



# NMNEC Concept: Spirituality

**Mega Concept:** Participant Attribute

**Category:** Diversity

**Concept Name:** Spirituality

**Concept Definition:**

The totality of an individual's inner resources, the ultimate concerns around which all other values are focused, and the central philosophy of life.

**Scope:**

The scope of spirituality in healthcare spans the wellness to illness continuum across the lifespan. Spirituality is a human being's way of bringing meaning to life through beliefs and experiences. It is an inherent trait that provides a framework for existing in the world. The healthcare participant engages in an ever evolving journey to find connectedness, energy, and transcendence. Spirituality is an individual, self-determined, and life-long journey. Spirituality is essential for all persons in order to attain an acceptable balance between illness and wellness.

**Attributes and Criteria**

Spirituality is a universal concept that is deeply complex and unique to each individual.

Commonly accepted attributes of spirituality include:

- **Faith and Beliefs:** Human beings define themselves through their faith and beliefs. No two individuals share exactly the same faith and beliefs. A care participant's faith may be individualized through a religious practice, a cultural ritual, a higher power, or a specific philosophy of life. Individual's beliefs are their chosen values, morals, and ethics that allow for self-acceptance and meaningful existence.
- **Interconnectedness:** Individuals experience their life balance through intrapersonal (self), interpersonal (others), and transpersonal (higher power) connections. Spiritual health and spiritual distress are a reflection of where the care recipient is at any point in time in that quest to attain and maintain spiritual balance.
- **Transcendence:** When human beings move outside of the realm of their usual experiences into different or unknown circumstances and accept new perspectives, they have transcended. This journey is often the most difficult one as the care participant reviews, re-orders, and renews their individual spiritual roadmap. This attribute is exhibited through the care participant's coping with their view of normal life as well as alterations to that norm.



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- **Integrative Energy:** All dimensions that define the care participant's spirituality are integrated through their personal energy. These inner resources empower the care participant to hope, grow, transform, and attain inner strength and peace.
- **Illness impacts spirituality in a variety of ways."** (Benner Carson, 2017, pg. 40). Some healthcare recipients will turn towards God or a higher power to seek comfort when confronted with an illness. Others will experience anger and blame towards the higher power or remain neutral in their spiritual reactions. Nurses must be willing to assess the impact of illness and injury on a healthcare recipient's spirituality and offer supportive care and provide referrals. (Benner Carson, 2017)

### Theoretical Links:

- **Search for the Truth:** Florence Nightingale challenges nurses to seek the truth in the balance between health and illness. She does not find a schism between science and spirituality, but rather promotes their integration. Her strong religious convictions speak to her belief that we are the caregivers and God is the curer. The care recipient is always the focus and, as a holistic being, is incapable of separation into mind and body. Searching for truth as it relates to spirituality is essential in the delivery of care recipient centered care. (Widerquist, 1992)
- **Science of Unitary Human Beings:** Martha Rogers introduces human evolution as it relates to body, mind, and spirit. As humans search for meaning, life takes on new dimensions. The universe itself is a complex system of interacting energy fields. There are two primary energy fields, one being humanity and the other being the environment. These two energy fields are inseparable. These individual energy fields are unique to each human being, but interrelated within the system. The desired outcome for the healthcare recipient is an energy that translates into well-being. Nurses must use their knowledge to assist the healthcare recipient to achieve that well-being as it is defined by the care recipient. (Rogers, M. E., 1994)
- **Spiritual Well-being:** Joyce Travelbee asserts that a care recipient's spiritual well-being directly affects their perception of illness and how effectively they will cope with an illness. The attitude a person has towards health and illness directly determines how they will live with their diagnosis. In the spiritual assessment, the nurse must identify how the care recipient relates to their illness in order to engage them in their own plan of care, even if that plan is different from what the nurse would like. (Peden, Staal, Rittman, & Gullett, 2015)

### Context to Nursing/Healthcare:



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- Nurses are now required by several regulatory agencies to include a spiritual assessment in their healthcare recipient interview process. Assessing spirituality provides the nurse with information necessary to develop a plan of care that considers the unique needs of the care recipient. In addition, nurses must self-assess to ensure they are care recipient focused, not self-directed. (The Joint Commission)
- Religion and spirituality are often considered interchangeable terms. In reality, they are two distinct concepts. “*Spirituality* focuses broadly on the meaning of life, death, and existence, whereas *religion* is an organized, structured method of practicing or expressing one’s spirituality.” (Yoost & Crawford, 2016, p. 414) Religion is one framework designed to bring meaning to a person as a part of their individual spiritual journey and often involves rites and rituals. Spiritual practices, such as reflection, engaging in meaningful relationships, faith rituals, cultural rituals, and prayer, are a collection of activities that care participants engage in to promote their spirituality. The nurse needs to identify the care participant’s beliefs, spiritual practices, and faith as they relate to the collective spiritual well-being, as well as personal religious beliefs that may affect the care participant’s medical care (Yoost & Crawford, 2016).
- Spirituality and the healing process: “By its nature, healing is a spiritual process that attends to the wholeness of a person. The work of healing requires recognition of the spiritual dimension of each person, including the healer, and an awareness that spirituality permeates every encounter.” (Burkhardt & Nagai-Jacobson, 2016, p. 141). Illness impacts spirituality and often challenges care recipients to explore issues related to spirituality. Core spiritual issues related to health and healing include mystery, love, suffering, hope, forgiveness, peace and peacemaking, grace, and prayer. (Burkhardt & Nagai-Jacobson, 2016).
- Identification of the healthcare participant’s spiritual needs is essential to the delivery of holistic care. The individualized care plan needs to include nursing diagnoses that relate to the care recipient’s spiritual assessment and goals that are focused on spiritual well-being.
- Nurses must assess their own spiritual journey in order to provide appropriate spiritual care to the care recipient while maintaining their own professional integrity.

