In Every Moment and Every Encounter: Five simple acts of spiritual care.

Abstract:

This article argues for a way of meeting spiritual needs which can be embedded into everyday nursing, rather than being an added task and for a way of meeting spiritual needs which builds on an integrated model of the person making use of the unique opportunities offered to nurses through physical care. It explores the use of relationships; empathy; and presence in giving care that is spiritual, as well as emphasizing the importance of respecting dignity and individuality. it describes a way of talking about spirituality with patients and explains how touch can be a powerful vehicle to enhance spiritual well-being.

Keywords:

Spiritual care, Integrated person model, Relationships, Touch, Presence

Despite the fact that spiritual care has been an accepted part of nursing for decades, the demand to provide spiritual care can make nurses feel confused and insecure (McSherry and Jamieson 2011). There is also suspicion that the term 'spiritual care' is simply a way to promote either religious values, and an understandable feeling that there isn't time for spiritual care (Rushton 2014). The aim of this article is first, to argue that spiritual care has a justified place in nursing and second, to argue that not only are there ways of doing it which don't require additional time or skills, but that by understanding the potential for all care to be spiritual, the quality of everything that nurses do can be enhanced. This is care which boosts patients spiritual wellbeing while giving the everyday care that nurses do all the time.

What follows can be distilled into five simple acts of spiritual care which all nurses should be able to think about and incorporate into their work. These are presented in the box.

This way of meeting spiritual needs is taken from Clarke (2013) and more information, theory and examples can be found there.

What spiritual care is.

In today's world, people seem to yearn for something more than a mechanical carrying out of actions, or meeting of outcomes when they are being dealt with by professionals, whether it is at their bank, with their GP, their council office or in their homes and hospitals by nurses; people want something

more. Despite the decline in religion, people still perceive themselves to have an inner self which represents their individuality and personhood which they feel needs to be respected in order to be treated as a whole person (Heelas and Woodhead 2005). This includes being valued and treated with dignity, and it has come to be seen as the spiritual aspect of ourselves (Puchalski 2007). At the same time in our increasingly stressful and fragmented times, where there is an escalation in loneliness and depression, people want to feel there is a meaning to their life and perceive themselves as having an important connection to nature and other people (Egan et al 2018).

All these desires for wholeness, individuality, personhood, meaning, values, care and connection are aspects of what has come to be seen as a spiritual side of individuals.

There are many ways of describing this spiritual dimension, for instance Ellison (1983, pp 331-2) says,

> "It is the *spirit* of human beings which enables and motivates us to search for meaning and purpose in life" … It provides an "integrative force. It affects and 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 (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.

Reasons for giving spiritual care.

When people are ill, dependent and adapting to life changes they tend to feel more isolated and disconnected from others, as well as more fragmented in themselves, less valued and less whole (Stein 2008). It is also at these times that they may start to question the meaning of their lives (Puchalski 2007). In these various ways their spiritual wellbeing may be compromised and that could affect their ability to cope with their illness and influence their health outcomes (Koenig 2015). Therefore, nurses have a valuable contribution to make each time they encounter a patient, to enhance their spiritual wellbeing so that they can cope better with their situation. Nurses have always claimed to nurse the whole person and so cannot avoid addressing the spiritual dimension. Furthermore nurses also claim to give compassionate, caring companionship, treating patients as individuals and respecting their

values and beliefs, all of which falls within spiritual care; thus practicing spiritual care, nurses will be affecting the quality of all the care they give. This way of seeing spiritual care makes nursing actually therapeutic in itself, with the nurse capable of relieving suffering and affecting a change in the patient by their presence and their care, rather than merely facilitating the work of the Doctor and therapist (McMahon and Pearson 1998), administering medicine and organising medical treatment. Suffering is the result of injury to parts of ourselves such as our idea of our identity, our independence, our expectations of the future or our inability to live comfortably because of pain. It is experienced as "sadness, anger, loneliness, depression, grief, unhappiness, melancholy, rage, withdrawal, or yearning" (Cassell 2004, p32).

Spiritual care aims to enhance spiritual wellbeing which is about feeling integrated, whole, content with our identity, accepted as a person, able to live with the situation we find ourselves in, able to experience positive feelings such as joy and peace and feel that we have some positive and hopeful direction in our lives, some purpose to our existence and the inner resources, resilience and energy to cope with life and even experience fulfilment. Therefore, giving care that is spiritual and enhancing spiritual wellbeing help to relieve suffering.

