

## Spiritual Care in a hospital setting

Lecture by

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Spiritual care, as well as physical care and psycho-social care are not implemented in isolation from each other but integrated within holistic care. Research suggests various definitions of spiritual care which include the *'doing'* perspective composed of the nursing process and the *'being'* dimension of care. *Being* refers to the personal spirituality of the care-givers which enables the therapeutic use of self in care by means of their active presence to clients. Thus, delivery of spiritual care incorporates *'being in doing'*. Illness may increase the individuals' awareness of their own personal spirituality. The aim of spiritual care is to help the individual client to find meaning and purpose in life which may lead to spiritual well-being even in times of suffering. The care-givers' commitment towards providing active presence in care may leave a positive impact on meeting clients' spiritual needs. Research shows that when clinical experience is considered as a reflective journey, care-givers may acknowledge that while giving care to clients, they may also be on the receiving end. This paper analyses research and synthesises the rationale behind spiritual care as *being* and not simply *doing* which may yield therapeutic and holistic effects on both the client and the care-giver.

**Keywords:** spiritual care, hospital, interdisciplinary team, holistic care.

### Introduction

Spiritual care existed throughout the history of patient care in the form of religiosity (Narayanasamy 1991, Henderson 1969, Nightingale 1860). As time progressed, secularization and the medical model of care appeared to inhibit attention to spiritual needs of patients, with the consequence of neglecting the spiritual dimension in care and eventually threatening holistic care (Oldnal 1996, 1995).

This paper will be presented as follows:

#### Plan:

- Definition of spiritual care
- Spiritual Assessment of patients (DVD)
- Watson's (1999) Transpersonal Caring-Healing Framework
- Research on spiritual care in hospital
- Requisites for Spiritual Care Model (Baldacchino 2010a)
- Recommendations

Please note that the term *'nurses'* refers also to *health care professionals* to avoid repetition and sometimes **both terms** are used interchangeably.

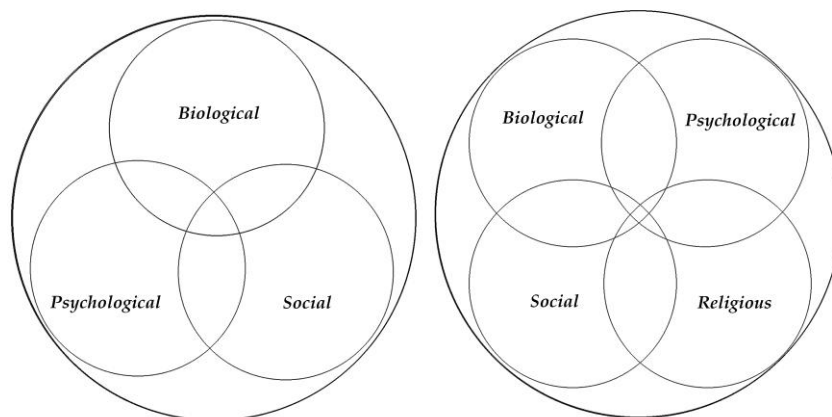
Spiritual care, as well as physical care and psycho-social care are not implemented in isolation from each other 'but integrated within the total package of care' (McSherry 2007: 284). Research shows that

spiritual care is the role of the chaplain as well as the nurses and interdisciplinary team including the family and the patient (Ross 1997, Baldacchino 2003, Nelson & Baldacchino 2010, Baldacchino & Saliba 2010).

Various definitions of spiritual care are documented which include the *'doing'* perspective of care which is composed of the nursing process namely, the assessment, planning, implementation and evaluation of the specific care to meet clients' spiritual needs (Smith 2006, Baldacchino 2003, Taylor 2002). Additionally, research is reinforcing the importance of the nurse's *'being'* dimension in care (Baldacchino 2003, Halm et al. 2000, Bradshaw 1994). *Being* refers to the spirituality of the nurse (DiJoseph & Cavindish 2005) which enables the therapeutic use of self in care by means of their active presence to clients (Rieg et al. 2006, Villagomez 2005, Galek et al. 2005, Greasley et al. 2001). This entails the use of the nurse's own spirituality which may be derived from personal life experiences and religious beliefs (Baldacchino 2006, Belcher & Griffiths 2005, Stockdale & Crosby 2005). *'No one can give anything which he/she does not possess'* (Baldacchino 2003:25).

