Understanding spirituality and spiritual care in nursing

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Abstract
Spirituality is a complex concept that has different meanings for different people. Spiritual care is a fundamental aspect of nursing and attending to the spiritual needs of patients may improve their health outcomes. This article, the first in a series of three, explores various definitions of spirituality, and the importance of spirituality and spiritual care in healthcare settings. The second article of this series provides an in-depth exploration of the assessment of patients’ spiritual care needs, and the third and final article in this short series discusses spiritual care nursing interventions.

Keywords
belief systems, chaplaincy services, faith, holistic care, religion, spiritual care, spirituality

THE CONCEPT OF spirituality is complex and relates to the ways in which people give meaning to their existence, its purpose and origins, and how this guides their interactions with others and the world in general. Spirituality may be viewed as a set of beliefs that inform living (Chopra 2012). For many people who are religious, spirituality refers to the soul and its protection and nurturing during life (Oman 2011). For these people, the soul may be considered ‘protected’ through correct moral thought and by living as directed through sacred texts (Oman 2011). This is referred to as having faith, and there is increasing evidence that an individual’s beliefs about health may be influenced by their faith beliefs (Oman 2011). Therefore, it is essential for nurses to explore patients’ faith and health beliefs and to be aware of the rituals, practices and observances that may need to be attended to in healthcare settings. Being aware of patients’ beliefs is important because these could affect their health or treatment. Faith may also have an important supportive function for the patient, particularly when dealing with challenging or changed circumstances as a result of illness or injury.
when experiencing the unknown and untestable (Chopra 2012, Madden 2015).

For the purpose of this article, spirituality is the notion that people strive to make sense of, and derive meaning from, life events and seek to connect with the self, others and their community (la Cour and Hvidt 2010). This sense of meaning and connection is underpinned by a personal belief system that may be informed by religious beliefs. The Royal College of Nursing (RCN) (2011) suggests that spirituality is about:

» Hope and strength.
» Trust.
» Meaning and purpose.
» Forgiveness.
» Belief and faith in the self, others, and for some this includes a belief in a deity or higher power.
» Peoples’ values.
» Love and relationships.
» Morality.
» Creativity and self-expression.

detailed analyses of the concept of spirituality confirm this understanding, identifying that spirituality (Sessanna et al 2007, Weathers et al 2016):

» Is a religious or non-religious system of beliefs and values.
» May concern a belief in a transcendent presence.
» Is distinguished from religion, but can incorporate religious beliefs for some people.
» Gives people’s lives meaning and purpose.
» Provides a sense of connectedness to things or with others.

Spiritual belief systems may vary among individuals, but are often embedded in their cultural or religious background and according to society (Bellah 2002). For example, a person with no particular religious faith may have a sense of being ‘at one with [the] universe’ through nature (Bellah 2002), or subscribe to humanist or secular belief systems (Humanist Association of Ireland 2016, National Secular Society 2017).

Religion and spirituality

The concepts of religion and spirituality are complex, and may be challenging to understand. However, it is essential to differentiate between these concepts to avoid confusion (McSherry 2008).

In healthcare, it is generally understood that religion involves identifying with a named religion, holding personal religious beliefs, and subscribing to associated faith practices and rituals (The Scottish Government 2009). Religion informs an individual’s belief system related to notions of the self; a relationship with a transcendent presence, such as God or the wider universe; and directs moral actions (Bellah 2002). Spirituality arises from personal beliefs, which may result from an individual’s religious beliefs, background or childhood. These beliefs may relate to their understanding of ‘life after death’, for example, the reasons for events and how to cope with challenging experiences (Bellah 2002).

Religion is also a social construction; it binds people together, particularly in times of crisis, and is an important cultural aspect of humanity (Bellah 2002, Health Service Executive 2009). An example of this social construction of spirituality is a person who desires a traditional religious burial although they do not consider themselves religious. Thus, the concepts of religion and spirituality overlap and are interlinked.