Spirituality and religion

Many people today see themselves as spiritual but not religious and even atheist and spiritual (Comte-Sponville 2007) and while religious beliefs and practices affect spiritual wellbeing, religion and spirituality are not the same thing. Patients who have religious beliefs and practices feel that these are part of their identity thus they should be respected and understood and, contrary to popular conception, religious practice and belief is increasing in some areas although religion is not practiced as it once was (Davie 2015, Koenig 2015). Sincerely respecting religious beliefs is a part of caring spiritually and religion can be a valuable spiritual resource which nurses can support and encourage (Clarke 2013, p22).

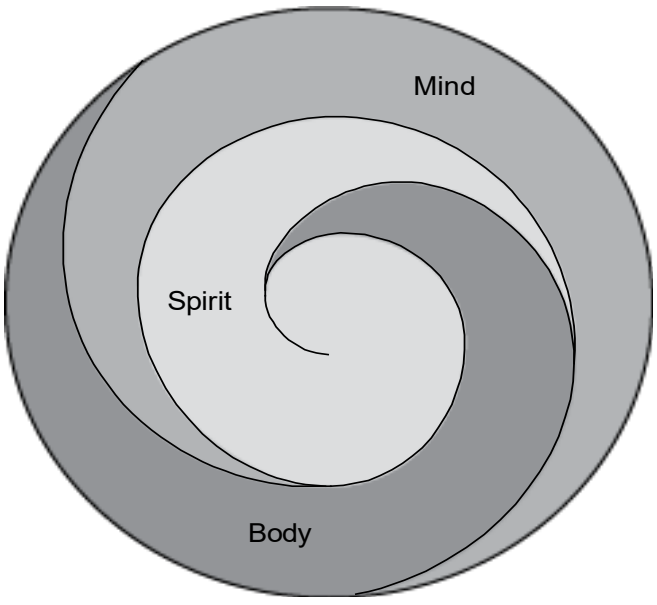
Ways of giving spiritual care.

Nurses have a unique place in health care because they are with patients when they are at their most vulnerable and whereas other professionals come to the patient to perform specific tasks, the nurse is

alongside patients all the time. In addition, nurses have more opportunity to use touch than other workers because they provide so much physical care like bathing and feeding. Therefore, the way nurses practice spiritual care will not be the same as other professions. Each profession has its own opportunities and strengths and while nurses can learn from other professionals, such as the chaplain, they will not be able to give spiritual care exactly as the chaplain does and should draw on their own unique opportunities and skills to care spiritually. This will enable nurses to embed spiritual care in all the nursing they give, rather than seeing it as something to 'add on' for which there is little time.

An integrated person model

The model of a person drawn here (see diagram) is based on understandings of what constitutes a person drawn from many traditions and disciplines (Clarke 2013, pp 35-57). It suggests that within a person, body, mind and spirit are integrated with each other and constantly connecting together. The fact that each part of the person interacts with and is enmeshed with the other parts is also seen in many traditions to be a reflection of how the person exists in the world suggesting that relationships with other people are essential to who we are (Clarke 2013, p 41). This way of thinking of a person helps us to understand how it is that the way a person is touched physically can affect how they feel about themselves and so, how you physically care for someone, can have an effect on their spiritual wellbeing. It also means that you can use how you actually relate to someone to affect their well being.



An integrated model of the person (Clarke 2013)

Spiritual care in relationships

In a study by Clark et al (1991, p72) patients were asked what they thought was the most significant contribution to their sense of well-being or hope and their answer was "the presence of nurses and their care-giving activities such as giving attention, answering questions and having an upbeat and encouraging attitude", suggesting that for some patients, simple positivity on the part of nurses helps them to cope. In Egan et al's study (2018) participants associated spiritual care with love and kindness, demonstrating the potential for relationships to be a part of spiritual care. Such relationships are compassionate, conscientious and respectful, consciously valuing the patient all the time. Spiritual care is often described as a way of being, however, for nurses, it could be called a way of being *while you are doing* because nursing is a practical profession. Each time a nurse encounters a patient is an opportunity for spiritual care and all nursing care can be made spiritual. You can enhance a person's spiritual well-being just by showing compassion, giving them your full attention, and being empathetic.

