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RESEARCH ARTICLE

Brief Research: A Follow-Up Study on Unusual Perceptual Experiences in Hospital Settings Related by Nurses

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Abstract—The aim of this study was to determine the degree of occurrence of certain unusual perceptual experiences in hospital settings often related by nurses, in a follow-up study at 36 hospitals and health centers in Buenos Aires. 344 nurses were grouped as 235 experiencers and 109 non-experiencers. The most common experiences are sense of presence and/or apparitions, hearing noises, voices or dialogues, crying or complaining, and intuitions and extrasensory experiences as listeners of the experiences of their patients, such as near-death experiences, religious interventions, and many anomalous experiences in relation with children (Parra & Giménez Amarilla 2017).

Introduction

It is important to note that the findings related to anomalous experiences by nurses (Barbato et al. 1999, O'Connor 2003) have also been reported by doctors (Osis & Haraldsson 1977, 1997) and other caregivers in hospital settings (Brayne, Farnham, & Fenwick 2006, Katz & Payne 2003, Kellehear 2003, Fenwick & Fenwick 2008), and in care homes (Katz & Payne 2003) around a number of anomalous events such as deathbed visions (Barret 1926, Betty 2006, Brayne, Farnham, & Fenwick 2006, Brayne, Lovelace, & Fenwick 2006).

A previous, up-to-date study on anomalous experiences in hospital settings (Parra & Giménez Amarilla 2017), recruited nurses (n = 100) who reported a number of anomalous experiences from one health center in Buenos Aires, Argentina. Four potential traits that could "modulate" anomalous experiences in nurses are work stress, hallucination proneness, heightened attentional capacities (psychological absorption) associated with

a number of anomalous experiences, and "openness" to such experiences. It could be argued that the psychological pressure of the working conditions of nurses triggers such anomalous perceptual experiences, but a comparison between nurse experiencers and a control group in terms of work stress (i.e. nurses who reported these experiences tended to experience greater work-related stress) was not confirmed (Parra & Giménez Amarilla 2017).

Parra and Giménez Amarilla (2017) also found that those who reported a combination of unusual perceptual experiences and a high level of psychological absorption—a state of heightened imaginative involvement in which an individual's attentional capacities are focused in one behavioral domain (Tellegen & Atkinson 1974)—tended to score higher for anomalous experiences compared with those who did not report such experiences. In fact, a better predictor than work stress and hallucination-proneness was psychological absorption in experiencers compared with the control group (Parra 2015, Parra & Argibay 2012). Of the 100 nurses they surveyed, 61 of them reported having had at least one anomalous experience in a hospital setting, the most common feelings reported were a sense of "presence" (30%), hearing noises and finding no source (17%), and knowing intuitively what was wrong with a patient without knowing their medical history (14%), patients with near-death experiences (19%), patients recovering quickly and completely from disease after religious intervention (e.g., prayer group) (18%), and anomalous experiences where children were involved (15%).

The present study represents a replication utilizing a larger number of nurses from a wider range of hospitals and health centers in Buenos Aires. The main aim was to determine frequency and percentage of anomalous experiences across multiple hospital/health centers instead of from just one.

Methods

Participants

A total of 450 questionnaires were sent to nurses in 36 different hospitals and health service departments. Of these, 344 (76%) usable questionnaires were returned. The nurse participants were recruited with the cooperation of their Research and Teaching areas of the Nursing Department of each (the Principal Nursing Officers). They gave us permission to administer the set of questionnaires, which were distributed through the Nursing Officers to each nurse in the hospital, depending on the number of nurses working in each hospital and health center (Mean = 100; Rank = 5 to 300 per hospital approximately).

The Nursing Officers verbally explained the research to each nurse on all shifts. The Nursing Officers were also contacted through announcements

in hospitals and the Internet (briefly stating the main aims of the research), and many nurses interested in spiritual/paranormal topics contacted the Nursing Officers in their hospital, some of whom also showed interest in the topic. Another group of Nursing Officers also was contacted by the researcher who briefly stated the main aims of the study, but no hypothesis was given to the nurses employed in the hospitals. All nurses completed the questionnaires in isolation and they returned them at the same time (the time to complete the set of questions was forty minutes). Some nurses (n = 80) were also recruited from courses and seminars through nursing schools and health centers seminars, where the questionnaires were completed in a classroom setting with the permission of their teachers and directors.