In practice, *being with* means to be emotionally present to the other by *being there*, enduring, listening, attending, disclosing and not burdening (Swanson 1993). An example of *'being there'* is demonstrated by the Mother of Jesus Christ who was invited to a wedding at Cana in the Galilee together with Jesus Christ and his disciples. Although the Holy Mother was not part of the family she could identify the current problem stating to Jesus, *'They have no wine'* (John 2: 3). Eventually, a problem solving approach was undertaken in order to meet the needs of the newly-wed couple and their family. This infers that *active* presence may yield the therapeutic use of self which is much needed in nursing care. Therefore, it is important for the nurses to reflect on their own spirituality and live a meaningful life in order to help the clients therapeutically and help them find meaning and purpose in their life. Continuous self-awareness and connectedness with a dimension beyond the self for inner resource may yield to personal wholeness which may enable delivery of spiritual care (Chung et al. 2007). Thus, the essence of spiritual care is *being* rather than simply *doing* (Halm et al. 2000, Tuck et al. 1997, Turner 1996, Widerquist 1992). Thus, therapeutic use of self is of utmost importance (Van Leeuwen & Cusveller 2004). The role of the multidisciplinary team is to help patients find meaning in illness and purpose in life with a positive outlook to life and/or afterlife. The International Council of Nurses (ICN) Code of Ethics (2000 p.5) specifies the nurse's role of promoting *'an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected'*. This echoes the advice of Nightingale (1860) who proposed that the environment should do no harm to patients. Patients' safety may be achieved by individualized spiritual care whereby care is given according to the patients' biological, psychological, social, cultural and spiritual needs (Baldacchino 2003).

**Figure 1. Individualised theistic and atheistic Spirituality**



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This indicates that health care professionals should take an **active** role in meeting patients' spiritual needs and not simply referring them to a chaplain (Wright 1998, Taylor 1995). However, it is argued that when patients need help in their theological beliefs and conflicts, then the chaplain, an expert with Clinical Pastoral Education should deliver this kind of specialized spiritual care (Anandarajah & Hight 2001) Hence, the need of collaborating with the respective hospital chaplain and the members of the inter-disciplinary team (Van Leeuwen & Cusveller 2004, Baldacchino 2005, Morrison 1990).

Such a collaboration may generate a positive outcome of spiritual care that is, enabling patients to count their blessings in life, achieve inner peace and explore coping strategies to overcome obstacles during crisis situations (Baldacchino 2003, Lauterbach & Hentz Becker 1996, Kociszewski 2003).

The aim of spiritual care is to address patients' spiritual needs holistically in order to help the individual client to find meaning and purpose in life which may lead to spiritual well-being even in times of suffering. However, the first priority is to assess patients' spiritual needs on ongoing basis.

#### DVD

*Now we will be watching a documentary on how spiritual assessment may be carried out and its association with delivery of spiritual care by the nurses and interdisciplinary team. DVD*

Following this overview of spiritual assessment which could also contribute towards evaluation of the intervention of the current spiritual care, this paper will focus on the care-givers' commitment towards providing **active presence** in care which may leave a positive impact on meeting clients' spiritual needs. Thus nursing involves the spirituality of both the patient and the nurse and may be transformational for both (DiJoseph & Cavindish 2005). This is well explained by the Transformation Caring-Healing Framework (Watson 1999).

#### Watson's (1999) Transpersonal Caring-Healing Framework

The Transpersonal Caring-Healing Theory (Watson 1999) suggests that a conscious intention to care may enhance the healing effect of medical interventions, with an impact of wholeness in delivery of care. Apart from considering the nature of the disease and the relative medical treatment, the nurse considers other sources of inner healing which is oriented towards the spiritual dimension of healing, which goes beyond the diagnosed illness and its medical cure. This process involves a transpersonal relationship between the nurse and the recipient of care. The transpersonal relationship aims at safeguarding the dignity, humanity, wholeness and inner harmony of both the nurse and the client receiving care.

