

Spiritual Care in Nursing**Funda Gumus¹****Gulbeyaz Baran¹****Leyla Zengin²**¹PhD., Dicle University, Ataturk School of Health, Diyarbakir, Turkey²MSc., Dicle University, Ataturk School of Health, Diyarbakir, TurkeyCorrespond A: fcamuz@hotmail.com 04122488037/3376**Abstract**

The holistic approach is the most complete approach in delivery of medical care. Illnesses increase individual's spiritual needs as well as their physical, emotional, mental and social needs. The spirituality derives from the Latin word "spiritus", which means "to breathe, to be alive" and defined in the sense of feeling the life. In order to pave the way for treatment and to keep healthy, it is necessary to meet this need. The spiritual care is one of the basic elements of nursing. It was determined that the spiritual care eases the pain and reduces anxiety, protects physiological, psychological and mental health and strengthens communication.

It is an important nursing role to provide the necessary care by evaluating individuals' spiritual needs. If the nurse manages to provide the necessary care without being influenced by his or her own religious or spiritual beliefs, interests or ideas, he or she can make it possible for the patient to benefit from his or her own spiritual sources.

The purpose of this article is to define individual's spirituality in the framework of holistic medical approach and explain the content of the necessary care that needs to be provided by the nurse.

Keywords: Spirituality, Nurse, Spiritual care, Spiritual need**Introduction**

The holistic approach is the most complete approach in delivery of medical care. According to the holistic approach, an individual is a whole with his physical, mental, emotional, sociocultural and spiritual aspects and these aspects have an interrelation and are connected to each other (1, 2). Therefore, it is important that these spiritual needs are met (3-8).

In the medical literature, it is stated that spirituality doesn't have an exact definition because it is linked with an individual's worldview and interpretation, so it is not easy to define, interpret and understand the concept of spirituality in nursing (9, 10). Because of this, spirituality has different definitions in medical literature.

The spirituality derives from the Latin word "spiritus", which means "to breathe, to be alive" and defined in the sense of feeling the life (11, 12).

Oldnall (1996) defines spirituality as the driving force that helps individual create a belief and value system that adds individual's life, and the force everybody feels inside (13). Makhija (2002) defines it as a large concept about purposes and values (14). McEwen (2005) defines it as the essence of an individual that is invisible and undiscoverable (15).

The spiritual values and needs are beyond just a state of existence and includes concepts such as health, illness, death, life after death, sin and responsibilities toward others (16-18), commitment, mercy, empathy, belief, hope, existence, purpose, aim, affinity (15).

The spiritual aspects of an individual is related to their healing process. Illnesses such a cancer, heart diseases, surgical operations, multiple sclerosis and AIDS don't just affect an individual's psychology, but it also creates a need for

copied with spiritual problems as a result of the illness and the possibility of death. A strengthened spirituality enhances hope and participation in the treatment and increases the possibility of healing (17, 1, 19, 2). At the same time, spirituality helps an individual get to know himself, cooperate with others and retain self-respect, and it adds life purpose and meaning. It gives the individual hope, emotional relief, inner peace and strength to cope with problems (8, 20, 21). Besides, spirituality is beneficial in terms of preventing and curing illnesses, decrease pain, anxiety and depression, improve life quality and social support, ability to cope with and control stress once the individual develops personal values and a world view (2, 5, 16, 17, 22, 23, 24, 25, 26).

Spirituality can be thought as supplementary and alternative attempts. These are spiritual care attempts such as music therapy, touch therapy, aromatherapy and invocation (4, 25).

It is obvious that studies on spirituality are very scarce in our country. The purpose of this article is to define individual's spirituality in the framework of holistic medical approach and explain the content of the necessary care that needs to be provided by the nurse.

Spiritual Care and Functions of the Nurse

The essential mission of nursing is to provide care for people. Nurses face very often with individuals in negative situations such as illness, pain, death, loneliness and weakness, and they provide supportive care for these individuals. The purpose of care is to help the patient find the strength to cope the illness and problems caused the illness, and if necessary, help the patient make sense out of the illness and learn about himself (12).

The holistic care is the main principle of nursing and there is not a period in nursing history when nursing was defined as a profession that only provides physical care

(6). The holistic care includes an individual's physical, social, psychological and spiritual aspects (27, 28, 42). The spiritual aspect is accepted as a indispensable part of high quality and holistic nursing care by nursing theorists (9, 10, 15). It is also suggested that historically nursing is derived from spirituality (28).

The spiritual care can be defined as the nurse's identifying individual's spiritual needs, meeting these needs with appropriate attempts and providing support (6, 29). It is also defined as individual's ability to make choices and decisions on his life (7, 17).

