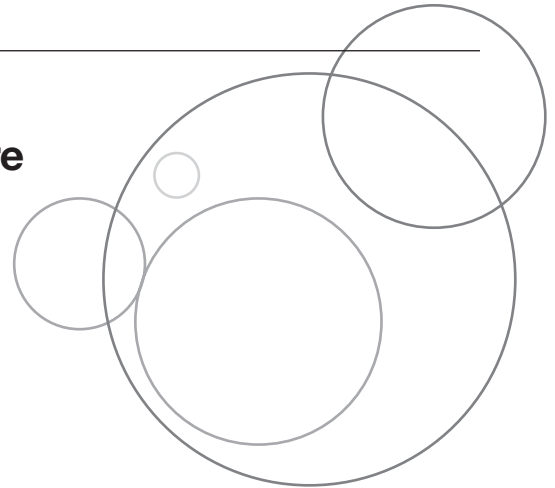

The Essence of Spiritual Care

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Spiritual care is an important component of holistic nursing care. To implement spiritual care, the nurse must assess, diagnose, and respond to the needs of each patient and her or his significant others. Meeting the spiritual care needs of the patient can lead to physical healing, reduction of pain, and personal growth. Nurses providing spiritual care experience lower stress and less burnout.

Keywords: spiritual care; spirituality; role of the nurse in spiritual care; barriers to spiritual care

Addressing the holistic needs of the patient requires the nurse to address emotional as well as physical needs. Spiritual care is one aspect of emotional care, is an important component of holistic nursing care, and is often included in most textbooks introducing fundamental concepts of nursing. Spiritual care can be easy to omit or ignore for fear of intruding into the patient's personal beliefs.

To understand holistic care, one must examine and explore definitions of religion, spiritual care, and spirituality. "Religion is an organized system of beliefs regarding the cause, purpose, and nature of the universe that is shared by a group of people, and the practices, behaviors, worship, and ritual associated with that system" (Dossey & Keegan, 2016, p. 135). According to the American Nurses Association and Health Ministries Association (2017), "Spiritual care is the practical expression of presence, guidance, and interventions, individual or communal, to support, nurture, or encourage an individual's or group's ability to achieve wholeness; health; personal, spiritual, and social well-being; integration of body, mind, and spirit; and a sense of connection to self, others, and a higher power" (pp. 57–58).

While there is not one standard definition of spirituality, similar themes are present when spiritual care is discussed (Sessanna, Finnell, & Jezewski, 2007). Baldacchino (2008) described spirituality as a "unifying life force which integrates the bio-psycho-social and religious aspects of care" (p. 553). Spirituality is the essence of our being, which is expressed and experienced through living our connectedness with the Sacred Source, the self, others, and nature (Dossey & Keegan, 2016). This understanding supports a holistic approach when working with individuals and their families. Meeting the spiritual needs of the patient can be a very rewarding

experience for both the nurse and the patient that can expedite the development of a therapeutic relationship. In addition, while difficult to measure, spiritual care can bring comfort and peace to the patient and her or his significant others.

Spiritual care is gaining strength in the literature as a means of ensuring holistic care, and is being taught in basic nursing educational programs (Baldacchino, 2015; Bennett & Thompson, 2015; Carr, 2010; McEwen, 2005; Ruder, 2013). Yet nurses' time constraints and comfort levels frequently affect their ability to provide spiritual care. To provide effective spiritual care, the nurse needs to be mindful of her or his perceptions as well as of patients' and significant others' perceptions of death and dying; conduct a spiritual assessment; recognize the difference between religious and spiritual needs; identify appropriate spiritual care interventions; and determine when it is appropriate to deliver spiritual care.