Patients’ spirituality should be examined in the context of religious involvement, but also with respect for their cultural beliefs and traditions, as well as their personal desires (Reinert and Koenig 2013). It is important to acknowledge that spirituality is not only for people who are religious, but also as Chopra (2012) suggested humans are all spiritual beings. For example, a person with no particular religious faith may have a sense of being ‘at one with [the] universe’ through nature (Bellah 2002), or subscribe to humanist or secular belief systems (Humanist Association of Ireland 2016, National Secular Society 2017).

Spirituality and healthcare

An individual’s spiritual and religious needs often become apparent in healthcare settings (RCN 2011), for example when they experience loss or a difficult...
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Spiritual needs may arise for the patient and their family particularly during health or life crises, such as chronic illness, death and dying, and life-limiting illness in children or neonates (Daaleman 2012, Nuzum et al 2014, Huth and Roberts 2015). For some people, the search for meaning becomes increasingly urgent because they have difficulty making sense of a spiritual mechanism (Plakas et al 2009, Fouka et al 2012). In these circumstances, the patient’s family might find spiritual care and support beneficial. In a study by Daaleman (2012), one family member described spiritual care as ‘care of the whole person… or just being aware that it’s more than just the physical body and the pain’.

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The hospital environment can be challenging for patients and their families. While nurses become familiar with hospital equipment, interventions and surroundings (Wilkinson 2007), patients may feel that their humanity and identity is affected by hospitalisation, because they are in an unfamiliar and sometimes stressful environment (Timmins et al 2015). Spirituality can become increasingly important to people if they have difficulty making sense of their situation (Vella 2009, Redl 2015). When experiencing challenges, such as a life-threatening or life-limiting illness, individuals often draw on personal spiritual resources (Nuzum et al 2014, Huth and Roberts 2015, Weyls 2015).

For some people, illness can be a spiritual experience that might cause them to question their faith, relationship with God and role in the community (Redl 2015). The affirmation of faith, finding faith again, or doubting faith, might be part of the patients’ journey and adjustment to their illness (Daaleman 2012, Redl 2015).

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spirituality and its relevance to patients and their families.

There is also concern that the nurse may use spiritual needs discussions to discuss their own religious beliefs (Vance 2001, Ronaldson et al 2012). This fear of proselytising may prevent nurses from discussing spirituality with patients, especially if the nurse has limited experience or information about the subject (Vance 2001, Ronaldson et al 2012). The RCN (2011) emphasises that it is important for the nurse not to impose their own religious or spiritual beliefs and values on patients and their families; doing so might have serious repercussions for the nurse, such as suspension (BBC 2009). The RCN (2011) also caution against ‘using your position to convert’ patients to a religious or spiritual outlook. However, being sensitive to and respectful of the needs of patients and families, assessing spiritual needs and making referrals to chaplaincy services are crucial to the provision of effective spiritual care in healthcare settings.

**Healthcare chaplains**

Healthcare chaplains provide pastoral support services in a variety of healthcare settings. They minister to the existential, spiritual and religious needs of people who experience illness, injury or disease and those who care for them, drawing on personal, faith, cultural and community resources (European Network of Health Care Chaplaincy 2002). They may be employed by the healthcare organisation or provide their services on a voluntary basis (Woodward 2013). Healthcare chaplains provide spiritual and pastoral care to people in need, and their work in many cases extends beyond the patient, to the family, healthcare staff and the hospital community.

The level of support provided by chaplains in healthcare and hospital settings varies. Chaplaincy support differs according to the particular region or healthcare setting, with many working in small teams based in the hospital community. These teams are often supported by community-based voluntary services, and focus on delivering spiritual care to patients, and their families where appropriate. Many hospitals in the UK employ full-time healthcare chaplains, especially in areas where there is a perceived greater need for such services, such as end of life, neonatal and critical care services (NHS Education for Scotland 2007, 2012, NHS Wales and Welsh Assembly Government 2010, NHS England 2015).

One priority of chaplaincy is to ensure that patients have suitable spiritual and religious support during their illness or healthcare experience. Chaplains aim to meet patients’ spiritual and pastoral needs, including religious needs where appropriate, and to provide patients and their families with a supportive relationship that may involve reflecting on their illness and its meaning. This may include developing supportive relationships with patients and their families that involve helping them to reflect on illness and its meaning.

