A Review of Spirituality in the Nursing Literature

The term “spirituality” has been used in the nursing literature for years. Looking under the subject headings of “religion” in the Nursing Cumulative Index, an interest in spirituality can be traced back to the very beginning of the Index, or more than 45 years ago to articles published in the 1950’s.

I. The Nurse as Religious Interventionist

Most of the early works were focused on the Christian nurse and most had a clear Roman Catholic slant. The nurse’s spiritual role, while secondary to that of the Catholic Priest, was to provide spiritual intervention as well as physical care to the
patient. For example, in 1960 Rev. Raymond DuMouchel wrote the following in *The Catholic Nurse*:

The nurse who brings to her suffering patient...a new insight into the meaning of life has bestowed a priceless gift upon him. No acts of hers which might soothe physical or mental pain can begin to compete with imparting to her patient a deeper insight into life. (p.27, 28)

In the late 1950s and early 1960s the literature begins to reflect an interest in Jewish and Protestant patients as well. In 1959, Clare Phillips, R.N. developed a checklist of religious rites for Jews and Protestants as well as for Roman Catholics that appeared in the journal, *RN*. She discussed the proper rites and rituals for the occasions of birth, death, serious illness, major surgery, and extreme old age from the perspective of each of the three religions. However well meaning, there was no attempt to determine the level of the patient’s faith and the type of rituals he or she might actually embrace.

About the same time, Eileen Ridgeway explained the significance of what it means to be a Catholic nurse. In an article that appeared in *The Catholic Nurse* she wrote that it was the nurse’s moral duty... “to endeavor to bring to those in darkness the light of Christ” (p.59). To help fortify the nurse, Ridgeway encouraged prayer.
Ridgeway recommended that nurses pray every day and suggested that they use the following prayer by the then popular Jesuit priest, the Rev. Daniel A. Lord.

Dearest Lord, May I see Thee today and every day in the person of Thy sick and while nursing them minister unto thee. Though Thou hidest Thyself behind the unattractive disguise of the irritable, the exacting, the unreasonable, may I recognize Thee and say, Jesus, my Patient, how sweet it is to serve Thee....

This is just a portion of a much longer prayer, but it clearly indicates that for a Christian nurse, caring for patients is actually caring for Jesus. To reject a patient, no matter how difficult and demanding that patient might be, would be to reject Christ.

Most writers considered spiritual intervention to be critical to patient health. In the 1960s, Ruth Piepgras, R.N. and B.S.N., encouraged nurses, especially religious nurses, not to turn away from patients who need spiritual help. In her article, “The Other Dimension,” she describes a patient, the mother of two small children, who was dying of kidney disease. The patient was terrified and in mental and spiritual anguish, which short visits from a local parish priest could not sooth. The patient died still pleading for help.
Piepgras laments the fact that the priest, the nurses, and the physician did not work together to help this patient. She asks, “Why...is the important third aspect of patient care—the spiritual—so often neglected?” She believes the answer may lie in the fact that providing spiritual help is “threatening to a nurse.”

In summary, the early nursing literature of the 1950’s and 1960’s was concerned primarily with the Roman Catholic patient and later with the Protestant and Jewish patient. That said, all the early writers had one thing in common—they encouraged the nurse to intervene in a religious manner with the patient.

A few critical elements were clearly missing from this early literature. There was no research and no assessment tools. It wasn’t until 1968 that research regarding spirituality in patient care first appeared in the literature. The study, performed by Maureen O’Brien, attempted to determine whether or not the administration of the Sacrament of the Sick to patients with a diagnosis of myocardial infarction was a cause of apprehension or comfort. The study investigated the reactions of twenty-four male patients, ages 40-65, who had been admitted to either a Roman Catholic or a non-sectarian hospital. (p.37). Results showed that most of the patients who received the sacrament were not apprehensive. However, five
patients reacted negatively because they were not told ahead of time that the priest was coming. This lack of communication was a common to both hospitals. Like Piepgras, O’Brien concluded that communication needed to be enhanced among patients, physicians, and nurses (O’Brien, 1968).

Although this study pioneered research on spirituality among patients, it only concentrated on receiving one sacrament. And, once again, patients who might have been spiritual, but not traditionally religious, were overlooked.

But, eight years later that too changed. In an article that appeared in *The New Zealand Nursing Journal* in 1976, Barbara Simsen developed a rudimentary assessment tool to help the nurse determine a patient’s spiritual needs. Nurses were to keep an eye out for the following:

- The casual or even amusing mention of God or religion
- Comments such as, “I don’t understand why God lets me suffer like this.”
- The patient reading scripture or using a rosary.