It was determined that the spiritual care eases the pain and reduces anxiety, protects physiological, psychological and mental health and strengthens communication (30, 31), and that it makes adaptation easier in important situations of illness or loss (19, 32).

Patients may express their spiritual problems through anger, rage, sadness or fear (33). Hence, nurses should identify and evaluate the clues of spiritual needs' expression, and be aware of the fact that providing the necessary care is an important nursing role (7).

Actively listening to the patient, family support, improving religious practises, therapeutic touching, massage, music, smiling, answering questions, intervening kindly in painful situations, discovering concerns, learning the spirituality of the patient, paying attention to all spiritual aspects (physical, mental) of the patient and patient relatives, giving enough time and space to practice spiritual rituals, respecting spiritually valuable possessions are ways to integrate the spiritual care to the medical care (2, 16, 34). Nurses must be professionally well equipped and aware of their own spiritual views in order to provide medical care (32).

Nurses, who work with the patient for 24 hours, must have professionally sufficient

knowledge, skills and approaches. Being able to evaluate the patient in terms of spirituality and identifying patient's needs in this respect are important in order to plan the appropriate intervention (6, 7, 18). The nurse can obtain information on patient's reactions to illness, pain and difficulties by observation, asking open-ended questions and active listening during interaction process (18). The data must be recorded carefully and analyzed connectively (35).

If the nurse manages to provide the necessary care without being influenced by his or her own religious or spiritual beliefs, interests or ideas, he or she can make it possible for the patient to benefit from his or her own spiritual sources (6, 36).

There are a limited number of studies on the spiritual care in our country (6, 7, 17, 18, 32, 37, 38, 39).

Kostak et al (2010) pointed out that the majority of nurses didn't provide spiritual care (29).

Eğlence and Şimşek (2014) pointed out that the reasons that nurses' inability to provide spiritual care was insufficient time, insufficient personnel, insufficient knowledge and insufficient means (40).

Yılmaz and Okyay (2009) pointed out that nurses listened to patients, smiled while providing care and allowed them to see their relatives when necessary in order to meet their spiritual needs (32).

In similar studies conducted abroad, it is pointed out that nurses were unable to provide spiritual care because of insufficient training and time (31, 41).

It is seen that the spiritual care, a part of the holistic care, is not generally applied (28). It is also suggested that in order for nurses to provide spiritual care, their knowledge and understanding on the subject must be improved by covering the subject sufficiently in the basic nursing curriculum (34).

Conclusion

Spirituality help individuals cope with difficulties and improve health. It helps individuals get away from feelings of hopelessness and despair, cope with difficulties, accept their illnesses and make plans for future. The spiritual care is one of the basic elements of nursing. Hence, it is an important nursing role to provide the necessary care by evaluating individuals' spiritual needs.

References

1. Baldacchino DR. Nursing competencies for spiritual care. *Journal of Clinical Nursing* 2006; 15: 885-896.
2. Dastan N, Buzlu S. The Effects Of Spirituality In Breast Cancer Patients And Spiritual Care. *Journal of Maltepe University School of Nursing*. 2010; 3(1):73-78.
3. Kleindienst MJ. Spirituality-where there is hope, there is life. *ANNA Journal*. 1998;25:442.
4. Elkins M, Cavendish R. Developing a plan for pediatric spiritual care. *Holist Nurs Pract*. 2004;18:179
5. Wilson MS, Miles SM. Spirituality in african-american mothers coping with a seriously ill infant. *J Soc Pediatr Nurs*. 2001;6:116-22.
6. Ergul S, Bayık A. Nursing and spiritual care. *Journal of Cumhuriyet University School of Nursing*. 2004; 8(1): 37-45.
7. Oz F. Human, Spirituel requirements and nursing. *Journal of MN-Clinical Sciences & Doctor*. 2004;10:266-73.
8. Bussing A, Koenig HG. Spiritual needs of patients with chronic diseases. *Religions*. 2010;1:18-27.
9. Van Leeuwen R, Tiesinga LJ, Post D, Jochemsen H. Spiritual care: implications for nurses'