While a chaplain usually has their own particular faith ministry, they also have a general appreciation of faith (NHS England 2015). Therefore, they are also likely to be skilled in supporting and providing referrals for patients from minority religions, with which nurses and other healthcare staff might be less familiar (Pesut et al 2012).

The chaplain’s role is multifaceted and not limited to religious or spiritual care provision. Healthcare staff should explore the scope of the chaplain’s role locally and welcome them to the multidisciplinary team to develop an understanding of the ways that chaplains may provide support. The authors suggest that a greater understanding and awareness of the chaplain’s role might increase referrals to chaplaincy services, and challenge the perception that this service is only for use in times of crisis. In the UK, it has been identified that chaplaincy services and healthcare staff have a joint role in addressing patients’ spiritual needs, with healthcare chaplains leading this aspect of care (Swift 2014).

Declining public interest in religion may mean that individuals may have no formal religious resources to provide support during...
illness or distress. When patients or families feel distressed in healthcare settings, the healthcare chaplain may help to construct a meaningful story of their experiences and support them to cope (Redl 2015), for example with serious illness or death (Pesut et al 2012). A patient’s beliefs may not be obvious on the healthcare professional’s first encounter with them; therefore, it is important to tactfully and sensitively enquire about their experiences and the meaning they have assigned to these so that the healthcare professional can begin to identify the patient’s spiritual needs.

The patient’s spiritual beliefs may not be scientifically based or empirical. Healthcare professionals should demonstrate respect for the individual and the personal meaning that they may have applied to their experience of illness or injury. If spirituality fundamentally relates to a sense of self, purpose and right or good living – that which is meaningful – illness or injury might challenge this. In relation to their healthcare circumstances, the patient might ask ‘What does this change mean about me? Why did it happen? How should I bear this change, so that I continue to live in a spiritual way?’ (Redl 2015). The patient answers such questions gradually, and it might be necessary to enquire how they make sense of their illness or injury, and to provide individualised care (Redl 2015).

It is necessary to listen to patients’ narratives and be attentive to their experience, as well as to their nursing and medical needs (Redl 2015). Healthcare chaplains are a useful resource in this respect, because they have the expertise to explore these beliefs and how they may affect the patient’s health (Pesut et al 2012, Fitchett 2015). Referring patients and their families to the healthcare chaplain is an important aspect of the nurse’s role in spiritual care (McSherry and Jamieson 2011); however, the nurse requires an understanding of the healthcare chaplain’s role and awareness of the patient’s spiritual needs.

**Role of nurses**

NHS Education for Scotland (2009) states that spiritual care is: ‘That care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in [a] compassionate relationship, and moves in whatever direction need requires.’

Nurses have an essential role in spiritual care (van Leeuwen et al 2006, Baldacchino 2008, McSherry 2008, Caldeira et al 2015), and should attend to the spiritual aspects of patients’ lives (RCN 2011), since this may help patients to cope with their illness or healthcare experience (Baldacchino et al 2014a, 2014b). This is an appropriate expansion of the nurse’s role, because nursing ‘Consists of transpersonal attempts to protect, enhance, and preserve humanity and human dignity, integrity and wholeness, by helping a person find meaning in illness, suffering, pain, and existence and to help another gain self-knowledge, self-control, self-loving, and self-healing wherein a sense of inner harmony is restored regardless of the external circumstances’ (Watson 2012).

In an increasingly spiritual, religious and culturally complex healthcare environment, nurses may be uncertain about how to approach patients’ and families’ spiritual care needs (Swift 2014). McSherry and Jamieson (2011) suggested that while nurses believe spiritual care to be important, they lack confidence and often do not receive adequate training in this aspect of care.

