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Spirituality in Nursing

What does it Involve?

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Spirituality in Nursing

There is a steady increase in the rates of depression, anxiety, addiction, crime and divorce in this nation reflecting this nation's current state of spiritual distress (Seidl, 1993; Dossey, Guzzetta, & Kolkmeier, 1995). The amount of health care dollars spent for these problems and the morbidity and mortality experienced by individuals is phenomenal. Depression was the third costliest illness in U. S. in 1997 (Cadieux, 1998). Because of these tremendous costs to the health care system and the tremendous difficulties experienced by individuals, something needs to be done to address these issues. The advanced practice nurse (APN) is in a unique position. The APN is often the frontline health care provider evaluating individuals with these conditions and situations and it is his or her role to address them. Unfortunately this hasn't always been the case, because the APN's role in providing spiritual care has not been well delineated. Therefore, the purpose of this paper is to address the question: "Spirituality in Nursing- What does it involve?"

In order to justify the importance of the topic of spirituality in nursing, one must first have an understanding of what spirituality is. Several definitions have been provided in the literature. Some basic concepts emerge. For example, spirituality is a broader concept than religion. It involves a personal quest for meaning and purpose in life. It is a sense of harmonious interconnectedness with self, others, nature, and an Ultimate other. It is the integrating factor of the human person and is an integral aspect of life, health, and well-being (Anderson & Hopkins, 1991; Barker, 1989; Burkhardt, 1989; Howden, 1992; Nagai-Jacobson & Burkhardt, 1989). Spirituality has to do with our life at its deepest and what matters to us most. It has to do with the way one thinks, acts, and feels in every circumstance (Anderson & Hopkins, 1991; Barker, 1989).

A person's spirituality can greatly affect his or her health. If the person has little to no interest in life, there will be little or no interest in obtaining optimum health. This greatly impacts the effectiveness of nursing interventions. In addition, a person's state of spiritual health can often help explain some of the emotional or physical illness being manifested.

Addiction, depression, anxiety, and other physical illnesses are often the result of a spiritual disturbance in the self (Dossey et. al, 1995; Barnum, 1996; Seidl, 1993; Watson, 1985). Therefore, in order for the nurse to truly be effective in assisting this person to reach optimal health, his or her spiritual state must be evaluated and addressed.

Helping clients meet their needs and achieve optimal health is one justification for including spirituality in nursing. Another equally, if not more important reason for addressing spirituality in nursing, is the impact optimal spiritual health has on the nurse. By achieving spiritual health, the nurse can find greater fulfillment in self, others, work, and leisure and ultimately more fulfillment in life (Seidl, 1995; Dossey et. al, 1995; Anderson & Hopkins, 1991; Barker, 1989; Cohen, 1993; Howden, 1992; Nagai-Jacobson & Burkhardt, 1989). What an opportunity this gives to nurses. By addressing his or her spirituality, not only is there benefit to the client, but the nurse's own life will be greatly improved as well. Spirituality in nursing is not just important to the nurse clinician. It is important to all APNs in every setting. The quality of life as well as the enhanced relationships that occur in the nurse that is spiritually healthy is powerful.

Spirituality in nursing is important for the nurse educator for several reasons. First "The instructor who is committed to the principle that the spiritual care of the patient is a nursing responsibility cannot disregard her obligation to teach the art of providing spiritual care. A student does not ordinarily learn this through intuition, it must be taught (Piles, p. 36, 1990). Unfortunately, the literature shows that nurses' overall feel inadequate when it comes to assessing and meeting a patient's spiritual needs. Nursing curriculums may be inadequately preparing nurses for this responsibility (Piles, 1990). It is the nurse educator's role to help provide this knowledge. Not only does the nurse educator have a role in helping the nursing student understand how to meet the client's spiritual needs, but the nurse educator should have the knowledge and ability to help the nursing student meet his or her own spiritual needs. It is only by having a degree of spiritual health that spiritual health can be enhanced in others (Anderson & Hopkins, 1991; Barker, 1989; Cohen, 1993; Howden,

1992; Nagai-Jacobson & Burkhardt, 1989).

