Article

Spirituality and Nursing

An Ismaili Perspective on Holistic Nursing Care

Khairunnisa Aziz Dhamani, PhD, RN, RM
The Aga Khan University

jhn
Journal of Holistic Nursing
American Holistic Nurses Association
Volume 32 Number 4
December 2014 341–346

10.1177/0898010114527183
http://jhn.sagepub.com
SAGE

This article seeks to describe a professional, personal, and cultural understanding of spirituality in nursing care. It revisits and refines the many concept clarifications of spirituality in our practice discipline, while reflecting on the potential meanings and learnings from Ismaili tenets and principles within a personal nursing practice. Through a review of mainstream literature in conjunction with nontraditional literature, the implicit is made explicit in terms of similarities and differences, as well as opportunities for further exploration. The summary brings forward the persistent gaps and questions on critical areas such as creating the "place" and "operationalizing" of spirituality. These continue to challenge and intrigue nurses seeking spiritual comfort for both themselves and their clients.

Keywords: *spirituality; nursing; Ismaili; holistic care*

> In [the] human body there is no place devoid of the soul; if a place were to be devoid of it, that place would not be alive and moveable.
>
> —(Khusraw, 1950/1998, p. 52), circa 1004-1088

Throughout nursing history, the spiritual dimension of care has variously been embedded (Henderson, 1969; Nightingale, 1860), focused on (Roy, 2000), or omitted (Rogers, 1994). Some, such as Baldacchino (2003) and Carson (1997), suggest that this relates to linking religion and spirituality; others offer much more pragmatic rationales such as social secularization (Ross, 2006), personal/professional incompetence in spiritual care (Emblem & Halstead, 1993), and contextual issues such as workload and resource deficits (Baldacchino, 2003). So a critical starting point is to revisit the meaning(s) of spirituality followed by a reconsideration of its place within the nursing discipline. This article is further contextualized within the lens of Ismaili spirituality and the potential contribution to informing the nursing imperative for spiritual care.

Spirituality

Etymologically, spirituality is related to breathing, a fundamental essence that "energizes and guides action and thoughts" (Taylor, 2002, p. 4). According to Baldacchino and Draper (2001), the concept of spirituality is derived from the Latin word *spiritus* or spirit, which is the vital force that not only motivates people but also influences their lives, health, behaviors, and relationships. Various definitions of spirituality (Carson, 1997; Hill & Pargament, 2003; Koenig, 2004; Mira, 2004; Reed, 1992; Taylor, 2002) have been proffered, yet there remains no single definition but rather further ponderings on adequacy, religiousity, and cultural embeddedness (Chiu, Emblen, Hofwegen, Sawatzky, & Meyerhoff, 2004; Molzahn & Sheilds, 2008). The conceptualization of spirituality is further complicated because

Author's Note: This article was derived in part from the author's doctoral studies, where the learning and synthesis were contributed to by Dr. Joanne Olson and Dr. Pauline Paul. Please address correspondence to Khairunnisa Aziz Dhamani, The Aga Khan University-TIHE, Ufukoni Road, P.O. Box 38129, Dar es Salaam, Tanzania; email: khairunnisa.dhamani@aku.edu.

of an implied understanding of spirituality as an intangible force or a supernatural or ineffable phenomenon. But this challenge may be minimized by embracing a realistic perspective that nonobservable entities or processes exist and that it is this unobservable entity that explains the observable phenomenon (Crossan, 2003; Schumacher & Gortner, 1992). Mira (2004) states that defining spirituality as a concept is not easy regardless of whether we know what it means.

Reflecting on Spirituality in the Nursing Discipline

Despite these challenges and historical hiccups, conceptualizing and recognizing the attributes of spirituality remain critical for nurses in providing more effective spiritual care and, more importantly, holistic care.