Accepting that spirituality may be expressed through religious faiths, but is not limited to them, has implications for nurses. First, nurses should establish the patient’s beliefs and consider whether these are affected by their illness or injury. Second, they should acknowledge the patient’s concerns and beliefs, and how these affect their understanding of the health challenges they are experiencing. Since spirituality has different meanings for different people, it is essential that nurses are guided by the information that patients provide. It is important for nurses
to have an understanding of spirituality, and to be aware of their own beliefs and prejudices about spiritual and religious matters (van Leeuwen et al 2006). The nurse should undertake a spiritual assessment, which will be described in detail in the second article in this series, and refer the patient to chaplaincy services where appropriate.

Addressing patients’ spiritual needs by supporting them to make sense of their illness or injury can alleviate distress and provide a sense of well-being that may help individuals to cope with adversity (Weathers et al 2016). Understanding how patients make sense of situations involves enquiring about how they interpret their experiences, and how this relates to their personal circumstances and beliefs. For example, a patient’s experience of chronic illness involves more than their understanding of altered physiology and symptom management (Redl 2015); illness can challenge the person’s understanding of themselves. In addition, each patient’s interpretation of their illness is different (Redl 2015). Sessanna et al (2007) suggested that people embrace belief systems that give purpose and meaning to their lives. While these might not be testable, rational or scientific, they can shape how people respond to life changes such as illness or injury.

Nurses should be mindful that, irrespective of their beliefs, spirituality is important for many patients and their families, especially during a crisis and/or illness. In these situations, individuals are often suddenly presented with circumstances for which they may feel unprepared. The risk to their own or their family member’s health, or their imminent death, can mean that individuals question their mortality, perhaps for the first time (Timmins et al 2015). It is important for nurses to remember that many patients and families seek spiritual support in challenging circumstances. Thus, in addition to completing nursing tasks, it is essential that nurses consider the patients’ holistic needs and to provide spiritual care where necessary.

The core elements of spiritual care provided by nurses are summarised in Box 1. Spiritual care nursing interventions are discussed in detail in the third article in this series.

Attending to the core elements of spiritual care listed in Box 1, may result in (Ramezami et al 2014):
» Promotion of spiritual well-being among patients.
» Enhanced psychological adaptation of patients.
» Enhanced patient satisfaction.
» Promotion of spiritual awareness among patients.
» Increased job satisfaction for healthcare professionals.

To provide effective spiritual care, nurses require sensitivity and self-awareness. It is important that spiritual care is delivered in a supportive environment with access to appropriate resources such as chaplaincy services and/or quiet or sacred spaces. In busy healthcare environments, nurses often prioritise aspects of care such as completing nursing tasks; getting to know patients and their families or providing support and advice is often not given equal priority (Aiken et al 2012). By relating to and connecting with patients, recognising their beliefs and what they view to be important beyond their illness or injury, and expressing compassion and concern, nurses may begin to better understand the personal aspects of patients’ lives, such as spirituality, and provide patient-centred and holistic care.

**Box 1. Core elements of spiritual care provided by nurses**

» Providing care to patients that involves the healthcare chaplain or pastoral care services
» Referring patients to the healthcare chaplain or pastoral care services
» Offering a quiet or sacred space for patients, visitors and staff
» Providing patients with access to religious services
» Providing patients with relief from suffering
» Being attentive to patients and families when they raise the subject of spirituality
» Demonstrating respect for patients and families when religious items are exchanged or retained
» Supporting patients and their families when it is a special spiritual season in their tradition

(Adapted from McSherry and Jamieson 2011)
Conclusion

Nurses’ ability to provide spiritual care or liaise with other professionals to provide such care is not well understood or articulated in practice. Spirituality is a complex concept and nurses may have received limited or no training in providing effective spiritual care. Nurses require an understanding of spirituality and how this may be affected by illness, injury or disease to best support patients’ spiritual needs. Spirituality is dynamic and many patients who are diagnosed with life-threatening or life-limiting illnesses become philosophical, introspective and ruminative, whereas they may not have been so before their illness. Nurses have an essential role in providing individualised spiritual care to patients and their families. Therefore, an understanding of the fundamental issues related to spirituality and spiritual care will better equip nurses to provide meaningful support to patients and families and meet their spiritual needs.

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