Spirituality in nursing also involves the nurse administrator. Not only will achieving optimal spiritual health help the nurse administrator find more fulfillment in self, others, work and leisure, but by promoting spiritual health in the nurse employee, there is potential for his or her life to be greatly enhanced as well. Promoting spiritual health in the self and employee also helps relationships among staff. Characteristics of spiritual health include valuing a person for who they are, having respect for each person's individuality, and being secure in one's self. One key to employee satisfaction is to feel valued and respected by their employer and fellow employees. If the nurse administrator can develop spiritual health within himself or herself and employees, overall employee relations can be greatly enhanced (Grohar-Murray, DiCroce, 1997) Lastly, the goal in the nursing profession is to help clients achieve optimal health. It is only by achieving this optimal spiritual health in the nurse employee that the nurse employee can in turn help the client achieve optimal health (Seidl, 1993; Dossey et. al, 1995).

Spirituality in nursing is also an important topic to the nurse researcher. Not only is it an issue that needs to be addressed in the nurse's personal life, but this topic provides a tremendous opportunity for research. The current database regarding the topic is insufficient. Most of the research related to patient outcomes and spirituality is narrowly focused on religion's effect on patient health rather than the spirituality's effect on patient health (Levin, 1997; Byrd, 1988). The data is derived from certain religious populations and rarely are individuals who are spiritual without religious affiliation involved. Therefore, the nurse researcher has a tremendous opportunity to expand the nursing database by looking at the impact spirituality has on health and its impact on individuals not associated with religious organizations. With the recent increase in participation in 12-step and other self-help organizations, there is a large population that can be accessed for this research. In addition, only certain populations have been the focus of past research. These populations include the elderly, the terminally ill, and women. Other populations such as the young, the

healthy, and the male population could also be studied to make the database more comprehensive and representative of the population as a whole.

As mentioned earlier, the data regarding spirituality in nursing is limited. Certain populations seem to be the focus and the exact role of the nurse is not clearly delineated. Nursing interventions exist in the literature but very few studies have examined whether these interventions are effective. The three topics discussed most in the literature include: 1) the definition of spirituality, 2) the effect of spiritual health on patient outcomes, and 3) the nurse's role in providing spiritual care. these will be discussed in the following paragraphs.

Because spirituality is such an abstract concept, most of the articles that address the topic provide a definition or description of spirituality. The medical articles provide a narrow description and typically use the term interchangeably with religion or do not address spirituality at all (Levin, 1997). The nursing articles consistently provide a broader description of spirituality. The concept used is a broad umbrella that includes awareness of personal transcendence, personal relationships, and interpersonal communication as well as the traditional religious beliefs and practices in most articles (Brown, 1989; Burkhardt, 1989; Burkhardt & Nagai-Jacobson, 1994; Barnum, 1996; Emblen, 1992; Seidl, 1995; Dossey et. al, 1995). Only one nursing article describes spirituality as being more narrow and religiously focused (Wright, 1998). Descriptions of spirituality from the nursing literature will be provided.

Most of the nursing literature sees developing spirituality as being on a personal quest for meaning and purpose in life. This includes finding deep meaning in everything, including illness and death. It also means living with a set of values. Spirituality is seen as the dimension of a person that involves one's relationship with self, others, the natural order, and a higher power manifested through creative expression, familiar rituals, meaningful work, and religious practices (Brown, 1989; Burkhardt, 1989; Burkhardt & Nagai-Jacobson, 1994; Barnum, 1996; Emblen, 1992; Seidl, 1995; Dossey et. al, 1995;

Anderson & Hopkins, 1991; Barker, 1989; Cohen, 1993; Howden, 1992). The descriptions in the articles originate from disciplines such as theology and religion, philosophy, and psychology.

In addition to the descriptions provided in the synthesis articles, a few articles analyze the concept of spirituality specifically. Goddard (1995) distinguishes spirituality from religiosity. She believes that spirituality is mistakenly used synonymously for religiosity in the literature. Religion exemplifies a particular belief system and provides an ethical-moral framework for behavior. It is organized, institutionalized, and serves merely as one way of many ways a person can experience spirituality. She states that most nursing curriculums teach nurses to be aware of the individual's religious beliefs and rituals and that this will satisfy the patient's spiritual needs. Instead, spirituality should be designated as "an integrative energy capable of producing inner harmony of body, mind, and spirit." This emphasizes a holistic approach and should dispel any religious overtones or mis-associations (p.813, 1995). She supports her concept of spirituality with an analysis of the proposition using the five predictables of logic theory: species, genus, differentia, logical property, and logical accident (Goddard, 1995). Burkhardt also provides an analysis of the concept similar to Goddard's (1989). She reviewed the literature and describes spirituality as: " the essence of life, principle of a person, the experience of the radical truth of things, a belief that relates a person to the world, giving meaning to existence, and a relationship or sense of connection" (Burkhardt, p.71 - 72, 1989).