Consent Form

The set of questionnaires included a consent form. The nurse participants were informed that we were recruiting information on anomalous and/or spiritual experiences and they signed an appropriate consent form. They all received significant information about the procedure and were free to decline to participate. All data collected were treated confidentially.

Categorization Procedure

The following criteria were used to split the sample into two groups: Nurses who indicated "one time" and/or "multiples times" for (at least) one of the 13 items were categorized as the Nurse Experiencers "NEs" group (n = 235), and Nurses who indicated "never" for all 13 items were categorized as the "Control" group (n = 109). Eight items of the *Anomalous Experiences in Nurse & Health Workers Survey* were used to create an Index of total experiences, that is, nurses as anomalous experiencers themselves, but nurses as listeners of the experiences from patients and other nurses were excluded (five items).

Participants

Nurse experiencers (NE). The sample consisted of 235 nurses, of which 183 (78%) were female and 52 (22%) were male. The age range was 19 to 68 years (Mean = 39.19 years; SD = 11.15 years). Nurses scored a mean of 11 years in their work in hospitals (Range = 1 to 48 years; SD = 10.52). 39 (16.6%) of them worked a morning shift, 51 (21.7 %) an afternoon shift, and 45 (19.1%) the night shift (just 6 work in two shifts, 2.6%). 66 (31.8%) worked in other shift modes such as continuous shift (37, 15.7%) and weekend shift (29, 12.3%), and 28 did not mention the shift (11.9%). The main work areas surveyed were patient rooms (24.3%), guard station

(13.2%), intensive care ward (22.1%), neonatology (7.7%), others (22.2%, i.e. ambulances, surgery, etc.), and undefined by the respondent (8.9%).

Nurse controls, nonexperiencer nurses (NC). The sample consisted of 109 nurses of which 89 (81.7%) were female and 20 (18.3%) were male. The age range was 19 to 69 years (Mean = 38.94 years; SD = 11.62). These nurses scored a mean of 9 years in their work (Range = 1 to 39 years; SD = 8.97). 21 (19.3%) worked a morning shift, 16 (14.7%) an afternoon shift, and 27 (24.8%) a night shift (just 1 worked in two shifts, 0.9%). 28 (25.7%) worked other shifts, such as continuous shift (15, 13.8%) and weekend shift (13, 11.9%). 16 did not mention their shift (14.7%). The main work areas were patient rooms (28.4%), guard station (15.6%), intensive care ward (16.5%), neonatology (10.1%), others (18.1%, i.e. ambulances, surgery, etc.), and undefined by the respondent (11%).

Anomalous Experiences in Nurse & Health Workers Survey

The Anomalous Experiences in Nurse & Health Workers Survey was used, which is a self-report that has 13 yes/no items designed (Cronbach's alpha = .78) following a previous study (Parra & Giménez Amarilla 2017). Items of anomalous (or spiritual) experiences during hospitalization include sense of presence and/or apparition, floating lights, or luminescences, hearing strange noises, voices or dialogues, crying or moaning, seeing energy fields, lights, or "electric shock" around or coming out of an inpatient, etc. Other indications might include having an extrasensory experience, a malfunction of equipment or medical instrument with certain patients, or a spiritual form of intervention (e.g., prayer groups, laying on of hands, rites, images being blessed).

The survey also evaluates age, length of service, shift (morning, afternoon, or night), hospital area (patient rooms, guard station, intensive care, neonatology, others), and name of institution (confidential). Email or phone information was optional.

The questions were also split into two types: Type 1: Nurses as listeners to the anomalous experiences from patients (i.e. near-death or out-of-body experiences) and from other (trustworthy) nurses (items 1, 2, 6, 12, and 13), and Type 2: Nurses as experiencers themselves of anomalous experiences (items 3, 4, 5, 7, 8, 9, 10, and 11). This separation is important to provide information to help us understand anomalous experiences.

Results

The most common anomalous experiences reported under Type 2 (as experiencers) are sense of presence or apparitions (28.8%), hearing strange noises, voices or dialogues, crying or complaining (27%), knowing

the patient's disease intuitively (20.6%). Under Type 1, the rankings of experiences as listeners of experiences of their patients were: near-death experiences (25.6%), religious intervention (20.1%), and anomalous experiences in relation with children (12.2%) (see Table 1).