Being mindful includes being aware of one's own belief systems. Without knowledge of self, the nurse will struggle with giving of self. The nurse can utilize the same type of assessment(s) as are used with patients and families, asking herself or himself the same questions to assess her or his sense of spirituality. Areas to explore when getting to know oneself include whether one subscribes to a specific religion, the foundation of how one interacts with the world, what gives meaning to one's life, and the importance of these effects. Additionally, what is the role of these beliefs in managing circumstances that are influential to one's health? What brings peace, comfort, and connection to oneself and provides a source of hope? The assessment tools that provide this framework include the *FICA Spiritual History Tool* (Puchalski, 1996) and the *HOPE Approach to Spiritual Assessment* (Anandaraajah & Hight, 2001).

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PURPOSE AND INTENT

The intent of spiritual care in nursing is to assess, diagnose, and respond to the spiritual needs of each individual patient. This article will explore the face of spiritual distress, the role of the nurse in spiritual care, nursing actions, and overcoming barriers to spiritual care, and issue a call to action.

THE FACE OF SPIRITUAL DISTRESS

Every patient has different spiritual needs that may or may not be related to a religious preference. The patient may explicitly express this need, or the need may be implied. The patient or family may not even recognize that they are requesting spiritual assistance. Patients or their families who are experiencing spiritual distress may express a loss of control in their lives, lack of hope, fear of the future, having no purpose, or a belief of being punished. These statements are not a complete list, but are examples of conversations nurses may have with patients or family members. The nurse needs to be cognizant of what the patient is communicating, regardless of how the need is expressed. If the nurse is not attentive, he or she may not recognize these statements as a request for spiritual help.

THE ROLE OF THE NURSE IN SPIRITUAL CARE

To provide spiritual care, the nurse needs to be able to conduct a spiritual assessment; recognize the difference between religious and spiritual needs; identify

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appropriate spiritual care interventions; and determine when it is appropriate to deliver spiritual care. The most important aspect for the nurse is to maintain a broad understanding of spirituality to be able to relate to many different types of people with different belief systems. In addition to these skills, the nurse must also be able to stay involved and positive to empower patients and their significant others who may be facing death.

Nursing skills essential for effective spiritual care include commitment to the therapeutic relationship, good communication skills, trust, empathy, self-awareness, and acknowledgment of broad beliefs. Within the therapeutic relationship, the nurse practices active listening to spoken and unspoken words. Nurses use relationships and therapeutic communication to meet the needs of the mind, and physical therapeutic interventions such as medications or procedures to meet the needs of the body; but, nurses often find the ability to meet the needs of the spirit challenging.

Many benefits of spiritual interventions have been documented. Coyle (2002) identified that when patients maintain a positive frame of mind, they may demonstrate healthy behaviors such as an increase in hope, and emphasized that patients who remain hopeful are more likely to engage in meaningful relationships. Grant (2004) confirmed that spiritual care could promote inner peace, strength to cope, physical relaxation, self-awareness, a greater sense of connection with others, forgiveness of others, and a more cooperative attitude that can lead to an increase in physical healing, reduction of pain, and personal growth. Koenig (2004) identified psychological and physical benefits of effective spiritual care such as lower suicide rates, less anxiety, less depression, greater marital satisfaction, lower death rates from cancer, better cardiac outcomes, and increased longevity. Research supports the contention that hospice and palliative care nurses providing spiritual care experience a reduction in their stress and reduced incidence of burnout (Pereira, Fonseca, & Carvalho, 2011; Swetz, Harrington, Matsuyama, Shanafelt, & Lyckholm, 2009).

NURSING ACTIONS

Assessment is the first step in providing effective patient care, including spiritual care. A spiritual assessment involves asking the patient open-ended questions to assess and evaluate a spiritual need. Examples of spiritual assessment tools include *Guidelines for Spiritual Assessment* (Stoll, 1979), *Dossey's Spiritual Assessment Tool* (Dossey & Keegan, 2016), the *HOPE Approach to Spiritual Assessment* (Anandarajah & Hight, 2001), the *FICA Spiritual History Tool* (Puchalski, 1996), and *Jarel Spiritual Well-being Scale* (Paloutzian & Ellison, 2009). McEvoy's (2000) *BELIEF* tool is appropriate for pediatric patients. The tools rely on reflective, open-ended questions to assess and evaluate spiritual issues that relate to the patient's definition of a higher power; sources of strength, hope, meaning, and purpose; interconnectedness; and religious practices (Hickman, 2006; McEwen, 2005).

