SPIRITUAL DIMENSIONS
OF NURSING PRACTICE
SPIRITUAL DIMENSIONS
OF NURSING PRACTICE

REVISED EDITION

edited by Verna Benner Carson &
Harold G. Koenig

TEMPLETON FOUNDATION PRESS
West Conshohocken, Pennsylvania
Templeton Foundation Press
300 Conshohocken State Road, Suite 670
West Conshohocken, PA 19428
www.templetonpress.org

© 2008 by Templeton Foundation Press

All rights reserved. No part of this book may be used or reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the written permission of Templeton Foundation Press.

Templeton Foundation Press helps intellectual leaders and others learn about science research on aspects of realities, invisible and intangible. Spiritual realities include unlimited love, accelerating creativity, worship, and the benefits of purpose in persons and in the cosmos.

LIBRARY OF CONGRESS CATALOGING-IN-PUBLICATION DATA
p. ; cm.
Includes bibliographical references and index.
WY 87.575951 2008]
RT85.2.C37 2008
610.73—dc22
2008017272

Printed in the United States of America

08 09 10 11 12 13 10 9 8 7 6 5 4 3 2 1
## CONTENTS

Preface vii

### Part I  Spirituality and the Nursing Profession  1

1. Spirituality: Defining the Indefinable and Reviewing Its Place in Nursing  3  
   Verna Benner Carson and Ruth Stoll

2. Religion, Spirituality, and Health: Understanding the Mechanisms  33  
   Harold G. Koenig

### Part II  Spirituality, Religion, and Health Care: Examining the Relationships  63

3. Theism and Health Care  65  
   Verna Benner Carson

4. Eastern Pantheism and Health Care  86  
   Verna Benner Carson

5. The Legal Issues: Religion versus Health Care  101  
   Patricia C. McMullen and Nayna D. C. Philipsen

### Part III  Application of Theory to Spiritual Needs: What Does Spiritual Care Look Like?  123

   Verna Benner Carson

7. The Psychospiritual Lives of Ill or Suffering Children and Adolescents: What We Should Know, What We Should Do  154  
   Pat Fosarelli

8. Adult Spirituality for Persons with Chronic Illness  193  
   Patricia E. Murphy, George Fitchett, and Andrea L. Canada
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Author</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Spirituality and Elder Care</td>
<td>Thomas E. Deloughry</td>
<td>236</td>
</tr>
<tr>
<td>10</td>
<td>Spirituality in Death and Bereavement</td>
<td>Miriam Jacik</td>
<td>279</td>
</tr>
<tr>
<td>Part IV</td>
<td>The Thread of Spirituality through Community,</td>
<td></td>
<td>309</td>
</tr>
<tr>
<td></td>
<td>Ethics Work, and Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Spiritual Care in Communities</td>
<td>Nancy Christine Shoemaker</td>
<td>311</td>
</tr>
<tr>
<td>12</td>
<td>Ethical Decision Making and Spirituality</td>
<td>Gary Batchelor</td>
<td>330</td>
</tr>
<tr>
<td>13</td>
<td>Spirituality within Educational and Work Environments</td>
<td>Elizabeth Arnold</td>
<td>372</td>
</tr>
</tbody>
</table>

Contributors 405
Index 009
There is probably nothing more certain in life than change. Change moves us along—sometimes in directions of our choosing and other times into uncharted territory. We move with trepidation as we face the unknown, and we feel excitement as we contemplate the possibilities that await us. As the initial editor of this book in 1989, change has been a constant in my own life. When the first edition was published, I was a young wife and the mother of three wonderful sons, Adam, Johnny, and Robbie. I was surrounded and supported by a large extended family who served as my constant cheering squad. I was an assistant professor of psychiatric nursing at the University of Maryland. I had not yet earned my Ph.D. In retrospect, life seemed easy.

Today many of my extended family have passed into eternity, and I still feel the loss of each one of them. However, the cheering squad is not diminished—just changed. I now have two lovely daughters-in-law and their families, three grandsons, and an ever-widening circle of friends and colleagues who provide support and encouragement. I left the University of Maryland to establish a psychiatric home care program across the country, and most recently I became the mental health director for assisted living and skilled nursing facilities with a national continuing care retirement community. I am no longer the sole editor of this book, but share this responsibility with Dr. Harold G. Koenig. Together we published two previous books and, in the process, have become dear friends.