Stiles evaluated the spiritual relationship between the nurse and family. The families were of hospice patients. Six categories were developed that helped describe this relationship. The categories include: "the nurses' ways of knowing", "the nurses' ways of being", "nurses' ways of doing", "nurses ways of receiving and giving", and "the nurses' ways of welcoming a stranger" (1990). Saturation was reached, but investigator triangulation was not used. The categories could be biased. The individuals were not necessarily affiliated with any particular religious organization (1990). O'Connor evaluated

the cancer patient's search for meaning in life and devised six major themes as a result. All subjects were affiliated with a Christian religious organization. Investigator triangulation was used, but there was no mention of saturation. Thirty subjects were used in data collection (1990). Lastly, Emblen studied the view of surgical patients, nurses, and chaplains with regards to their thoughts on spiritual needs and interventions. This population only included individuals in Western religions (Catholic, Protestant, and Jewish). Saturation was reached and investigator triangulation was used. Although men were included in the study, they only represented 25% of the sample. In addition, the investigators reported that these men were more hesitant and often responded very briefly to the questions pertaining to spirituality (Emblen et. al, 1993). There was no mention of differences in the male and female responses in any of the other articles. This is an issue that could be addressed in future research. Maybe men do have different views of spirituality and hence different needs. The available data with regards to the topic certainly has a female predominance. This could affect the description of spirituality.

The qualitative articles using interviews to obtain an description of spirituality used specific populations such as the elderly, terminally ill, or surgical patients who are facing the end of life. They also may have a different view of spirituality when compared to the young healthy person who is not quickly facing the end of life. This issue can also be addressed in future research.

The relationship between spirituality and patient outcomes is only briefly addressed in the nursing literature. More data exists in the medical literature, but this data mostly has a religious focus rather than spiritual focus (Levin, 1997; Byrd, 1988). Levin performed an extensive literature search in 1987 and discovered that more than 200 articles have been published over the last century containing religious terminology. Subsequent reviews have been published that examined the cause-specific morbidity and mortality rates, such as those with cancer and hypertension in samples of Catholics, Protestants, Jews, Hindus, Buddhists, Parsis, and Muslims. Statistically significant associations between religious

groups have appeared in studies of many diseases as well as of health status indicators. He found a consistency of findings. These systematic reviews and meta-analysis quantitatively confirm that religious involvement is a epidemiologically protective factor. Spiritual practice has also been shown to promote health-related behavior and life styles. This lowers disease risk and enhances well-being. It also provides social support which buffers stress and enhances coping (Levin, 1997; Levin, 1996).

The third main topic discussed in the literature regarding to spirituality and nursing is the nurse's role in providing spiritual care. It is established that nurses have a role in addressing the spiritual concerns of patients. Nursing has always had a holistic focus which incorporated the physical, emotional, and spiritual aspect of the person. However, the exact role of the nurse has been unclear. Several theorists emphasize spirituality in their theories. They will be discussed next. In addition, three main areas have also been discussed in the literature regarding the nurse's role in providing spiritual care. These are: 1) spirituality in the nurse himself or herself as the prerequisite for providing care, 2) assessment of spiritual concerns in the client, and 3) responding to the spiritual needs of the client.

Because of nursing's holistic focus, the majority of nursing theorists address the concept of spirituality. However, some give a heightened focus to spirituality. For example, Neuman in her "Neuman Systems Model" believes that spirituality permeates all aspects of a person, regardless of whether spirituality is acknowledged or developed. People are energized through their "spirit", resulting in movement toward wellness and enthusiasm. When illness, loss, grief, or pain strikes a person, energy is depleted and one's spirit is affected. This produces spiritual needs and concerns. Neuman also states that spirituality may be elusive, inexplicable, or merely philosophical. Because it creates order out of chaos, sense out of madness, or harmony out of disharmony, it is indispensable in nursing care. It controls the mind and therefore, indirectly, the body. The spirit must therefore be considered the primary locus of healing, with the associated ability to influence general health (1989).