**Knowledge:** Knowing and understanding what the concept of spirituality encompasses.

Nurses need to:

- Define spirituality using current, accepted resources.
- Assess the healthcare participant’s spiritual well-being using a comprehensive tool (e.g. HOPE Questionnaire, FICA Spiritual History Tool, and the SPIRITual history.)
- Identify factors affecting the healthcare participant’s spiritual well-being.

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- Identify additional resources necessary to meet the spiritual needs of the care recipient (e.g. clergy, indigenous healing ceremonies and rituals, important artifacts, written resources, social services).
- Develop plans of care that are care participant centered and focused on their spiritual well-being.
- Identify and understand their own personal spiritual beliefs, values, and goals.

**Skills:** Providing spiritual care requires a distinct skill set.

Nurses need to:

- Engage with the care participant and develop a trusting relationship.
- Perform a comprehensive spiritual assessment.
- Use open-ended questions.
- Recognize and respond to the individual needs.
- Use intentional, active listening and focused presence. (Burkhardt & Nagai-Jacobson, 2016)
- Be comfortable with silence and recognize those times when silence is appropriate.
- Be comfortable with therapeutic touch and recognize those times when touch is appropriate to use and when it is inappropriate to use.
- Foster connectedness. (Burkhardt & Nagai-Jacobson, 2016)
- Make a referral to a chaplain or a representative of an individual's spiritual tradition/community

**Attitudes:** Nurses' personal and professional attitudes shape their nursing practice.

Nurses need to:

- Care
- Value themselves and healthcare participants.
- Refrain from promoting their own beliefs and values above others.
- Collaborate with members of the healthcare team to meet the needs of the healthcare participant(s).

**Interrelated Concepts:**

- Advocacy: Necessary to ensure the care participant's spiritual needs are identified and respected.
- Ethics: The ethical principle of respect for persons is necessary to assure the care participant's spiritual needs are respected.



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- Communication: Effective and appropriate communication assures the care participant that their spiritual well-being is of importance.
- Culture: Cultural preferences are an important part of any individual's spirituality.
- Grief-The care participant's stage of grief affects their spiritual balance.
- Stress: Spiritual well-being is influenced by the care participant's identified level of stress. When spiritual distress is identified, physiological stress may be evident (e.g. increased blood pressure, pulse)
- Individual: The spiritual beliefs and needs in response to health and illness events are different for all individuals.

### **Model Case:**

J.M. is a 45-year old woman admitted with poorly controlled blood sugars and who has severe macular degeneration secondary to Type I diabetes. Her physician has told her there is nothing more that can be done and she will be permanently blind. The nurse (K.T.) enters her room to find her crying. K.T. pulls a chair close to J.M.'s bed to establish a caring relationship with J.M. Review of the completed spiritual assessment reveals that J.M. is an avid reader. She is very involved in the prayer shawl ministry at her church and loves to sing and play the piano. J.M. shares with the nurse that she doesn't know how she will be able to continue to do all the things she loves without her sight. K.T. expressed how difficult it must be for J.M. and engages her in a conversation about her favorite books and music. Later in the shift, J.M. brings a computerized tablet and headphones to the bedside. She expresses to J.M. that she knows listening to a book or the songs she loves is not exactly the same as reading them, but might bring some joy. K.T. thanks her and begins to listen to the recordings.

K.T. used the information in the spiritual assessment to identify that J.M.'s spiritual well-being was disturbed by the news that she would permanently lose her vision. K.T. established a trusting relationship with J.M. and listened to her concerns. She identified two of the most valuable things, reading and music, and presented an alternative to J.M. that could help her through this rough patch in her spiritual journey. This model case uses the interrelated concepts of Communication, Health Disparities, Grief, and Advocacy.

### **Exemplars:**

#### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- Spiritual beliefs and relationship to health and illness
- Spiritual needs assessment



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**Optional Exemplars:** Examples of spirituality include any means that brings meaning to an individual's life.

- **Religious Affiliation**
  - Protestantism
  - Judaism
  - Islam
  - Catholicism
  - Native American Church
- **Rituals**
  - Meditation
  - Prayer
  - Worship participation
  - Fasting
  - Sacrifices
  - Faith Healing
  - Ceremony
  - Mindfulness
- **Connectedness**
  - God
  - Supreme Being
  - Sacred Source (Burkhardt & Nagai-Jacobson, 2016)
  - Nature
  - Fellowship
  - Beliefs
  - Culture
  - Self
- **Spiritual Well-being**
  - Sense of Self
  - Life Satisfaction
  - Faith
  - Sacred space



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