Abstract
This article explains how patients’ spiritual needs can be embedded into everyday nursing practice, rather than being seen as an additional task for nurses to undertake. It outlines an integrated person model of care, which involves the nurse using the unique contact involved in providing physical care to meet the patient’s spiritual needs. In addition, nurses can use the principles of therapeutic relationships such as empathy and providing a non-judgemental presence to support spiritual care, as well as respecting patients’ dignity and individuality. This article also describes techniques for discussing spirituality with patients, and explains how touch can be a useful therapeutic intervention that can enhance patients’ spiritual well-being.

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Various authors have sought to define spirituality. Ellison (1983) stated that spirituality is ‘affected by our physical state, feelings, thoughts and relationships. If we are spiritually healthy, we will feel generally alive, purposeful and fulfilled.’ The Royal College of Nursing (RCN) (2012) suggested that spirituality includes ‘belief and faith in self, others, and for some this includes a belief in a deity or higher power’.

Spiritual care has been an accepted element of nursing practice for decades; however, nurses often feel confused and insecure about their skills in this area and therefore may require further guidance and support (McSherry and Jamieson 2011). Some healthcare professionals may also be concerned that spiritual care might be used to promote religious values, or perceive that they do not have time to undertake spiritual care (Rushton 2014).

In an increasingly digitised society, many people still want interactions with healthcare professionals to involve more than a functional provision of services. People seek relationships that are underpinned by values such as respect, understanding and the individual right to self-determination (Health Service Executive et al 2010). Despite the declining influence of organised religion in Western societies, many people believe in the concept of an inner ‘self’, which represents their individuality and personhood, and which they feel needs to be respected if they are to be treated holistically (Heelas and Woodhead 2005). Similarly, respecting a person’s spirituality involves valuing them as an individual and treating them with dignity (Puchalski 2008).

This article asserts that the provision of spiritual care is an important nursing intervention. It explains that there are methods of undertaking spiritual care that do not require additional time or skills, and that spiritual care can enhance the overall quality of nursing care.

Spirituality and religion
Religious practices and beliefs are increasing globally, with the number of people practising Christianity and Islam projected to grow by 34% and 70% respectively between 2015 and 2060 (Pew Research Centre 2017). However, in the UK organised religion is not practised at the
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While religious beliefs and practices can affect spiritual well-being, religion and spirituality are separate concepts. Many people regard themselves as spiritual even though they would not identify as religious (Comte-Sponville 2008). However, patients who do have religious beliefs can feel that these are part of their identity. Therefore, respecting an individual’s religious beliefs is a significant factor in providing spiritual care. Religion can be a valuable spiritual resource, which nurses can support and encourage; for example, those experiencing illness and who have strong religious convictions may derive strength through their faith (Clarke 2013).

During an illness, a person may find it beneficial to discuss their faith with a representative of their religion, such as a priest. Nurses also need to be sensitive to a person’s spiritual requirements, which may include listening to the individual, facilitating rituals, prayer or sacraments, or providing privacy for prayer. In some instances, nurses may need to seek assistance from colleagues, chaplaincy services or local faith groups as appropriate (RCN 2012).

**Spiritual care**

When people are experiencing illness, have become dependent, or are adapting to changes in their life, they can feel isolated and disconnected from others (Stein 2007). Serious illness can also lead to an individual questioning the meaning of their lives (Puchalski et al 2013). These factors mean that their spiritual well-being may be compromised, which can affect their ability to deal with their illness and, in turn, influence health outcomes (Koenig 2015). Therefore, nurses have a role in enhancing patients’ spiritual well-being to better equip them to manage any illness.

Much of the nursing literature recommends that nurses should seek to care for the ‘whole person’ (Roberts 2013); therefore, nurses should be comfortable addressing a patient’s spirituality. Furthermore, the principles of spiritual care – such as compassion, treating patients as individuals, and respecting their values and beliefs – are also central tenets of nursing practice (Bostwick et al 2015, Nursing and Midwifery Council 2018). Therefore, practising spiritual care will assist the nurse in ensuring that any contact they have with a patient is therapeutic in itself. Nurses who practice spiritual care can influence the patient’s well-being by their presence and the way in which they provide care (McMahon and Pearson 1998).

The concept of ‘suffering’ can be physical, for example living with pain, or can result from damage to an individual’s sense of identity and independence, or their expectations for the future (Bueno-Gómez 2017). Suffering is experienced as ‘sadness, anger, loneliness, depression, grief, unhappiness, melancholy, rage, withdrawal, or yearning’ (Cassell 2004). Spiritual care aims to enhance spiritual well-being, which involves assisting patients to feel accepted as a person, to experience positive feelings and have the resilience and energy to manage everyday life. One of the central aims of providing spiritual care is to relieve suffering (Clarke 2013).