Jean Watson is another theorist who focuses on the spiritual aspect of a person. According to Nicoll (1997), she is the only nursing theorist to explicitly support the concept of soul and emphasize the spiritual dimension of human existence. She believes "the person has one basic striving: to actualize the real self, thereby developing the spiritual essence of the self, and in the highest sense, to become more Godlike. In addition, each person seeks a sense of harmony within the mind, body, and soul and thereby further integrates, enhances, and actualized the real self. The more one is able to experience one's real self, the more harmony there will be within the mind, body, and soul, and a higher degree of health will exist" (Watson, p. 57, 1985). For Watson, spirituality is the end point, the goal toward which each person strives (Barnum, 1996). She believes nursing embraces a spiritual, even a metaphysical dimension of the caring process it is concerned with preserving human dignity and restoring and preserving humanity in the fragmented, technological, medical, cure dominated systems (1985). She sees the potential for growth in both the patient and the nurse as they engage in transpersonal caring relationships (Fawcett, 1993). It is through transpersonal caring relationships and the integration of her 10 carative factors, that the goal of nursing can be met. This goal is to help the person gain a higher degree of harmony within the mind, body and spirit. This ultimately leads to self-healing in the person (Watson, 1985).

Watson and Neuman, as well as other authors in the literature, agree that the nurse cannot assess and address the spiritual needs of the client until his or her own spiritual journey is evaluated (Stuart et. al, 1989; Burkhardt et. al, 1994; Rew, 1898; Goddard, 1995; Burkhardt, 1989; Nagai-Jacobson, 1989). Several articles address how the nurse can enhance his or her spirituality. The database for these articles includes various disciplines such as psychology, theology, philosophy, nursing, and religion. Overall, these nursing articles provide similar information regarding actions to take to develop spirituality within self**.** Meditation and self-reflection are the two actions central to the process in all of the articles. (Stuart et. al, 1989; Burkhardt et. al, 1994; Rew, 1898; Goddard, 1995;

Burkhardt, 1989; Nagai-Jacobson, 1989). Meditation, or some way of focusing attention inward without judgement or attachment to an outcome, creates a context for self-awareness and self-healing which is most essential. Learning about the self through relationships is also important. Only if a healthy base of interpersonal relationships is established can movement with confidence into deeper layers of self-understanding be accomplished. Lastly, there is a consensus that nurses must give themselves the kindness that is given to others, give themselves relief from self-criticism, learn to listen attentively to the voices within, and give the soul permission to express itself (Rew, 1989; Hover-Kramer, 1989; Burkhardt & Nagai-Jacobson, 1994). Other actions include therapeutic touch, energy balancing, toning, and visualization. These actions are a means to accomplish meditation (Goddard, 1994; Hover-Kramer, 1989; Burkhardt& Nagai-Jacobson, 1994;). Reminders of the inner journey toward wholeness and fulfillment can also be used. Journaling, support groups, and finding appropriate teachers and mentors are a few examples (Rew, 1989).

Through recognizing her own spiritual path, the nurse can then recognize the spiritual needs in the client. Several assessment tools have been provided in the literature. Emblen's qualitative study involving perceptions of nurses, chaplains, and patients, developed 6 categories needing to be addressed to adequately meet a patient's spiritual needs. These categories include: religious, values, relationships, transcendence, affective feeling, and communication. Direct questions from each category could be asked to indicate areas of need and desire for intervention (Emblen, 1993). The individuals in this study only participated in traditional religions (Jewish, Protestant, and Catholic) which might affect results. Do Eastern religions have other spiritual needs to be addressed? Three other spiritual assessment tools were mentioned in the nursing literature. These tools categorized spiritual needs into 3 groups: 1) a person's purpose and meaning in life, 2) a person's inner strengths, and 3) a person's interconnectedness (Guzzetta and Dossey, 1992; Howden, 1992; Skvorak, 1987). Questions can be asked from each category to assess needs. Of the

tools, Howden's Spiritual Assessment tool is the only tool where reliability was addressed. Content validity was reported based on evaluation of six doctorally prepared content experts, and reliability was determine based on high internal consistency (alpha= 0.9164) (1992).

Nursing interventions to address the patient's spiritual concerns have also been discussed in the literature. The central nursing intervention stated repeatedly in the literature was the nurse's ability to "be present" with the client as they lived through experiences and encountered the meaning in their life (Stiles, 1990; Barnum, 1996; Burkhardt & Nagai-Jacobson, 1994; Dossey et. al , 1995; Stuart et. al, 1989; Hover-Kramer, 1989; Rew, 1989). Various articles suggested ways in which the nurse could "be present" with the client. Being still and silent, providing the patient space, using active listening and focused attention, promoting trust and bonding, and allowing the patient to talk about their concerns were all ways the nurse can "be present" with the client. In addition, respecting and enhancing personal quests for meaning and recognizing the person's past, present, and future and the significance of events, relationships, and experiences in shaping a person's understanding of life has also been included as an intervention. Offering prayer or referral for services was included in some of the articles as well.