As I reflect on the changing tapestry of my own life, I am struck by the fact that some threads are the same—maybe more brilliant in color, with greater depth and significance to me, but at their core still the same. Of course, the important thread of family and friends grows with every day—I am incredibly blessed. The thread of work is a strong and defining one. I feel called to make a difference through work—through writing, teaching,
and through my interactions with others. And as the years move along, there is a heightened sense of urgency about the work: It is not mine—it
never has been—it belongs to God and I want to do the best job I can to
please my Maker! The essential part of this work, also a thread through my
life, is spirituality. Spirituality is a focus of my personal walk with the Lord,
but it is also the focus of the work that I am called to do, especially in edu-
cating nurses and other health care professionals about the importance of
spirituality to health care.

Spirituality defines the best in health care. Spirituality is the driving
force when health professionals feel “called” to do what they do. Spiritu-
ality is the reason for inquiring about the stories of patients and families
because we know that only through their stories do we capture the mean-
ing of health and illness to those in our care. Spirituality is what motivates
us to go the extra mile and keeps us going because we see that the needs
are so great. Spirituality infuses the work we do with love, compassion,
and a sense of gratitude for being participants in God’s healing work.

Spiritual care can take many different forms; there is no one way that
we touch another’s spirit. This process involves recognizing and honor-
ing the religious beliefs and practices of those in our care, but it can also be
accomplished through shared laughter or tears or remembering a patient’s
birthday. Spiritual care can mean keeping vigil with a family as a loved one
struggles to recover. It can be crying with that same family when their loved
one dies. It can be supporting a chronically ill individual who is struggling
to redefine his worth and personal meaning in light of the illness and its
demands. It can be a gentle backrub, coupled with soothing words, that
allows a worried patient to fall asleep. It can be a shared prayer or religious
reading that has special meaning to the patient. Spiritual care cannot be
boxed in and narrowly defined.

Spiritual care is not provided only to those who believe a certain way or
who define God according to a specific doctrine. Spiritual care is for every-
one. People may express their spirituality in unique ways, but everyone has
a spiritual nature that can be touched through the kindness, compassion,
and ministrations of another.

When the first edition of this book was published, I formulated very
clear goals for the book. First, I wanted the book to address the univer-
sality of spirituality. I wanted the book to be meaningful to people who
do not believe in a God, people who share my belief in Jesus Christ, and
people who define their God in other ways. Second, I wanted to convey
the idea that meeting spiritual needs is a form of caring and that without
it nursing—indeed, all of health care—is incomplete. Third, I wanted to
demystify the concept of spiritual care and spiritual needs, so health care
providers could see that providing this type of care is indeed within their
capabilities as well as their responsibilities. These goals are still valid as
the second edition of this book is published.

Nurses are the primary focus of this book. There are opportunities to
identify and meet spiritual needs in every clinical setting. Having worked in
home care, I found unlimited situations where I was confronted with spir-
ital issues—situations that called forth my utmost sensitivity to assess,
to listen, to be present, and to minister. Today when people enter the hos-
pital it is frequently for very serious illnesses, and at such times spiritual
needs move to the forefront of the thinking of many patients and fami-
lies. Hospital nurses must be prepared to recognize and respond to patient
care concerns about dying and finding meaning amid changing life circum-
stances. Nurses who work in skilled nursing facilities are providing care
to patients who are nearing the end of their lives and who may be cogni-
tively impaired. It is interesting to note that one of the most effective ways
to reach a patient who is seemingly lost in dementia is through prayer and
the use of hymns. When all other memories seem to have vanished, these
memories are retained, and when nurses are able to elicit these memories
they make a profound connection with their patients. No matter what the
setting, nurses have not only the opportunity, but the responsibility to rec-
ognize and respond to the spiritual in those for whom care is provided.
The reward to nurses who seize these opportunities is priceless.