This transpersonal relationship will eventually influence the attitudes of both the nurse and the recipient of care. Consequently, transformation may occur in both the nurse and the client whereby both may learn from each other (Baldacchino 2010a). Thus, on reflection, caring may be found as a source of influence on the nurse's life, such as appreciating health and life better and setting priorities in life. This is synonymous with spiritual care which is defined as *being* and not simply *doing* (Baldacchino 2003, Halm et al. 2000, Tuck et al. 1997, Bradshaw 1994) which may yield therapeutic and holistic effects. *Being* refers to the spirituality of the nurse which may be transformational for both the client and the nurse (DiJoseph & Cavindish 2005).

#### Research on spiritual care in hospital

Spirituality is increasingly being acknowledged as part of nursing care (Ross 2006, Baldacchino 2006, Narayanasamy 2004). Illness may be a spiritual encounter both for patients and nurses (Baldacchino 2002, Ross 1997). This may be because personal life security is shattered in a crisis situation or a life threatening illness. Individuals tend to re-evaluate their life and search for meaning and purpose in life whereby illness, suffering and death may become spiritual experiences (Ross 1997, Preca 1997). Finding

meaning in suffering may broaden patients' view of personal suffering, so that it becomes meaningful and purposeful to their own life (Baldacchino 2010a, Emblen & Pesut 2001).

Consequently, the nurses confront with the patient what is meaningless and beyond human understanding, so that the nurses may also undergo a spiritual experience (Baldacchino & Formosa 2010).

Involvement in patient care day and night, the nurse is central to therapeutic nurse-patient relationship (Van Leeuwen et al 2006, Lundmark 2006, McEwan 2004, Narayansamy 2001, Carson 1989). Therapeutic relationship is activated by the nurses' and health professionals' active presence namely physical, mind-to-mind, spirit-to-spirit (Jackson 2004). Physical presence is demonstrated by physical care such as, eye contact, verbal communication, doing and touching. Mind-to-mind presence refers to active listening, reflecting, counseling, empathy and caring. Spirit-to-spirit or therapeutic presence is featured by intentionality, communion, loving, connecting and intuitive knowing. Intuitive refers to knowing that a patient is open to holistic care, since patients tend to select with whom they can share their spirituality (Sawatzky & Pesut 2005).

In therapeutic presence, the nurse and health professionals enable an accepting, loving environment which may facilitate patients' inner healing abilities (Carson 1989, Taylor 1995). For the believers, healing may be enhanced by the patients' religious beliefs which may support the patients in difficult times (Cavendish et al. 2004, MacLaren 2004, McSherry 2000). Similarly, religious and personal beliefs were considered by health care workers (n=116) in a study by Boero et al. (2005) as important to their quality of life. Eventually, the nurses and health professionals become in touch with patients' humanness and vulnerability which may in turn have an impact on the nurse's own meaning and purpose in life. Thus, the nurses' and health professionals' own spirituality may be enhanced while recognizing the transformation complex of *giving and receiving* (Baldacchino 2010b).

This is consistent with the qualitative findings derived from in depth interviews with registered nurses (Kociszewski 2003, Baldacchino & Formosa 2010) who found that after providing spiritual care, the nurses experienced personal growth, due to the opportunity to explore further their own meaning and purpose of life. It was found that being spiritual, nurses may help patients find meaning and purpose in life and may foster belief of a higher power. Thus, nurses felt that *being spiritual* was the first step in spiritual care, while respecting the individuality and uniqueness of each patient. Approaching patients with respect and participating in the spiritual journey of their patients helped nurses to generate greater appreciation of their patients as persons (McSherry 2000, Stoter 1995). Thus, therapeutic nurse-patient relationship may enhance spirituality of both the nurses and the ones nursed (Thomas et al. 2005, Sherwood 2000).