Stiles's (1990) qualitative study provided examples of nursing interventions under the six categories developed from her study. For example, nursing interventions provided under the category "the nurse's ways of being" include: being available, sitting with, holding hands, talking with, sharing similar experiences, truth telling, answering questions, and using humor. These interventions were similar to interventions provided by other authors. Emblen (1993) also conducted a qualitative study to examine the thoughts chaplains, nurses, and surgical patients had about spiritual nursing interventions. Some interventions suggested include 1) talking and listening, 2) offering prayer, 3) reading scripture, 4) being present, and 5) making referrals.

Although nursing interventions were suggested in the majority of articles, there are no studies looking at the effectiveness of these interventions. Client outcomes and data to support the use of certain nursing interventions is crucial to our success in the nursing profession. APNs need support for the caring actions given to clients in this changing health care environment which focuses on cost containment, time management, and focusing on "the cure".

In addition, the concept of spirituality and its attainment needs to be examined in populations other than just the terminally ill, the elderly, or women. The younger, healthy population and men need to be studied as well. Emblen (1993) demonstrated a difference in the response between males and females with regards to spirituality. A topic to be considered is the male view of spirituality and does it differ from a female view? What nursing interventions are likely to be more effective with men as opposed to women? Do the young have different spiritual needs than the older population or terminally ill population?

Individuals from different religious groups should be evaluated. In most of the literature, only individuals in the traditional Western religions were studied. Only one study did not make reference to the patient's religious affiliation (Stiles, 1990). This seems to suggest that only individuals participating in a religious organization were involved in these studies. There are many spiritual individuals that do not belong to a religious group. The views of these individuals need to be investigated if nursing plans to reach the total population.

Nursing curriculums need to be evaluated as well. There is data suggesting that nurses feel uncomfortable in general providing spiritual care and that they feel inadequately prepared to do so (Piles, 1990). Questions for future evaluation might include: What is the current state of nursing education with regards to spiritual teaching? How can the provision of spiritual care to clients be taught most effectively to nursing students?

Lastly, since spirituality in the nurse is a prerequisite to providing care to others, the level of spiritual health in the nursing population should also be studied. At what level are

nurses engaging in their own spirituality? What is true spirituality? Is the same for everyone? How do we celebrate the differences and learn from each other? Must one be a part of an organized religion or is spiritual growth accomplished in other arenas? Is the achievement of health and spirituality a final outcome or is joy in the process for improvement and learning the real reward? Can spirituality be taught to the patient or must it be shared?

Spirituality is an essential part of nursing. Not only is it an issue when trying to restore a client to optimal health, but it ultimately affects the nurse in every aspect of his or her life. It goes beyond just the interaction with the client. It involves interactions with colleagues, employees, students, and self. It involves every aspect of the nurse's being. With the increasing importance of time-management and cost-containment, the APN is often expected to do more for less. This can lead to becoming unbalanced and overworked. Balance is created through the development of spirituality. Spirituality demands tapping into one's essence, becoming more productive with less stress, and finding fulfillment and joy. The focus on a healthy balance between work and leisure is important.

Only when a person exemplifies a balanced, spiritual self can another person be changed. For example, the nurse clinician can use her own spiritual experience as well as the tools available in the literature to assess and address the client's spiritual concerns. The nurse educator can evaluate the current nursing curriculum at her institution and help to develop a more comprehensive curriculum designed to assist students in meeting the client's spiritual needs. The nurse researcher can conduct research to fill the gaps in the literature. The nurse administrator can enhance spirituality in her employees. This will enhance the employee's job satisfaction and therefore client care. In addition, the nurse administrator can provide available tools from the literature to assist the nurse employee in addressing the spiritual concerns of the client. True spirituality will be discovered through examples, support and experiences - not through books, buildings and rules.

There are a few practices to be changed in nursing based on this information. First,

we must learn to take care of ourselves and address our own spirituality and addictions that block health. Health field professionals must set an example. Only if we address our own spiritual needs can we assist the clients in meeting theirs. We should get out of the medical model that we have slipped into with the increasing technology, focus on time and money and the search for cures. We must return to our focus on caring and healing. We must be in the moment and present with the client. We must keep the holistic focus, even if the current health care system is goes against it.

Spirituality in nursing; what does it involve? Ultimately, the APN will get better results if the whole person is addressed, whether the person is the nurse or the client. Nurses who are engaged in taking care of themselves and strengthening their spirituality should be supported and acknowledged. An increasing focus on time constraints and money make the task of spiritual gains difficult, but it provides a great practice field for true human development. This growth and development must first come to the nurse. Only then can it be passed to the client.

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