**Integrated person model**

The integrated person model suggests that within each individual the dimensions of body, mind and spirit are connected, with each dimension influencing the others (Clarke 2013). For example, physical pain can affect the spirit and the mind as demonstrated in the concept of total pain (that which encompasses a person’s physical, psychological, social, spiritual and practical experience) (Clark 1999). In traditions such as Islam and Christianity, the concept that mind, body and spirit are integrated is regarded as a reflection of how each individual exists in the world (Clarke 2013). This connection between mind, body and spirit can assist nurses in understanding how touch can affect the way in which a person feels about themselves and, in turn, how physical care can affect their spiritual well-being.

In Bundgaard et al’s (2011) study, physical touch was interpreted as demonstrating the nurse’s presence and readiness to assist, and was considered essential in gaining the patient’s trust and confidence.

**Implementing spiritual care**

The basis of spiritual care can be distilled into five actions, outlined in Box 1. All nurses should be able to incorporate these actions into their everyday contact with patients. Nurses have a unique role in healthcare because they provide 24-hour care. Whereas other healthcare professionals such as doctors or physiotherapists visit the patient to undertake specific clinical activities, nurses spend a significant amount of time with patients, often when they are at their most vulnerable (Westbrook et al 2011, Jones et al 2016). In addition, nurses frequently provide physical care, such as bathing and feeding, which can provide an opportunity to offer spiritual care using techniques such as touch.

**Key points**

- Ellison (1983) stated that spirituality is ‘affected by our physical state, feelings, thoughts and relationships. If we are spiritually healthy, we will feel generally alive, purposeful and fulfilled’
- While religious beliefs and practices can affect spiritual well-being, religion and spirituality are separate concepts. Many people regard themselves as spiritual even though they would not identify as religious
- Nurses frequently provide physical care, such as bathing and feeding, which can provide an opportunity to offer spiritual care using techniques such as touch
- Discussing spirituality with patients and seeking to develop empathetic relationships can be challenging, so nurses need to develop resilience to support themselves and avoid stress and compassion fatigue (Grafton et al 2010). Reflection can be an important tool for nurses seeking to understand their own spirituality

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can be an effective medium for conveying a sense of connection, respect and personal value, which contribute towards a sense of spiritual well-being (Clarke 2013).

While nurses can learn about the provision of spiritual care from other professional disciplines such as the hospital chaplain, they should also draw on their unique ability to develop therapeutic relationships to implement spiritual care. This will enable nurses to ensure that spiritual care becomes integral to all of their interactions with patients, rather than being regarded as an additional task for which there is little time available.

In McSherry and Jameson’s (2011) study of 4,054 nurses’ perceptions of spirituality, 78% (n=3,181) said they felt unable to provide spiritual care because they were not confident in meeting patients’ spiritual needs. However, the study identified that nurses believed spiritual care to involve listening to patients, respecting their privacy and dignity, and providing support and reassurance, all of which are elements of everyday nursing care. These results reflect those of studies into patients’ attitudes to spirituality, where patients described spiritual care in terms of humour, presence and providing effective nursing care (Conco 1995, Taylor and Mamier 2005).

**Therapeutic relationships**

Any therapeutic relationship should be compassionate, conscientious and respectful, and the nurse should seek to ‘consciously value’ the patient by offering time and giving the patient their full attention (Egan et al 2018). McCormack and McCance (2017) suggested that a practitioner who demonstrates effective interpersonal skills can have a positive effect on patients’ well-being. In Egan et al’s (2018) study of patients with cancer, and their family and friends, participants associated spiritual care with ‘love’ and ‘kindness’. Similarly, Davies (2001) explained that compassion does not simply involve pity for an individual’s circumstances; it is also concerned with recognising their distress and being moved to relieve it. Acting compassionately may involve the nurse becoming the patient’s advocate and speaking out on their behalf, or learning about the patient’s condition and using this improved knowledge to provide evidence-based care.

In a study of nine women with breast cancer, Johnson (2002) found that laughter was regarded as spiritually uplifting, while a study by Tanay et al (2013) found that a sense of humour was regarded as a positive nursing attribute. Humour also enables a natural connection between the nurse and patient during care episodes, which is a significant factor in maintaining a sense of well-being (Tremayne 2014).

Each encounter with a patient is an opportunity for the nurse to demonstrate spiritual care and enhance the patient’s spiritual well-being through compassion and empathy. This requires the nurse to offer the patient their full attention, to listen to the patient, and encourage them to express their feelings (Clarke 2013). Being fully ‘present’ with the patient is essential. In Drew’s (1986) study of patients in hospital, participants reported feeling excluded and depersonalised by nurses who were ‘hurried’, avoided eye contact, spoke in a flat tone of voice and communicated in an abrupt manner.

**Practical nursing activities**

Practical nursing activities, such as feeding a patient or assisting them with mobilisation or bathing, can include a spiritual element. For example, de Hennezel (1997) commented that nurses she observed repositioning a patient in bed involved the patient in the procedure to such an extent that it became ‘a completely different kind of contact’. Bathing is an intimate act and requiring assistance can leave a person feeling undignified, disempowered, infantilised and exposed (Twigg 2000). However, if approached sensitively by the nurse, bathing can be a positive experience that has the potential to enhance the patient’s self-esteem, develop a connection and restore dignity, all of which contribute to spiritual well-being (van Manen 1998). The feelings of humiliation that a patient may experience when they require assistance with personal care such as bathing can be transformed by the careful touch of a nurse, enabling the patient to feel worthy of care and attention (de Hennezel 1997).