Although the primary focus of this book is on nurses and nursing,
the applicability of the book goes beyond nursing and is quite broad. Stu-
dents of nursing, medicine, and social work; physical, occupational, and
speech therapists; and pastoral care professionals can all benefit from the
insights within these pages. Faculty will find valuable resources that facili-
tate thought and discussion. However, Dr. Koenig and I also want to reach
experienced health care providers who may question their ability to provide
spiritual care in their daily practice. In that respect, the book has value in
planning continuing education programs to help a broad range of health
care providers become more knowledgeable about spiritual needs and competent in providing support and care.

The book has a number of special features that facilitate the teaching and learning process. First, the very breadth of information on the many aspects of spirituality makes it unique. Second, each chapter begins with a quote intended to stimulate reflection and to prepare the reader for the material contained within the chapter. Finally, each chapter concludes with reflective activities. These are intended to facilitate spiritual development.

In choosing contributors for this book, we did not seek people whose religious beliefs were the same as ours. In fact, the contributors represent a wide variety of religious faiths as well as professional backgrounds. In choosing contributors, we looked for those who live out the notion of touching the spirit of others in their daily lives and could present their topics with passion and conviction. We are fortunate to know such individuals and hope that you are touched by their contributions.

Verna Benner Carson
PART I

SPIRITUALITY AND THE NURSING PROFESSION

Part I introduces the reader to the concept of spirituality and its relationship to nursing. In the first chapter, spirituality is defined as a universal human dimension that expresses itself through relationships, creativity, emotions, physical modalities, religion, and worldviews. Chapter 2 reviews the findings of research related to spirituality and religion and the implications of these findings for nurses.
In 1989, the first edition of this book was published with a focus on the importance of spirituality in nursing. At that time, because there was a paucity of research, publications, or even awareness regarding the importance of spiritual issues to health, this text was considered a seminal work. Other than texts from religious publishing houses, most health care literature had little to say about the topic of spirituality. This is not to say that there weren’t doctors, nurses, social workers, and physical, occupational, and speech therapists who recognized the importance of a patient’s spirituality and religious beliefs, but these practitioners may have been in the minority, and they weren’t publishing their thoughts.

Today, however, the landscape is very different for all health professionals. There is a wider acceptance that health care providers, in particular nurses, need to understand the spiritual and religious beliefs, needs, and practices of patients in order to provide whole person health care. Let’s take a look at a patient whose story underscores this importance.

Marcy was a married woman in her late twenties. She loved her hus-
band dearly and counted among her blessings a close network of family and friends. Marcy had worked as a nurse and had always felt a call to her work. Now Marcy was in almost constant pain. She was confined to her home and spent most of her day in bed as a result of serious complications of systemic lupus erythematosus. Recently, she had undergone extensive surgery but was not healing well. During a home health visit, Marcy spoke to the nurse about her up-and-down physical condition, her fears that she would not get better, her physical symptoms of unrelenting headaches and pain, and the difficulty she had dressing her large wound. Over time, Marcy shared with the nurse that, despite her loneliness and her losses, she held tight to an unshakable hope and the courage to face whatever was ahead day by day. The nurse asked Marcy how she accounted for her strength and evident courage. Without hesitation, Marcy replied, “Prayer, the Bible, my husband, and friends.”

“What helps you pass the time?” asked the nurse. “What is meaningful and helps you feel worthwhile?”

Marcy confided that she had developed a new practice of “journaling.” She wrote letters of encouragement to others who were homebound due to illness; she prayed with people over the telephone. Even though Marcy was confined to her home, she reached out to the broader community. This hurting patient’s behavior expresses her particular spirituality. So what is spirituality?

The purpose of this chapter is to answer that question as well as to look at the relationship of spirituality to religion and worldview and how nursing approaches spirituality in clinical settings.

**Spirituality Defined**

*Spirituality* is an elusive word to define. Like the wind, we can see its effects but we can’t grasp it in our hands and hold onto it. We recognize when someone is in “low” or “high” spirits, but is that spirituality? We believe that a patient’s quality of life, health, and sense of wholeness are affected by spirituality, yet still we struggle to define it. Why? Most likely because spirituality represents “heart” not “head” knowledge, and “heart” knowledge is difficult to encapsulate in words.