Defining Spirituality in Nursing. Spirituality is "a basic characteristic of humanness important in human health and well-being" (Reed, 1992, p. 349); hence it can be regarded as part of the ontological foundation. Yuen (2007) stressed that spiritual care is an integral part of the science and art of healing and thus an important aspect of the quality of care. Within the developmental-contextual paradigm, a key element of the process of human developmental change is the capacity for self-transcendence, in which a person becomes highly conscious "of self as connected to contexts that expands the self" (Reed, 1992, p. 350). Thus self-transcendence expands the boundaries inward, outward, and upward during a time of illness or critical life events. Nurses' understanding of this phenomenon potentially enhances patient–nurse interactions and may have positive impact on recovery. When people become aware of their mortality, they develop meaning in their lives, which in turn enhances their well-being (Reed, 1992). This is mirrored in the work of Carson (1997), who states that spiritual care is "intimately linked with the desire to understand the meaning and purpose of life itself; to make sense out of pain and suffering; . . . and to feel connected to God" (p. 273). Newman (1995) posited that varying degrees of spiritual development empower clients toward well-being by positively directing their spiritual energy. Valuing self and finding meaning in life events are acts that involve and reflect spirituality (Taylor, 2002).

So one can extrapolate that although spirituality is not seen or evident, its influence on physical, emotional, and psychosocial phenomena helps explain health/illness or the healing or curing aspects. According to Reed (1998), spirituality loses its meaning when words are used to describe the concept; however, the conceptualization of spirituality needs clarity, empirical grounding, and operationalization as it has been variously defined in numerous studies (Chiu et al., 2004). To determine the current understanding of spirituality inclusive of a cross-cultural examination, Chiu et al.'s integrative review found several common themes: "Spirituality is a life-giving force; meaning making; making most of life now; a sense of connectedness with Self, Others, Nature, and Higher Being; transcendence/transacting self-preservation; and religious practice" (p. 409). Additionally, this work yielded a multitude of conceptual definitions from within this same literature set to included terms such as *existential reality, transcendence, connectedness/relationship*, and *power/force/energy*. Furthermore, Chiu et al. offered several overarching operational definitions such as existential, relational, transcendent, subjective, and expressive, whereas Andrews (2008) suggested the use of metaphor to enhance our understanding of spirituality by connecting one aspect of life to another through a shared symbol to explain life's events. Analogies and metaphoric explanations offer solutions to life's mysteries that can be viewed as a group worldview or a major paradigm. For example, Mira (2004) used the analogy of clouds to explain human spirituality, stating that the clouds appear real from the ground, but on climbing, people experience them as only dense intangible fog. Similarly, "understanding human spirituality often feels like (trying to) capture the clouds" (p. 29).

It is recognized that within nursing literature such definitions and themes are debated, often from the purist lens that envisions conceptual clarification to lie within the purview of believers and/or religious adherents (Paley, 2008). Although beyond the scope of this article to describe how the positivistic/empiricist, postpositivistic, or pluralistic worldviews might generate knowledge related to the concept of spirituality, suffice it to say that considering various perspectives and subjecting them to critique to understand spirituality are vital to any discipline (Pesut, 2008), with nursing not to be considered an exception.

Spiritual Care in Nursing: Essence or Extraneous? Spirituality in nursing care, as explained earlier, has had a dynamic history. Most models of care have purposefully sought holistic care and spirituality has often been situated within this goal (e.g., Neuman, 1995; Roper, Logan, & Tierney, 2000). Additionally, at national and international levels, the discipline has often been charged with a role, if not a responsibility, to consider, foster, and respect the "spiritual beliefs of the individual, family and community" (International Council of Nurses, 2006), while the nurse herself pursues personal health that is inclusive of spiritual well-being.

McSherry (2006) spoke to the pervasiveness of spiritual care suggesting that "spirituality integrates and unifies all dimensions of the individual" (p. 915), mirroring Bradshaw's (1994) conjecture that a person is not a "dualistic composition of physical body and spiritual soul" (p. 3). This challenges those providing health care to consider the inclusion of spirituality throughout the care episode and across the interdisciplinary team structure (McClung, Grossoehme, & Jacobson, 2006). This focus on spiritual care as the "essence" of nursing as explored by Halm, Myers, and Bennetts (2000) is encapsulated as about *being* rather than simply *doing* (Baldacchino, 2008). The imperative to act and be a part of the spiritual care by Western nurses has been shown in the research to be a tacit role (McSherry, 2000), at best, and an ignored role, as the norm (Wallace & O'Shea, 2007). Factors noted as contributing to the spiritual essence within a nurses practice include age (Ross, 1997), professional education/experience (especially clinical; Baldacchino, 2008; Kociszewski, 2003; Narayanasamy, 2006), and self-awareness (Baldacchino, 2003; Taylor, Highfield, & Amenta, 1999).