O'Brien (1999) identified seven nursing diagnoses related to alterations in spiritual integrity. The diagnoses were spiritual pain, spiritual alienation, spiritual anxiety, spiritual guilt, spiritual anger, spiritual loss, and spiritual despair. The North American Nursing Diagnosis Association International (2014) consolidated these into four diagnoses: readiness for enhanced spiritual well-being, spiritual distress, impaired religiosity, and readiness for enhanced religiosity. Any of these diagnoses can be applicable to a patient when developing a plan of care to meet a spiritual need. It is important to note that many nursing diagnoses reflect spiritual

distress without explicitly identifying a spiritual need; examples include anxiety, fear, social isolation, dysfunctional grief, hopelessness, and ineffective coping.

The nurse can incorporate the patient's identified spiritual needs into her or his plan of care. In a comprehensive plan of care, nurses use relationships, therapeutic communication, and physical therapeutic interventions. Spiritual care interventions are flexible and are performed in a variety of ways by the nurse and other members of the health-care team. Building a therapeutic relationship and talking with the patient assign worth to the patient by acknowledging the patient's spirituality and providing presence. Examples of spiritual interventions are praying with the patient; offering a supportive presence; therapeutic touch; facilitating the practice of the patient's religion; exploring alternatives to challenges; promoting forgiveness; assisting the patient in exploring expectations of self and determining if those expectations are realistic; and promoting deeper expression of feelings and emotions with therapeutic communication (Dossey & Keegan, 2016; Hodge, Bonifas, Sun, & Wolosin, 2014; Kisvetrová, Klugar, & Kabelka, 2013; Pullen, McGuire, Farmer, & Dodd, 2015).

Dietary preferences included in the plan of care can acknowledge religious beliefs. Referrals to the organization's pastoral care services or the patient's own clergy are always an option. Spiritual care interventions that specifically address religiosity include praying with or for the patient, reading scripture to or with the patient, and helping the patient perform religious rituals. Other actions that are less obviously religious but still reflective of a structured faith include facilitating meditation, singing to or with patients, and playing music for or with patients.

OVERCOMING BARRIERS TO SPIRITUAL CARE

Barriers identified in the literature that prevent nurses from delivering spiritual care include lack of educational preparation, lack of time, and lack of confidence (Abbas & Dein, 2011; Carr, 2010; Daaleman, Usher, Williams, Rawlings, & Hanson, 2008; Koenig, 2004; McEwen, 2005). Lack of preparation can be addressed through the provision of continuing education and training. Nurses who are educated in spiritual care and confident in their skills are more likely to be comfortable managing patient situations that focus on spirituality and spiritual care. Education that allows the nurse to practice newly acquired skills within a safe environment should facilitate an increase in confidence. Collaborative teamwork can reduce time constraints, allowing for delivery of spiritual care. A referral to pastoral care services is always an option for nurses who identify a patient's spiritual need but do not feel confident in their ability to meet that need.

CALL TO ACTION

Although the provision of spiritual care acts to address the spiritual needs of the patient, the nurse will also frequently benefit. Spiritual care relies on effective communication skills, which enable the nurse to establish trust and promote a connection with the patient. It is important to note that spiritual care does not always equal religious care. While hospice and palliative medicine naturally lends itself to including a spiritual component in the available care, spiritual care is necessary in all areas of practice. For our patients' sake, nurses need to acknowledge the importance of providing spiritual care, develop the needed skill set, and create the time to address these needs for all patients.

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