Compassion is not just about feeling sorry for someone but it is about recognising someone's suffering, and being so affected by it that you want to relieve it (Davies 2001), which is in keeping with an essentially practical profession like nursing. Acting compassionately may involve being a patient's advocate and speaking out on their behalf, which can take courage. Or it could mean learning more about a particular condition and using your creativity to help someone to cope with it. Pain and suffering bring with them fear, loneliness and misery. Nurses can help to relieve this suffering by excellent pain relief and by being with patients, listening and encouraging them to express how they feel, when often other people avoid them because it is difficult being close to someone who is suffering (Clarke 2013, pp68-78). Using your presence means giving someone your whole attention in that moment and putting yourself at their service (Clarke 2013, p122). You can be really present with someone in a fleeting moment or in a short conversation. It is also possibly to be physically present with someone but not actually 'present', because your attention is elsewhere, and patients can sense this. Patients in one study, for instance, knew whether nurses were fully engaged with them by how they behaved. They said, "I could see it in her eyes that she wanted to understand

what I was trying to say", "They bent over to talk to me", "she comes close and looks at you", "He sits down where I can see", "He leaned forward" (Drew 1986, p42). Whereas patients felt excluded and depersonalised when nurses acted hurried, avoided eye contact, had a flat tone of voice and an abrupt manner of speaking.

Empathy is the ability to put yourself in someone else's shoes. While you can never know exactly how someone else is feeling, you do have an imagination and your own life experiences and feelings to draw on so it is possible to imagine how someone else, who may appear to be very different from you, may be feeling. For instance, we know that sensitive midwives may not have given birth and that writers often write descriptions that are just like real life, even though they have never experienced the things they are writing about.

In McSherry and Jamieson's study (2011), nurses felt that they were unable to give spiritual care because they were not confident in assessing spiritual needs. However, they also believed that actually, spiritual care was mostly a way of helping people to have hope, being cheerful, listening, having respect for privacy and dignity, giving support and reassurance and having relationships; all of which is part of ordinary nursing care. This is also borne out by studies with patients where they described spiritual care, not as talking, but as humour, touch, presence, and good nursing care (Conco 1995, Taylor and Mamier 2005)

Talking about spirituality

Patients spiritual concerns are ordinary human concerns and, as is explained above, we also have imagination and life experiences to draw on to make these conversations easier (Clarke 2013, pp127-139). It helps to remember also that patients don't usually expect nurses to be experts in spirituality, but they usually just want to feel that someone is alongside them on their journey; so that often being an active listener is more important than having answers (Egan et al 2018). If you are ever unsure or uncomfortable about a question or feel you don't have enough time to talk you should suggest that the patient talks to a chaplain; chaplains today are expert in talking about all sorts of spiritual questions and they are not just experts in religion.

The drive to perform spiritual assessments in recent years (Draper 2012, Clarke 2013, pp130-131) has often made nurses feel inadequate because it seems like a difficult thing to do, but finding out about someone's deepest concerns, need not be a formal assessment and Ross and McSherry (2018

have described a way which does not require additional time nor the use of another screening tool. Just by asking the question in each encounter 'What is important to you right now' patients can be helped to feel that they are valued as being able to assess for themselves what their most important need is at that time. This can help someone feel connected to another human being, and to the flow of life in general through the nurse who is demonstrating compassion and interest in them. You could go on to ask what usually makes them feel better, and discuss with them ways that they could connect to or reconnect with spiritual resources, such as their family, church, temple, interests and friends.

Using touch in spiritual care

If we view a person as a whole with body and spirit integrated, it is clear that touching a person's body can be a powerful way of transmitting the care, connection, respect and valuing which contributes towards spiritual wellbeing. Nurses have many opportunities to use the power of touch and this is a potent way of making all our care spiritual. For instance, the philosopher Levin (1985, p128) says that,

> "The careful touch which is open to feeling what it touches and uses gets in touch with a things essential nature more deeply and closely that the hand which wilfully grasps and clings, moved by strong desires".

For nurses this suggests that touching for the sake of touching is more powerful than touching incidentally while doing something else with the 'strong desire' to get a job done, for instance when taking a blood pressure. Patients are usually aware of the difference between this necessary and non-necessary touch (Routasola and Isola 1996) and they value the non-necessary touch more saying it is calming, comforting and helps them to cope. Nurses have to be sensitive to how much touch to use and when to use it but this should not deter them from this human and essential way of comforting (Clarke 2013, pp 155-167), for instance touching an arm or even offering a massage. But this type of touch has to be within a professional context, in uniform, wearing a name badge and if there is any sign from a patient that it is not welcome it should be withdrawn. This type of touch is "not too fast and not too slow"; It is firm and "not tentative, not caressing" (O'Lynn and Krautscheid 2011, p29) One patient said of a nurse, when asked to describe spiritual care, "…she massaged my back and rubbed my legs with lotion. Her touch was soothing, rhythmical, and gentle. I felt strength coming from the nurse" (Clark et al 1991, p72). Similarly shaking hands when you meet someone is

universally understood as a gesture of welcome and it is a useful way of using touch to transmit care (Clarke 2013, p.166).