TABLE 1
Of 235 Nurses Who Reported Anomalous Experiences, the Number and Percentage Who Answered Yes to These Questions

Item	Type	Question	N	%
#1	1	Patients admitted to my clinic have reported near-death experiences (or something similar) during hospitalization or during clinical interventions (e.g., surgery).	88	25.6
#2	1	Patients in my health center have reported out-of-body experiences.	33	9.6
#3	2	During intensive therapy, I witnessed events of the kind with a sense of "presence," an apparition, floating lights or luminescence, or unexplained movements of objects.	99	28.8
#4	2	In my clinic, I witnessed events such as hearing strange noises, voices or dialogues, crying or moaning, and found no source for them.	93	27.0
#5	2	In my clinic, I had the experience of seeing energy fields, lights, or "shock" around, or coming from, a hospitalized patient.	20	5.8
#6	1	Patients admitted to my clinic have reported extrasensory experiences (for example, knowing things about people or situations that they could not know because they were interned and isolated).	27	7.8
#7	2	I have had a strange experience such as knowing about the situation of a patient I had seen in in my clinic while being at home, or on vacation.	47	13.7
#8	2	In my clinic, I have had the experience of seeing medical equipment failing consistently with certain patients while not with others.	28	8.1
#9	1	In my clinic, I observed that after some form of intervention (e.g., prayer groups, laying on of hands, rites, or objects, images of beatified saints, rosaries), some patients recovered quickly and completely from disease and/or trauma.	69	20.1
#10	2	I have had the experience of "knowing" intuitively what is wrong with a patient just by seeing him/her, or even before, or even without knowing his/her medical history.	71	20.6
#11	2	I had an experience that could be defined as "mystical" or a special "connection" in the context of my clinic.	27	7.8
#12	1	I have heard of, or met, trusted peers who have witnessed experiences like the ones above, in a medical context only.	104	30.2
#13	1	In my clinic, I witnessed unexplained events in relation to children.	42	12.2

Discussion

The results showed that of the 235 nurses who reported having had at least one anomalous experience in a hospital setting, the most common anomalous experiences reported as experiencers, are sense of presence or apparitions, hearing strange noises, voices or dialogues, crying or complaining, and knowing the disease intuitively; and as listeners of experiences of their patients/peers, near-death experiences, religious intervention, and anomalous experiences in relation with children.

Hence, in the context of this study, the distinction between purely subjective experiences and those considered paranormal (veridical) is irrelevant. Even veridical experiences may depend on the same psychological predispositional factors as do non-veridical experiences. A high prevalence of anomalous experiences in nurses at work could lead them toward acceptance of the voices sometimes reported by clients. Nurses may listen to these experiences and seek to understand them by perceiving them as similar to their own, rather than fundamentally different, incomprehensible, or even schizophrenic. It could lead nurses to explore where, when, and how the experiences took place. As nurses have anomalous experiences, too, professionals can begin to understand the experience as not inherently bad and in need of elimination—rather, it is a common experience that we can accept and try to make sense of.

Generally speaking, there are a number of drawbacks connected with this research in hospital settings as they are conservative institutions, unlikely to be open about their population and even more so with respect to providing information relating to the subject of this investigation. The nurses did reveal their personal and professional experiences and those of their patients, noting that they considered experiences of paranormal phenomena within a hospital setting not to be infrequent or unexpected. They were not frightened by their patients' experiences, or their own, and exhibited a quiet confidence about the reality of the experiences for themselves and for the patient or dying person. Acceptance of these experiences, without interpretation or explanation, characterized their responses.

By reassuring them that the occurrence of paranormal phenomena is not uncommon and is often comforting to the dying person, we may assist nurses to be instrumental in normalizing a potentially misunderstood and frightening experience. There is evidence that the sensed presence is a common concomitant of sleep paralysis particularly associated with visual, auditory, and tactile hallucinations, as well as intense fear. Recent surveys suggest that approximately 30% of young adults report some experience of sleep paralysis (Cheyne, Newby-Clark, & Rueffer 1999, Fukuda et al. 1998,

Spanos et al. 1995). Visions of ghosts may be related to cognitive processes involving fantasy and cognitive perceptual schizotypy proneness, which are correlated with each other (Parra 2006).

Although the recruiting procedure of the survey was voluntary instead mandatory, it might be skewed toward people with more interest in the subject, particularly as a result of their own experiences. However, future studies will be conducted using a qualitative study to explore palliative care nurses' experiences, to reflect on the influence of these experiences on the care of dying patients and their families and friends, and to contribute to the limited nursing literature on the topic. The response of health professionals, specifically nurses, to anomalous experiences is an area not widely reported (Kellehear 2003). Even palliative care literature is mostly silent on this topic. Indeed, the study of anomalous experiences is an area of much contention in many fields.

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