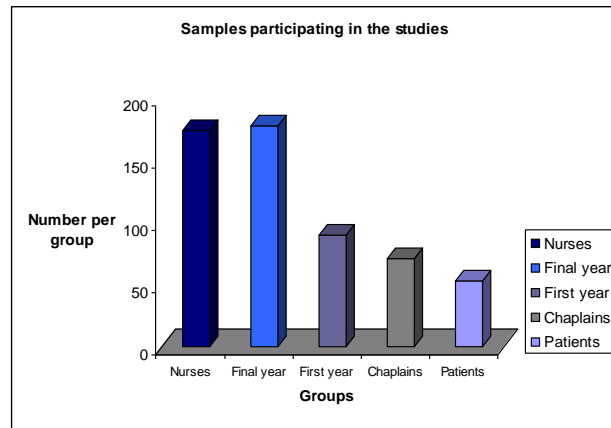
The nurses' own spirituality appears to be crucial in providing spiritual care (Grant 2004, Kociszewski 2003, Baldacchino 2003, Wensley 1995). This was demonstrated by Rafii et al. (2004) who found that although nurses delivered care to patients with severe burns, whose care was stressful due to being exposed continuously to pain and suffering, the nurses who had characteristics of conscience, religious beliefs and commitment were found to experience love for their patients irrespective of the challenging work limitations such as, staff shortage. Thus, nurses' own spirituality may enable the nurses to address patients' spiritual needs while experiencing spiritual growth through the delivery of spiritual care (Baldacchino 2010b, Thomas et al. 2005, Kociszewski 2003).

Therapeutic nursing care that is, spirit-to-spirit care (Jackson 2004) goes beyond the immediate physical needs so that it incorporates all aspects of being human: physical, emotional, intellectual, social and spiritual. The nurse in *being with* helps the patient rise above what is material and retains a sense of *inner peace*. The nurse in spiritual care may sustain the patient even while the physical body deteriorates

(Baldacchino & Formosa 2010). This involves the spirituality of the nurse which may be transformational for both the patient and the nurse (DiJoseph & Cavindish 2005).

This is exhibited in detail by the finding of derived from the comparative study on *The role of the nurse in the delivery of spiritual care* conducted in Malta on qualified nurses (n=174), final year students (n=178), first year students (n=90), chaplains (n=71) and patients with acute Myocardial Infarction (n=53). One of the themes identified was *Integrating the individual person within the role of the nurse as a professional*.

**Figure 2: Samples in the survey on the role of the nurse in spiritual care (Baldacchino 2009)**



### **Integrating the individual person within the role of the nurse as a professional**

The chaplains referred to the behaviour of the nurses as a mirror to their own personality as described by the Community Chaplain:

*“One of the patients I visited pointed out to the intensive care given by a nurse. He stated that ‘not only does he look after my physical welfare but through his own spirituality, he conveys a message which gives me courage and strength.’ This episode shows how much patients appreciate nursing care which is supported by the output from the nurses’ own personality.*

(Comm Ch 4)

The nurses’ behaviour and their personality are considered as inseparable in spiritual care. This is because spiritual care ‘is more about *how* we interact and use ourselves in the nurse/patient relationship, than it is about specific nursing actions or words’ (Van Loon 2005 p.267). This is reinforced by a hospital chaplain stating that,

*“The inner faculties of individuals help nurses to think and behave according to their own spiritual values..... Nurses should be in harmony with their conscience in their relationship with God, family and others, as this may reflect in the life of the person and may affect the way nurses communicate with patients and others”.*

(Hosp Ch 6)

Regular self-reflection on the nurses’ own actions was suggested by the chaplains in order to become aware of their behaviour. Thus, the chaplains proposed the use of self-awareness exercises to help them reflect on themselves, on how they tackle their life experiences, so as to ameliorate their care:

“Patients can differentiate between the behaviour of one nurse and another. They can sense if the nurse is just doing a job to earn a salary or doing it wholeheartedly. Thus, I suggest that first of all nurses should have courses for their own spiritual well being. Nurses should reflect on their various roles in life and how their personality may influence their care”. (Comm Ch 9)

The outcome of self-reflection on their own life experiences appears to help nurses to become more understanding of others’ needs (Steen Lauterbach & Hentz Becker, 1996). This is supported by research whereby mature nurses were found more sensitive to patients’ needs (Ross, 1994, Harrington, 1995, Van Leeuwen et al., 2006). This integrity between the individual person and nurses’ actions was reported to be rooted in taking up nursing as a vocation and not simply as a paid job:

“The work of a nurse should be looked upon primarily, as a vocation, a call with a very specific mission to fulfill. The patient expects nurses to be ‘healing’ agents or at least to help in easing his/her sufferings, both physical, psychological and even spiritual ailments. Their care, gentleness, humane approach and constant concern will help the patient recover fully and quickly. Building a trustful relationship between both sides will facilitate the healing process”. (Comm Ch 4)

The notion of nursing as a **vocation** has been repeatedly mentioned in the data. It appears that taking up nursing in response to a *personal call*, may help nurses to deliver care with a humane approach and *be there*, with the patient (Baldacchino 2010a, De Bertodano, 2006)

**“I strongly suggest that nurses should make their presence felt more with their patients.... Nurses need to be educated on spiritual care. They learn about psychology, sociology and others, so they must include also spiritual care”.**

Thus, education on spiritual care is recommended, supported by role modeling and personal initiative as proposed by the *Requisites for Spiritual Care Model MARVIC* derived from the research studies compiled in the book *Spiritual care: Being in Doing*, published in 2010.

<b>Model - MARVIC: Requisites for delivery of spiritual care</b> <i>(derived from the research in this book)</i>		
<b>M</b>	<b>Model</b>	Spirituality is <i>caught</i> rather than <i>taught</i> ! (Bradshaw 1997) Thus the need of competent <i>role models</i> in the clinical environment. However, this process needs support from education on spiritual care.
<b>A</b>	<b>Armour</b>	Education <i>arms</i> the care-giver to understand the meaning of the complex term of spirituality, gain practical skills and adopt the appropriate attitude towards delivery of spiritual care. Thus, the need of infusing spiritual care into the curricula
<b>R</b>	<b>Reflection</b>	Through reflection <i>in</i> and <i>on</i> delivery of spiritual care (Schon 1991, Gibbs 1988) the care-giver may evaluate the appropriateness of the care given and the possible influence of that care on the nurse’s life.
<b>V</b>	<b>Vocation</b>	Becoming a nurse in response to a personal call, that is having a <i>vocation</i> , may help nurses to have the right aptitude towards caring for clients with dedication (Baldacchino 2008, De Bertodano 2006). However, this should be supported by competence following education.
<b>I</b>	<b>Initiative</b>	The nurse needs to take <i>initiative</i> to search further knowledge on spiritual care in order to achieve the necessary skills for delivery of spiritual care.
<b>C</b>	<b>Commitment</b>	The nurse’s commitment to <i>being in doing</i> may yield therapeutic and holistic effects on both the client and him/herself by liaising with the members of the

	interdisciplinary team.
The Requisites <b>MARVIC</b> may enable delivery of <b>spiritual care</b> by <b>Being in Doing</b> which may be transformational for both the client and the nurse.	

Conclusively, spiritual care is oriented towards therapeutic communication by the nurses' availability and *actual presence* to patients and their family (Hungelmann et al. 1996, Taylor 1995). Spiritual care is considered as a form of *being* which enables effective *doing* (Baldacchino 2010a, Halm et al. 2000, Tuck et al. 1997, Turner 1996) while contributing towards holistic care (Baldacchino 2008).

### Recommendations

To foster active presence in spiritual care, it is recommended that:

- ❖ Providing education on assessment of spiritual needs and implementation and evaluation of spiritual care to students and qualified health care professionals in order to ameliorate holistic care. This may help them become *reflective* practitioners, capable of delivering effective spiritual care in liaison with other members of the inter-disciplinary team.
- ❖ The hospital management should help health care professionals *personally* by the provision of hospital services from psychologists, chaplains and support teams in order to become aware of their own spirituality and so become *in tune* with their own spirituality and help them put themselves together *in harmony*.
- ❖ While considering the various limitations in these studies analysed, further research is suggested on the relationship of active presence in spiritual care and its impact on patients' holistic healing.

### Reflections: *Food for thought*

1. Research suggests that unless nurses and health care professionals are *in tune* with their *own* spirituality, they would not be in a position to deliver spiritual care effectively.
2. Integrating the individual person and the role of the nurse as a professional may enable **nurses to provide spiritual nursing care and also provide nursing care spiritually** (Miner-Williams 2006 p.818).
3. Clients don't care how much you know until they know how much you care.

Thankyou