Cavendish et al. (2007) refuted spirituality as essence by regarding nursing's role to be one of referral and linkages for specialize spiritual care. Along with Baldacchino (2005), Cavendish et al. (2007) suggest that the interdisciplinary nature of health care allows for spirituality to be extraneous to the nursing role, thereby allowing this aspect of care to be managed collaboratively. Research has shown that a significant nursing role is referral to chaplains and other professionals (McManus, 2006; Narayanasamy, 2004), thereby once more removing the onus from the nurse to another provider.

A Personal Reflection. This article started with a quotation from Nasir Khusraw, an 11th-century Iranian and one of the most important theologians of the Ismailis (Morewedge, 1998). The Shia Imami Ismailis are part of the Shia branch of Islam. Like Shia Muslims, Ismailis affirm that after Prophet Muhammad's death, Ali Abi Talib, the Prophet's cousin and son-in-law, became the first Imam (spiritual leader) of the Muslim Community and that this spiritual leadership and guidance is to continue thereafter by hereditary succession through Ali and his wife Fatima, the daughter of Prophet. Ali is renowned for spiritual and intellectual authority in Islam after the Prophet himself.

Ismaili doctrine highlights the relationship between the soul and human body and acknowledges that the human body exists only because of the soul. The body stops to function once the soul departs from the human body. Further defining the soul, Khusraw (1998) stated that the soul "is a substance which brings opposite elements into harmony and puts them together by the power with which God has endowed it" (p. 48). The soul is "self-subsistent" (p. 49); it moves and keeps the human body alive. Is substance physical and perceptible? Khusraw defined *substance* as essence that is one, is imperceptible to the human senses, is eternal, and permits opposite things—for example, "speaking and hearing, movement and rest, bravery and cowardice" (p. 50); "pain and comfort" (p. 54); and so on—without changing its own state. Which elements are brought together by the soul, and which are not brought together by the physical substance? Khusraw expanded on this notion of elements as "knowledge and ignorance, goodness and badness, well-being and mischief" (p. 50). He clarified that physical substances do not have the quality of bringing opposite elements together in harmony without changing their state because elements are opposite to each other, and bringing them together will eventually change their original form.

Khusraw used the Aristotelian categories of substance to define human soul. The action of soul is to know, and through this knowledge, it gains proximity with God or the Ultimate Being (Morewedge, 1998) and develops an understanding of all life phenomena, including health and illness (Burkhardt & Nagai-Jacobson, 2002). It is this knowledge or intellect that makes human being distinct and the noblest of all creation in the universe. It appears that according to

Khusraw's philosophy, there is no fragmentation of mind, body, or soul; rather, they are intimately intertwined and act in unison.

Khusraw's (1950/1998) companion from his time also posed another question that I have raised: How and where in the human body does the soul reside? Khusraw answered this question as follows:

> Soul in the body is like a subtle form in dense matter, as is the form of a signet ring in silver, because the soul is subtle like the form and matter is dense like the body, and the soul is not the body. (p. 53)

This explanation has influenced my understanding of soul–body connection. A number of nurses and nonnurse scholars have also described similar kinds of mind–body–spirit connections, although they were not based on Khusraw's (1950/1998) philosophical understanding. This means that by virtue of being human, all people of all ages and cultures, whether religious or not religious, are "biopsychosocialspiritual beings" (Burkhardt & Nagai-Jacobson, 2002, p. 8) and that each aspect of a human being is equally important (Anandarajah & Hight, 2001; McSherry, 2007). It is difficult for me to differentiate between the terms *soul* and *spirituality* because I see no difference between the two, and in this article I use both terms interchangeably. Nurse scholars such as Walton (1996), Picard (1997), and Burkhardt and Nagai-Jacobson (2002) have often used terms such as *soul* or *embodied soul* instead of *spirituality* to describe how the soul is the moving principle of the body or the core of our being.