Spiritual care in practical nursing.

From this is it can be seen that even the most physical of nursing tasks, such as serving food, feeding a patient or helping them to walk or bathe, can include spiritual care.

For instance, De Hennezel (1988, p50) says this about nurses she observed turning someone in bed,

> "… they are aware of how much the fact of being there for each other and of bringing the patient into this link creates a completely different kind of contact. The movements they so gently make to lift a leg and ease a patient over onto his side synchronise themselves of one accord and flow together without jolts or bumping. When one cleans a bedsore, the other embraces the enfeebled body and just stays there doing nothing but rocking it gently."

Bathing is one of the most intimate acts we do for ourselves and needing help with it is dreaded; it can leave a person feeling undignified, invaded, disempowered, infantilised and exposed (Twigg 2000). However, if approached in the right way by a nurse it can be a positive experience and how the nurse manages this crucial situation, has the potential to enhance self-esteem, provide connection and restore dignity and humanity, which all contributes to spiritual wellbeing. Feelings of humiliation and worthlessness can be transformed by the 'careful' touch of a nurse. As De Hennezel (1998, p116) again says about one episode of care:

> "By choosing to clean him with affection, so that he can experience the fact that even when he's soiled, he's still worthy of my greatest care and attention, I have perhaps repaired his feeling of being nothing but human scrap, something rather dirty."

Van Manen (1998, p2) tells of a man in his study being bathed when recovering from a heart problem and saying "The nurse touching me had a peculiar effect: I was allowed to be myself and to feel my own body again". Getting back in touch with your own body helps a person to feel whole again; and part of the land of the living, connected to the rest of the world; an aspect of spiritual wellbeing.

We associate eating independently as a mark of our independence and autonomy, so needing help affects our dignity and self-esteem. We also have a multitude of individual preferences, as well as cultural and religious practices associated with eating, and ensuring that the effort is made to meet these at mealtime can make patients feel valued, connected and empowered. This starts with helping to choose food and continues to tidying the area they are to eat in, offering the chance to wash hands and sitting people up to make sure they are ready to eat. Offering help and being interested in whether food was acceptable and noticing whether it was eaten also shows compassion and makes people feel valued. In addition, giving food is a way of offering hospitality, which is important in every culture so that the giving and serving of food should be treated with care (Clarke 2013, pp.180-191).

Being authentic and using your whole self to be with patients can be challenging and tiring and nurses need to draw on their own resilience and resources to support themselves. Being aware of your own beliefs and reflecting on your own life experiences can help you to be more understanding and empathetic with patients. If you start to feel unhappy or anxious when caring for patients, you should talk to another member of staff about it and remember that the chaplaincy service is also there for you to draw on to talk through your feelings.

Conclusion

Spiritual care has been written about and researched for many years but it has been difficult for nursing to find a way to include it which feels natural and is a possibility for all nurses in every situation. Becoming aware of the unique role the nurse has and the opportunities for enhancing the spiritual wellbeing of patients which exist in every moment and every encounter of the nurses' day, can help to restore nurses' confidence in their own ability to affect a patients' wellbeing and to enhance the whole of nursing care.

BOX BELOW

5 Simple spiritual care actions

In each encounter with a patient or client and during any episode of care, e.g. serving food, bathing, giving medication:

1. Make eye contact; shake hands; use your presence; be kind; don't allow interruptions; use empathy; use touch even when not essential.
2. Give choices. Respect dignity. Include patients in care planning and decision making. Ensure they are always kept informed. Be their advocate.
3. Talk to patients and sit with them even when there is no specific care to be given. Talk about something other than their illness. Enquire about what is most important to the person in that moment and ask what you can do to help.
4. Be prepared to listen to concerns about the meaning of what is happening to them and how it will affect their future. Know how to refer the person to a chaplain.
5. Use gentle touch to help patients to feel valued and cared for.