Eating independently is regarded as a sign of autonomy in adulthood, therefore requiring assistance can negatively affect an individual’s dignity and self-esteem (Martinsen et al 2008). Patients can also have individual food preferences, such as flavour and portion size, and there are also cultural and religious practices associated with eating (Martinsen et al 2009). Therefore, ensuring a patient’s dietary preferences are respected can mean that they feel valued, connected and empowered (Martinsen and Norlyk...
2012). On a practical level, this can involve nurses assisting patients with food choices, ensuring that meals are provided in a clean and comfortable environment, and that handwashing facilities are available. Following a meal, asking patients whether their food was acceptable demonstrates compassion and can contribute to patients feeling valued. In addition, providing food is an important element of hospitality in various cultures; therefore, meals times should be treated with care (Clarke 2013).

Touch
Patients are usually aware of the difference between the essential task-orientated touch involved in clinical procedures, and non-essential touch aimed at providing comfort and support (Gleeson and Timmins 2005, Pedrazza et al 2018). For example, there is a difference between a nurse touching a patient during a procedure such as taking a blood pressure reading, and a nurse touching a patient’s hand to offer comfort during a stressful or painful intervention (Routasalo and Isola 1996). Similarly, while shaking hands with a patient on meeting is not strictly necessary, it is universally understood as a gesture of welcome and can be a useful method of using touch to invoke empathy (Clarke 2013). Patients often place more value on non-essential touch than essential touch because the former can provide comfort and demonstrates empathy (Routasalo and Isola 1996).

While nurses should be sensitive to whether or not a patient wants to be touched by observing their verbal and non-verbal cues, they should not be deterred from touching a patient to provide comfort, for example on the arm or hand (Clarke 2013). However, this type of non-essential touch has to take place within a professional context and if there is any sign from a patient that it is not welcome it should be withdrawn. For example, O’Lynn and Krautschied (2011) described this type of touch as firm and ‘not tentative, not caressing’.

Discussing spirituality with patients
It is important for nurses to remember that patients do not expect them to be experts in spirituality, and active listening can be as important as providing definitive answers to any spiritual questions that the patient may have (Egan et al 2018). Nurses may be unsure whether they possess the knowledge required to answer a patient’s spiritual enquiry, or they may be uncomfortable exploring ‘life and death’ issues, for example discussing the implications of a diagnosis of a chronic disease with a patient. However, it should be remembered that spiritual care is the responsibility of the entire multidisciplinary healthcare team and, if necessary, nurses should consider referral to the hospital chaplain (McSherry and Jamieson 2011, Austin et al 2016). Chaplains are experts in various spiritual questions and are skilled in providing compassionate pastoral, spiritual or religious care (NHS England 2015).

Nurses may feel that they do not have the skills and knowledge required to undertake a spiritual assessment (McSherry and Jamieson 2013, Cone and Giske 2018). However, enquiring about a patient’s spiritual well-being does not require a formal assessment. Ross and McSherry (2018) described an assessment method that encourages nurses to enquire about a patient’s spiritual well-being during each clinical encounter. By asking open questions, such as ‘What is important to you right now?’, nurses can demonstrate to patients that their priorities – whether physical, emotional or spiritual – are being valued, as well as demonstrating compassion and interest in the patient. Following an initial open question, the nurse can ask follow-up questions, such as ‘What usually makes you feel better?’, before discussing methods that the patient could use to access spiritual resources if necessary, such as contacting family, religious figures and friends (Ross and McSherry 2018).

Discussing spirituality with patients and seeking to develop empathetic relationships can be challenging, therefore nurses need to develop resilience to support themselves and avoid stress and compassion fatigue (Grafton et al 2010). Reflection can be an important tool for nurses seeking to understand their own spirituality (Giske and Cone 2012). Developing an awareness of their personal beliefs will assist nurses in treating patients’ spiritual experience with understanding and empathy. Exploring the positive elements of an interaction with a patient and considering what factors could have been approach differently can further enhance the nurse’s spiritual practice (van Leeuwen et al 2006). If a nurse feels that providing spiritual care is affecting their emotional well-being, it is important that they discuss these feelings with a colleague. Chaplaincy services are also available for nurses to discuss issues of a spiritual nature.

Conclusion
While spiritual care has been widely researched, some nurses can find it challenging to implement in their everyday practice. When providing spiritual care, nurses should consider the role of spirituality in developing therapeutic relationships, how spirituality can inform practical nursing activities, and the use of touch to improve patients’ spiritual well-being. Nurses can use various techniques to embed spiritual care in their everyday practice, such as undertaking spiritual assessments, asking open questions, and reflecting on their own spirituality.

References
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