With this background understanding, as a nurse and nurse scholar practicing Ismailism, I define *spirituality* or *soulfulness* as a life-sustaining force that is subtle, eternal, and imperceptible in nature. Its essence is one, like God, and therefore capable of demonstrating the attributes of God that the human mind can comprehend, for example, love, forgiveness, generosity, caring, and hope, among others. Also, the concept that the body is connected to the soul but yet distinct enlightens the human mind to choose between opposing forces and bring harmony to self and others. For me, remaining aware of this spiritual aspect/core constantly brings forth the value of being human in the world.

As a person with this understanding of spirituality, what do I bring to nursing? According to Carper (1978), personal knowledge as one of the patterns of knowing can contribute to a therapeutic use of self that has the potential to bring comfort, respect, and a greater willingness to accept differences and ambiguity of oneself (nurse) and others (patients/families/communities). The attributes described in the definition are considered Islamic ethical values rather than spiritual values. Does this mean that ethics is also part of human spirituality? Should this also mean that those values are part of human nature and therefore universal as people of all faiths and nonfaith traditions demonstrate them? It seems logical that based on this human nature, we are able to relate to each other, to nonhuman beings, and to the universe. In nursing, the relationship between self and others is established without judgment in that each individual is valued as a whole rather than only mind, body, or spirit. The healing of the body is influenced by the nature of the relationship between self and others—and therefore as a nurse I have a role in serving and caring for the whole.

A holistic perspective on human beings is the focus of the nursing discipline. When we fragment our care into physical, mental, and spiritual, my beliefs lead me to think that we devalue the concept of spirituality. Although a concept—an abstraction—an invisible yet perceptible entity—for which we can provide care, through our efforts to remain vigilant about the way that we express spirituality in physical and/or psychosocial caring. Therefore, as a nurse practicing Ismailism, I consider that every physical, emotional, and/or psychological act of care is at its essence spiritual care. Anandarajah and Hight (2001) clarified this paradox by pointing out that spirituality can be expressed in cognitive (search for purpose and meaning in life, beliefs, and values), experiential (feelings of love, hope, comfort, inner peace), and behavioral (external manifestation of spiritual beliefs and inner state) forms and that, therefore, all parts of the individual share equal importance and deserve equal care (McSherry, 2007).

A Nurse Practicing Ismailism. To further illuminate, it is clear that there are a number of elements that are shared across spiritualities/religions. However, when looking at two examples of a nurse practicing Ismailism it becomes apparent that this is a way of life rather than a dimension of life. The embeddedness is the enrichment and is the essence of Ismailism. For example, one nurse stated,

> So, I think it is what any nurse would do, we give our time, we give of ourselves, because Allah has loaned us this time and opportunity on earth with the charge to us to take care and honor it . . . so whether it is to help at Health Camp or Clinic or even to give advice at Jamat Khana (Ismaili mosque) that is part of being Ismaili and is part of the relationship we have with Allah.

Another stated,

> There are times when we are just there for others—like senior citizens or mentally ill—our spirituality calls us to do something for them—to improve their quality of life in whatever way we can. It is not a favor—it is an expectation—an obligation to Allah.

There is also a "living" sense of spiritual guidance that is present in all dimension of Ismaili life. As a nurse, this is reflected in all what one does. There is no separation—rather there is one-ness.

> Not only is this empowering and strengthening in my practice, but, at times, it is a tension especially when there are system barriers or inequities.

Final Reflections. So despite my comfort with my spirituality in my practice, I remain with questions. Where do patients' needs for praying, meditating, or other rituals that they perform for recovery from illness fit into the nursing discipline? How will we know that the physical or psychosocial care that we as nurses provide is also spiritual? As I mentioned above, spirituality is not a separate segment of human life but is part and parcel of each cell and atom; therefore, how can we fragment our care? Is there a measure to determine the spiritual aspect of the physical, emotional, or psychosocial care that nurses provide? How do we claim to be providing holistic care? It is difficult to constantly remain aware of the soulfulness, so how is the lack of awareness going to affect spiritual care? Should that care be considered mechanical rather than holistic? I do not have answers to these questions, but I am inclined to think that research on the place of spirituality in nursing and ongoing dialogue with and within the nursing community will continue to provide insights, build knowledge, and inform practice.