REFERENCES

Cassell E J (2004) The Nature of Suffering and the Goals of Medicine. 2nd Edn. Oxford University Press, Oxford.

Clark C, Cross JR, Deane D, Lowry LW (1991) Spirituality: integral to quality care. Holistic Nursing Practice. 5,3,67-76.
NO DOI AVAILABLE

Clarke J (2013) Spiritual Care in Everyday Nursing Practice: a new approach. Palgrave Macmillan, Basingstoke Hampshire.

Comte-Sponville A (2007) The Book of Atheist Spirituality. Bantam Books, London.

Conco D (1995) Christian patients views of spiritual care. Westers Journal of Nursing Research. 17,3,266-275.
doi: 10.1177/019394599501700303

Davie G (2015) Religion in Britain, 2nd Edn. Blackwell, Oxford
Davies O (2001) A Theology of Compassion. SCM Press, London.

De Hennezel M (1998) Intimate Death: How the Dying Teach us to Live. Warner Books, London.

Draper P (2012) An integrative review of spiritual assessment: implications for nursing management. Journal of Nursing Management. 20,8,970-980.
doi:10.1111/jonm.12005

Drew N (1986) Exclusion and confirmation: a phenomenology of patients' experiences with caregivers. Image: Journal of Nursing Scholarship. 18,2,39-43.
doi.org/10.1111/j.1547-5069.1986.tb00540.x
Egan R, Graham-DeMello A, Ramage S, Keane B (2018) Spiritual care. What do cancer patients and their family members want: A co-design project. Journal for the Study of Spirituality. 8,2,142-159
doi: https://doi.org/10.1080/20440243.2018.1523073

Ellison C W (1983) Spiritual well-being: conceptualisation and measurement. Journal of Psychology and Theology. 11,4,330-340.

Ferrell B R, Coyle N (2008) The Nature of Suffering and the Goals of Nursing. Oxford University Press, Oxfordsufferr

Heelas P. Woodhead L (2005) The Spiritual Revolution: Why Religion is Giving Way to Spirituality. Blackwell Publishing, Oxford.

Koenig H G (2015) Religion, spirituality, and health: a review and update. Advances in Mind-Body Medicine. 29, 3, 19-26. NO DOI AVAILABLE

Levin D.M. (1985) The Body's Recollection of Being: Phenomenological Psychology and the Destruction of Nihilism. Routledge and Keegan Paul, London.

McMahon R. Pearson A (1998) Nursing as Therapy, 2nd ed. Cheltenham, England.

McSherry W, Jamieson S (2011) An online survey of nurses perceptions of spirituality and spiritual care. Journal of Clinical Nursing. 20, 11-12, 1757-1767,
doi: 10.1111/j.1365-2702.2010.03547.x.

O'Lynn C, Krautscheid L (2011) How should I touch you: a qualitative study of attitudes on intimate touch in nursing. American Journal of Nursing. 111, 3, 24-31.
doi:10.1097/10.1097/01.NAJ.0000395237.83851.79

Puchalski CM (2007) Spirituality and the care of patients at the end-of-life: an essential component of care. Omega: Journal of Death and Dying. 56,1,33-46.
doi: https://doi-org.apollo.worc.ac.uk/10.2190/OM.56.1.d

Ross L, McSherry W (2018) Two questions that ensure person-centred spiritual care. Nursing Standard. (Accessed 01/11/18)
https://rcni.com/nursing-standard/features/two-questions-ensure-person-centred-spiritual-care-137261

Routasola P. Isola A (1996) The right to touch and be touched. Nursing Ethics. 3,2,165-175
Doi:10.1177/096973309600300209

Royal College of Nursing (2011) Spirituality in Nursing Care: a pocket guide. RCN, London

Rushton L. (2014) What are the barriers to spiritual care in a hospital setting. British Journal of Nursing. 23,7,370-374
doi:10.12968/bjon.2014.23.7.370

Stein M (2008) The Lonely patient: How we experience illness. Harper Perennial, New York.

Taylor, EJ, Mamier I (2005) Spiritual care nursing: what cancer patients and family caregivers want. Journal of Advanced Nursing. 49,3,260-267.
doi: 0.1111/j.1365-2648.2004.03285.x

Twigg J (2000) Bathing: the Body in Community Care. Routledge, London.

Van Manen M (1998) Modalities of body experience in illness and health. Qualitative Health Research. 8,1,7-24.
doi.org/10.1177/104973239800800102