Simsen’s approach demanded excellent verbal and nonverbal communication between the nurse and the patient. Simsen was a forerunner of the shift from religiosity to spirituality. She wrote: “Our plea is that we break the fetters of
tradition of the religious concept and try to discover the true ...spirituality of man.” (p.14)

In 1985, Burkhardt and Nagai-Jacobson looked at ways a patient’s spirituality can be expressed, ways that are different from the religious paradigm. They suggest trying to determine, for example:

- What is sacred to this person? What gives this patient’s life meaning?
- For what and for whom will this person make sacrifices?
- In what or whom does he or she place trust?
- Does the person view himself/herself as a responsible agent in the situation or as a victim or martyr? (p. 195).

Answers to these questions could certainly enlighten a nurse regarding a patient’s spiritual needs. However many nurses were still reluctant to bridge the spiritual gap with patients.

That same year, Peterson tried to explain why. He writes, “[when we engage a patient spiritually] we are forced to grapple with questions about our own source of meaning and purpose in life, of love and readiness, and for forgiveness. To the
degree that those are unanswered questions in our own lives, we may find it is extremely difficult to support someone else while they attempt to find answers....” (p.26).

In the 1990’s the literature on spirituality began to be divided into subsets such as spiritual care, spiritual needs, spiritual well-being, spiritual distress, and spiritual meaning. In addition, scores of definitions of spirituality emerged from the literature. However, few of them agreed or were congruent with each other.

One of the most important articles at this time was a breakthrough piece on spirituality and healing which appeared in the Journal of Holistic Nursing in 1996. Written by Joni Walton, it concentrates, not on religiosity, but clearly on spirituality. To develop her article, Walton turned for understanding not only to nursing literature, but also to the works of a number of leading psychologists, such as Elkins, Hungelmann, and Erickson. In fact, Walton borrows another definition from these psychologists when she writes that “religion may or may not play a role in individual spirituality and is quite distinctive from spirituality” (Elkins, Emblem and Mansen).
In her conclusion, Walton states that all relationships have the potential to be spiritual and calls on holistic nurses to develop personal and professional spiritual relationships.

**The 21st Century**

With the turn of the twenty-first century, the interest in the spiritual vs. traditionally religious care of patients took a giant leap forward as more patients described themselves as spiritual but not necessarily religious.

The nursing literature also reflects more interest in research and assessment. Research focused on a wide variety of subjects: caregivers, HIV patients, older adults, cardiac patients, those on hemodialysis, and cancer patients.

Authors looked at ways in which patients could be helped spiritually. In 2002, Maj-Britt Råholm, R.N., writing in *the International Journal for Human Caring*, explained how cardiac patients might be helped through the use of medical hermeneutics. This method involves helping patients interpret the meaning of their lives in the face of acute illness. Using two focus groups Råholm concluded that all participants searched for “an existential truth compatible with their life
situation.” His approach helped patients gain a new thankfulness for life and health, discovering an inner reserve of love and faith.

Råholm considers spiritual care so important that he calls for a focus on spiritual care in nursing education, “in curricula, in different course programs, by arranging theme days, [and] in practical supervision of students....”

Which brings us to the present. Given all the research results, definitions of spirituality, and the new assessment tools, are nurses doing any better to engage their patients spiritually? Wilfred McSherry believes the answer is “no.” As a result, in 2006 he formulated a model to investigate the restraints in the advancement of spiritual care in nursing and the health care system. McSherry derived his model from six components of spirituality. The article shows that spirituality, not religiosity, has now been accepted as the standard in nursing care. And the interest in spirituality in nursing grows as health care practitioners become more disenchanted with the scientific and managerial model of health care. The challenge now is to determine why spiritual nursing is not working on the hospital floor. McSherry’s model provides an avenue in which nurses and
other health care professionals can attempt to overcome some of the obstacles involved in dealing with spiritual dimension in patients.

In conclusion, the notion of spirituality in the nursing literature has evolved considerably over time. Although we have made great strides in expanding our understanding of spirituality as it relates to healing and patient well-being, to move forward, we must accomplish three things. First, we need to develop a working definition of spirituality. Second, we must develop more training for nurses in how to engage a patient spiritually. And third, now that we know the degree to which the spiritual can help or hinder the healing process, we must find more ways to advance spirituality in nursing and health-care systems.

After all, as McSherry writes: “It could be argued that nurses are the custodians of all matters spiritual.”

Thank you.