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## Touching the Spirit: Student Stories of Spiritual Care

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# *Touching the Spirit*

## *Student Stories of Spiritual Care*

BY HILA J. SPEAR

WITH STUDENT CONTRIBUTORS

**A**s a nursing faculty member in a faith-based university, I teach nursing from a Christian worldview and biblical perspective. The mission and purpose of the university's department of nursing program is to prepare our students to practice nursing as a ministry. During a class session with undergraduate students, we discussed ways to integrate faith, hope and Christian witness into nursing. The students concluded that there are many different ways that one can share the good news and incorporate Christ-centered care into everyday practice. Specific possibilities they suggested included leading someone to the Lord, extending kindness, being a good

listener, praying, being sensitive to the Holy Spirit's leading and connecting with patients and families in a manner that reflects Christ's genuine care and concern.

One senior student described a situation in which a patient apologized because she was unable to wash her own feet. The student took the opportunity to explain to the patient that she considered it a privilege to wash her feet because that was what Jesus, her Savior, did for others. With her words of faith, she witnessed to Christ's love and humility. Other students described conversations with patients about their spiritual well-being and beliefs. Some offered to

read Scripture or sing hymns. Over the years, I have provided students with examples of my experiences that illustrate how nursing and ministry are intertwined. Sharing stories of practice celebrates how nurses make a difference in the lives of others and provides exemplars for nurses to follow.

Seasoned Christian nurses, as well as those who are just beginning, have personal stories to share that can encourage others to sow seeds of faith and provide models of ministry through nursing. Following are narratives of undergraduate nursing students who had memorable experiences of ministering to their patients and making a spiritual connection.



## *Flowers and a Caring Heart*

BY JENNIFER WILLIAMS

Mrs. Nelson was dying from Lou Gehrig's disease (amyotrophic lateral sclerosis, ALS), but she always had a smile on her face. She wasn't able to speak anymore because of the disease; however, she had a board with the alphabet so she could send messages. She told me that before her illness, whenever one of her friends got married, she designed the flowers for the wedding. I decided that I wanted to do something for her and bought a dozen miniature white roses.

Mrs. Nelson took my hand and spelled out, "I am so thankful for you." Later her family invited me to join them for a Communion service they were having for her.

Two days later, Mrs. Nelson died. It was very hard for me. Weeks later, Mrs. Nelson's son sent a card with a picture he had drawn with a thank-you message. He said that I would never know what the flowers I gave his mother meant to her and the entire family. Each time I look at the picture, I am reminded that God allowed me to make a difference in someone's life. ■



## *May I Pray with You?*

BY MARTI NEELY

During one of my first experiences in the emergency room, I was assigned to Mrs. Walker, a patient in her late 70s with left-sided hemiplegia. The ER physician examined Mrs. Walker and said, "You didn't have a stroke like we thought, but you have a brain tumor, and we'll see about getting the neuro doctor to see you." Then he left.

Mrs. Walker just lay there, shocked. Tears welled up in her eyes, and my heart broke for her. I took her hand in mine and asked her if I could pray for her. She said, "Yes."

After leaving her room, I cried. The experience taught me the importance of showing patients and their families Christ's love. That had to be one of the worst moments of Mrs. Walker's life, and no one was there to comfort her—except a nursing student she didn't even know. I am glad that I was there to hold her hand. ■

## *Sharing Hope, Sowing Seeds*



BY SARAH DUNSON

The first time I took care of Andrea, a twenty-one-year-old college student, she had been admitted to the pediatric emergency room (ER) with all her systems backfiring from various drug combinations. She had taken diet pills because she felt fat. Later that same morning, as part of a research study for a cold virus, she had been injected with a rhinovirus. Hours later she found out that her parents were divorcing. When sleep would not come, she took sleeping pills. The drug interactions put her in the ER. I talked with her a little, but she was fading in and out. When my shift was over, I felt sad that I hadn't shared the hope and love of Jesus with her.

The following week, Andrea came back to the pediatric ER with a panic attack. I went to see her, even though she wasn't my patient. She immediately started crying and said that everything in her life was falling apart. I told her that when I feel like everything is falling apart in my life, the only thing I can do is to give it all to God. I know that he is able to take care of everything. He has the perfect plan for my life. I asked if she knew about God and his love, but she couldn't stop crying. I did not get to pray with her, and I don't know her heart, but I think of her and pray that God used my words to work in her life. Nursing has a tremendous role in helping the hopeless—sometimes that is the reason why they become our patients. ■



## A Fearful, Dying Man

BY KIMBERLY G. BONUS

When I was a junior nursing student, I was told that the patient assigned to me, Mr. Johnson, probably would not live through the night. This was the first time I had seen anyone in the dying process. I do not remember many details of the evening or Mr. Johnson; all I remember was his horrified look. This terrified expression came intermittently throughout the evening. Mr. Johnson would be lying with eyes closed for an hour or longer, when his eyes would abruptly open in full-fledged fear. He was clearly afraid. I have never seen that look of terror on anyone's face before or since.