On the surface it seems that spiritual care is more of an attitude or an ethical value that nurses bring to the profession rather than concrete evidence. Thus, a personal understanding of self as a healer rather than a cure provider has much potential to respiritualize the nursing discipline as it has in the ancient or Ismaili contexts of the health care paradigm.

References

Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, *63*, 81-88.

Andrews, M. M. (2008). The influence of cultural and health belief systems on health care practices. In M. M. Andrews & J. S. Boyle (Eds.), *Transcultural concepts in nursing care* (5th ed., pp. 66-81). Philadelphia, PA: Lippincott Williams & Wilkins.

Baldacchino, D. (2003). *Spirituality in illness and care*. Valletta, Malta: Precea Library.

Baldacchino, D. (2005). Nursing competencies for spiritual care. *Journal of Clinical Nursing*, *15*, 885-896.

Baldacchino, D. (2008). Spiritual care: Is it the nurse's role? *Spirituality and Health International*, *9*, 270-284.

Baldacchino, D., & Draper, P. (2001). Spiritual coping strategies: A review of the nursing research literature. *Journal of Advanced Nursing*, *34*, 833-841.

Bradshaw, A. (1994). *Lighting the lamp: The spiritual dimension of nursing care*. Middlesex, England: Scutari Press.

Burkhardt, M. A., & Nagai-Jacobson, M. G. (2002). *Spirituality: Living our connectedness*. Brisbane, Queensland, Australia: Delmar Thompson Learning.

Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, *1*, 13-23.

Carson, V. B. (1997). Spiritual care: The needs of the caregivers. *Seminars in Oncology Nursing, 13*, 271-274.

Cavendish, R., Edelman, M., Naradovy, L., McPartlan Bajo, M., Perosi, I., & Lanza, M. (2007). Do pastoral care providers recognise nurses as spiritual care providers? *Holistic Nursing Practice*, *21*, 89-98.

Chiu, L., Emblen, J. D., Hofwegen, L. V., Sawatzky, R., & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research*, *26*, 405-428.

Crossan, F. (2003). Research philosophy: Towards an understanding. *Nurse Researcher*, *11*, 46-55.

Emblen, J., & Halstead, L. (1993). Spiritual needs and interventions: Comparing the views of patients, nurses, and chaplains. *Clinical Nurse Specialist*, 7, 175-182.

Halm, M. A., Myers, R. N., & Bennetts, P. (2000). Providing spiritual care to cardiac patients: Assessment and implications for practice. *Critical Care Nurse*, *20*, 54-72.

Henderson, V. (1969). *The nature of nursing*. New York, NY: Macmillan.

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality:

Implications for physical and mental health research. *America Psychologist*, 58, 64-74.

International Council of Nurses. (2006). *The ICN code of ethics for nurses*. Geneva, Switzerland: Author. Retrieved from http://ethics.iit.edu/ecodes/node/3922

Khusraw, N. (1998). *Knowledge and liberation: A treatise on philosophical theology* (F. M. Hunzai, Trans.). London, England: I. B. Tauris. (Original work published 1950)

Kociszewski, C. (2003). A phenomenological pilot study of the nurses' experience providing spiritual care. *Journal of Holistic Nursing*, *21*, 131-148.

Koenig, H. G. (2004). Religion, spirituality, and medicine: Research findings and implications for clinical practice. *Southern Medical Journal*, 97, 1194-1200.

McClung, E., Grossoehme, D. H., & Jacobson, A. F. (2006). Collaborating with chaplains to meet spiritual needs. *NEDSURG Nursing*, *15*, 147-156.

McManus, J. (2006). Spirituality and health. *Nursing Management*, *13*, 24-27.

McSherry, W. (2000). *Spirituality in nursing practice: An interactive approach*. London, England: Churchill Livingstone.