- Professional responsibility. *J Clin Nurs*. 2006;15:875-84.
10. Ellis HK, Narayanasamy A. An investigation into the role of spirituality in nursing *British Journal of Nursing*. 2009;18:886-890.
 11. Coyle j. Spirituality and health; towards a framework for exploring the relationship between spirituality and health. *J Adv Nurs*. 2002;37:589-97.
 12. Ewen M.M. Analysis of spirituality content in nursing textbooks. *J Nurs Educ*. 2004;43:20-30.
 13. Oldnall A. A critical analysis of nursing: meeting the spiritual needs of patients. *Journal of Advanced Nursing* 1996;23:138-144.
 14. Makhija N. Spiritual nursing. *Nursing Journal of India*. 2002;93:129-130.
 15. McEwen MM. Spiritual nursing care: state of the art. *Holistic Nursing Practice*. 2005;19(4):161-168.
 16. Cimete G. *End of Life Care: Deadly Holistic Care Patients*. İstanbul, Nobel Book Stores. 2002:125-135.
 17. Cetinkaya B, Altundag S, Azak A. Spiritual Care and Nursing. *Journal of ADU Faculty of Medicine*. 2007; 8(1);47-50.
 18. Kostak A.M. Spiritual Dimension of Nursing Care. *Journal of Firat Health Service*. 2007;2:105-13.
 19. McManus J. Spirituality and health. *Nursing Management*. 2006;13:24-27.
 20. Grant D. Spiritual interventions: how, when and why nurses use them. *Holist Nurs Pract*. 2004;18: 36-41.
 21. Bussing A. The spreuk-sf10 questionnaire as a rapid measure of spiritual search and religious trust in patients with chronic diseases. *J. Chin. Integr. Med*. 2010;8: 832-841.
 22. Tanyi RA. Towards clarification of the meaning of spirituality. *J Adv Nurs*. 2002;39:500-9.
 23. Nelson JC, Rosenfeld B, Breitbart W at al. Spirituality, religion, and depression in the terminally ill, *Psychosomatics*. 2002;43(3):213-220.
 24. Baker DC. Studies of inner life: The impact of spirituality on quality of life. *Quality of Life Research*. 2003; 12(Suppl.1): 51-57.
 25. Modjarrad K. Medicine and spirituality. *Student JAMA*. 2004;291:2880.
 26. Lemmer CM. Recognizing and Caring for Spiritual Needs of Clients. *Journal of holistic Nursing*. 2005;23(3):311-319.
 27. Narayanasamy A, Owens J. A critical incident study of nurses' responses to the spiritual needs of their. *Journal of Advanced Nursing*. 2001;33:446-455.
 28. Chung LYF, Wong FKY, Chan MF. Relationship of nurses' spirituality to their understanding and practice of spiritual care. *Journal of Advanced Nursing*. 2007;58:158-170.
 29. Kostak M, Çelikkalp U, Demir M. The Opinions of Nurses and Midwives About Spirituality and Spiritual Care. *Journal of Maltepe University School of Nursing*. 2010; (Symposium Special Issue):218-225.
 30. Baldacchino DR, Draper P. Spiritual coping strategies: a review of the nursing research literature. *Journal of Advanced Nursing*. 2001;34(6): 833-841.
 31. Wong KF, Yau SY. Nurses' experiences in spirituality and spiritual care in Hong Kong.

- Applied Nursing Research*. 2010; 23: 242–244.
32. Yılmaz M, Okay N. Spiritual Support Perception (Mda) Scale: Development, validity and reliability. *Journal of Research and Development in Nursing*. 2009;3:41-52.
 33. Potter, PA .Perry, AG. *Nursing Concepts Process and Practice*, St. Louis, Fourth Edition, Mosby Year Book Inc.1997.
 34. Como JM. Spiritual practice: a literature review related to spiritual health and health outcomes. *Holistic Nursing Practice*. 2007;21(5):224-236.
 35. McSherry, W. Ross, L.“Dilemmas of Spiritual Assessment. Considerations for Nursing Practice”. *Journal of Advanced Nursing*, 2002; 38(5):479-488.
 36. Harrington A. What is spiritual care in nursing? *Australian Nursing Journal*. 1995; 2:10-15.
 37. Khorshid L, Arslan G. Nursing and spirituel care. *Journal of Ege University School of Nursing*. 2006;22:233-243.
 38. Ergul S, Bayık Temel A. Spiritual Support Perception (Mda) Scale: development, validity and reliability. *Journal of Ege University School of Nursing*. 2007; 23(1): 75-87.
 39. Ugurlu ES, Basbakkal Z. Spiritual care requirements of the mothers of the hospitalized children in intensive care units. *Journal of the Turkish society of Intensive Care*. 2013;11:17-24.
 40. Eğlence R, Şimşek N. To Determine The Knowledge Level About Spiritual Care And Spirituality Of Nurses. *Journal of Acibadem University of Health Sciences*. 2014; 5(1):48-53.
 41. Baldacchino DR. Teaching on the spiritual dimension in care to undergraduate nursing students: The content and teaching methods. *Nurse Education Today*. 2008;28:550-562.
 42. Narayanasamy A, Clissett P, Parumal L, Thompson D, Annasamy S, Edge R. Responses to the spiritual needs of older people. *Journal of Advanced Nursing*. 2004; 48(1): 6–16