The first few times this happened, I asked how I could help, if something was hurting or if I had startled him—anything to fix what I thought must be some kind of physical pain. Mr. Johnson could not talk but would moan or nod to show his agreement or disagreement with what I was saying. I

began to realize that this was not a physical problem. I felt the Holy Spirit's prompting to share with him.

Later that evening, while I was adjusting Mr. Johnson's IV, the same fearful look came. This time it startled and scared me. Finally, I held his hand, looked him directly in the eyes and asked him if he was scared. He nodded. I asked him if he was afraid of dying. He nodded. Tears filled my eyes. I could only imagine such fear.

I told Mr. Johnson that he did not have to be afraid and asked if I could tell him why. He made a little motion, and I continued, explaining who God is and telling about God's Son, Jesus. While holding his hand, I told him how he could be safe and secure in Jesus' arms by entrusting his life to Christ. I said that with Christ, death does not need to be feared because Christ conquered death on the cross. Then I prayed with Mr. Johnson and asked him to pray in his mind, believing that God knew the sincerity of his heart. When we finished praying, his countenance relaxed, and his eyes softened.

I sat with Mr. Johnson a while longer, until he drifted out of consciousness. He wasn't as fitful and restless. He seemed at peace.

I later learned that Mr. Johnson died during the night. I don't know the effect of my words or prayer, however, the psalmist tells us, "I will both lie down and sleep in peace; for you alone, O LORD, make me lie down in safety" (Ps 4:8). I trust that Mr. Johnson died knowing God's peace. ■

Christ-centered care, comfort, ministry and acknowledgement of spiritual needs are all evident in the patient-nurse encounters these students experienced. The accounts of how nursing students translate what is taught and modeled in the classroom and clinical setting into actual practice should encourage and inspire us. They model how to communicate faith, God's love, hope and comfort to our patients. We may not always have the privilege of leading someone to the Savior. However, we can demonstrate his love and compassion by sensitively addressing the individual, unique needs of our patients through prayer, by listening, through touch and by being open to the leading of the Holy Spirit. Spiritual assessment and related interventions for patients and families, regardless of their background or religious beliefs, should characterize quality nursing care that treats the whole patient, body and spirit. ■JCN



■ **Hila J. Spear, PhD, RN**, professor of nursing and director of graduate studies, teaches graduate and undergraduate students at Liberty University and maintains clinical practice as a lactation consultant in Lynchburg, Virginia. She attends Timberlake Baptist Church, where she is involved in the choir and adult Sunday school.

■ **Jennifer Williams, BSN, RN**, is a recent graduate of Liberty University. She attends Thomas Road Baptist Church and is a member of the Old Time Gospel Hour Choir and plans to work as an operating room nurse.

■ **Marti Neely, BSN, RN**, a recent graduate of Liberty University, wants to specialize in emergency and critical care nursing. She attends Manchester Road Baptist Church and has served on various mission trips.

■ **Sarah Dunson**, a nursing student at Liberty University, is scheduled to graduate in 2003 as an RN, BSN. She enjoys working in the pediatric emergency unit. She attends Mitchell Road Presbyterian Church and disciples a small group of girls in the youth group.

■ **Kimberly G. Bonus, BSN, RN**, a 2001 graduate of Liberty University, works in the holding room of the anesthesia/operating room at Central Health in Lynchburg. She attends Grace Evangelical Free Church.

### Resources

For further reading on the value of storytelling in nursing see the following:

- JoAnne Banks-Wallace, "Emancipatory Potential of Storytelling in a Group," *Image* 30, no.1 (1998), 17-21.
- Patricia Benner, "The Wisdom of Our Practice," *American Journal of Nursing* 100, no. 10 (2000), 99-105.
- Amy Sessler, "The Stories Nurses Tell: Using Narratives to Understand Nursing Practice," *On-Call* 1, no. 4 (1998), 24-26.
- Fran Sutton, et al., "Discovering Affirming Knowledge in Nursing Practice," *International Journal of Nursing Practice* 2, no. 2 (1996), 63-70.