McSherry, W. (2006). The principal components model: A model for advancing spirituality and spiritual care within nursing and health care practice. *Journal of Clinical Nursing*, *15*, 905-917. doi:10. 11111/j.1365-2702.2006.01648.x

McSherry, W. (2007). *The meaning of spirituality and spiritual care within nursing and health care practice: A study of the perceptions of health care professionals, patients and the public*. London, England: Quay Books.

Mira, L. (2004). Spirituality in Korea. A fog of religion & culture. *Journal of Christian Nursing*, *21*, 29-31.

Molzahn, A. E., & Sheilds, L. (2008). Why is it so hard to talk about spirituality? *Canadian Nurse*, *104*, 25-29.

Morewedge, M. (1998). Nasir Khusraw's hermeneutic philosophical theology. In F. M. Hunzai (Ed.), *Knowledge and liberation: A treatise on philosophical* (pp. 1-22). London, England: I. B. Tauris.

Narayanasamy, A. (2004). Responses to spiritual needs of older people. *Journal of Advanced Nursing*, *48*, 6-16.

Narayanasamy, A. (2006). *Spiritual care and transcultural care research*. Nottingham, England: Quay Books.

Neuman, B. (1995). *The Neuman system model* (3rd ed.). Norwalk, CT: Appleton & Lange.

Newman, M. A. (1995). *A developing discipline*. New York, NY: National League for Nursing Press.

Nightingale, F. (1860). *Notes on nursing: What is nursing and what is not*. New York, NY: Dover.

Paley, J. (2008). Spirituality and nursing: A reductionist approach. *Nursing Philosophy*, *9*, 3-18.

Pesut, B. (2008). A reply to "Spirituality and nursing: A reductionist approach" by J. Paley. *Nursing Philosophy*, *9*, 131-137.

Picard, C. (1997). Embodied soul: The focus for nursing praxis. *Journal of Holistic Nursing*, *15*, 41-53.

Reed, P. G. (1992). An emerging paradigm for the investigation of spirituality in nursing. *Research in Nursing & Health*, *15*, 349-357.

Reed, P. G. (1998). The re-enchantment of health care: A paradigm of spirituality. In M. Cobb & V. Robshaw (Eds.), *The spiritual challenge of health care* (pp. 35-55). Edinburgh, Scotland: Churchill Livingstone.

Rogers, M. E. (1994). The science of unitary human beings: Current perspectives. *Nursing Science Quarterly*, *7*, 33-35.

Roper, N., Logan, W. W., & Tierney, A. J. (2000). *The Roper–Logan–Tierney model of nursing*. Edinburgh, Scotland: Churchill Livingstone.

Ross, L. A. (1997). Nurses' perceptions of spiritual care: Developments in nursing and health care. Surrey, England: Ashgate.

Ross, L. A. (2006). Spiritual care in nursing: An overview of the research to date. *Journal of Clinical Nursing*, *15*, 852-862. doi:10. 11111/j.1365-2702.2006.01617.x

Roy, D. (2000). Who really knows how to die? [Editorial]. *Journal of Palliative Care*, *16*(4), 3-4.

Schumacher, K. L., & Gortner, S. R. (1992). (Mis)conceptions and reconceptions about traditional science. *Advances in Nursing Science*, *14*, 1-11.

Taylor, E. J. (2002). *Spiritual care nursing: Theory, research and practice*. Upper Saddle River, NJ: Prentice Hall.

Taylor, E. J., Highfield, M. F., & Amenta, M. (1999). Predictors of oncology and hospice nurses' spiritual care perspectives and practices. *Applied Nursing Research*, *12*, 30-37.

Yuen, E. J. (2007). Spirituality, religion and health. Editorial. *American Journal of Medical Quality*, *22*, 77-79.

Wallace, M., & O'Shea, E. (2007). Perceptions of spirituality and spiritual care among older nursing home resident at the end of life. *Holistic Nursing Practice*, *21*, 285-289.

Walton, J. (1996). Spiritual relationships: A concept analysis. *Journal of Holistic Nursing*, *14*, 237-250.

Khairunnisa Aziz Dhamani, PhD, RN, RM, is an assistant professor at the Aga Khan University, School of Nursing & Midwifery, Tanzania.