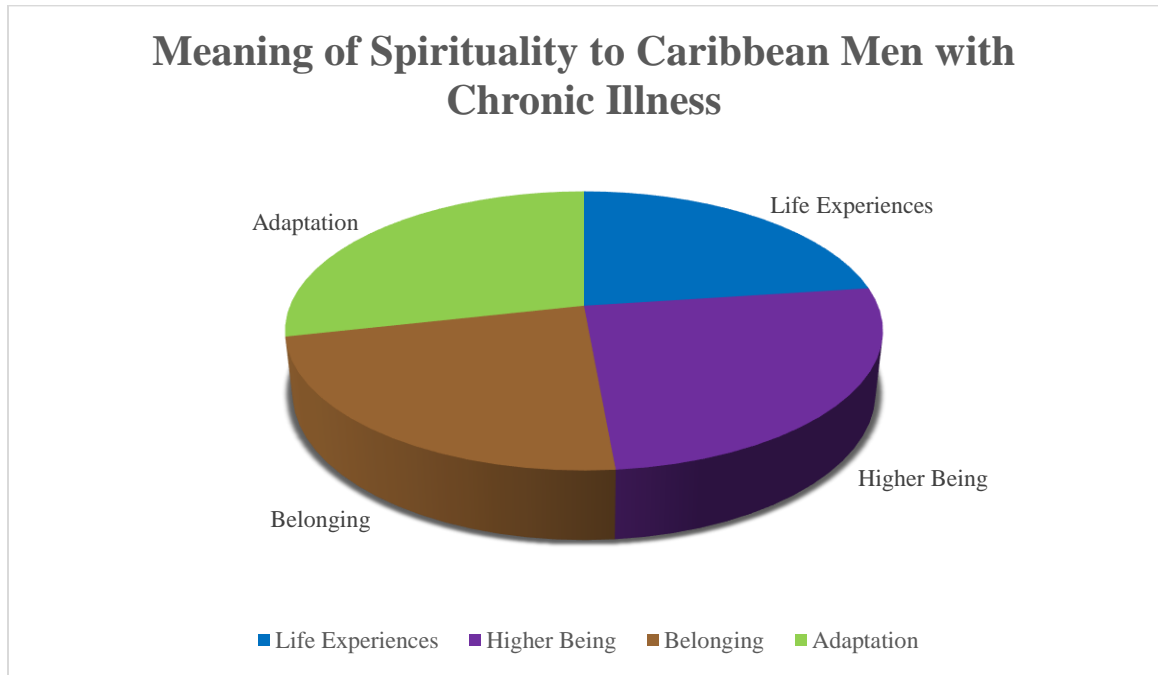


**Table 5. Themes and Percentage of shared responses**

| <b>Theme</b>            | <b>Total number of participants sharing similar codes</b> | <b>%age of Respondents for theme</b> |
|-------------------------|---|--------------------------------------|
| <b>Life Experiences</b> | 8/11  | 73%                                  |
| <b>Higher Being</b>     | 9/11  | 82%                                  |
| <b>Belonging</b>        | 8/11  | 73%                                  |
| <b>Adaptation</b>       | 10/11   | 91%                                  |

## Figures

**Figure 1: Thematic Model for Spirituality as a lived experience for Caribbean Men with Chronic Illness**

**Figure 2. Distribution of Themes**

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