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Relevance of Spirituality to

Mental Health Nursing; A Literature Review

by

Pamela S. Walls
Bachelor of Science, Nursing, University of Mary, 1998

An Independent Study

Submitted to the Nursing Faculty

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Science
Nursing

Grand Forks, North Dakota
May
2006

MAY 02 2006

This independent study, submitted by Pamela S. Walls in partial fulfillment of the requirements for the Degree of Master of Science in Nursing from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

Eleanor Yurkovich 5/2/06

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ABSTRACT

This independent study is being done to review what current literature states about spirtuality and spiritual care giving within the role of mental health nursing. A review of literature including articles from the past six years and classic articles was be peformed. The information is compared and contrasted to determine the extent of the relevance of spirituality to present day mental health nursing and to examine the implications for psychiatric mental health nursing practice.

Nurses are expected to deliver insightful, holistic and effective care. Many patients in mental health settings have concerns or needs related to spiritual or religious dimensions. These needs can be overlooked or neglected for several reasons

Spirituality is emerging as a source of strength in the prevention of, coping with, and in recovery from both physical and emotional illnesses. This study has provided input on the importance of including spirituality in the care that is provided to mental health patients as well as examining some of the barriers that can be encountered to providing spiritual care.

Spirituality is essential to delivering holistic care. In mental health nursing, spirituality is an important area to support since it moves the client towards wellness. Our understanding of spirituality needs to be strengthened and developed further through practice, research and educational processes.

CHAPTER I

EXPLORATION OF SPIRITUALITY

Introduction

In recent years researchers have been investigating the role of the spiritual and religious dimensions of life in both physical and mental health domains. Spirituality is emerging as a beneficial source of strength in the prevention of, coping with, and at times in recovery from physical and/or emotional illness. Because of this relationship nurses need an understanding of the whole human being in the context of social environment to provide holistic care. A nurse needs to utilize his/her knowledge of holism/unitary being and its forms of expression in the daily contact he/she has with sick people and their relatives. If he/she has an awareness and knowledge of the human soul, his/her task will be infinitely more comprehensive than simply caring for the sick body (Matilainen, 1999).

Method

An extensive literature review was done. Searches were done on CINAHL and Pub Med. The initial searches on CINAHL produced 1230 results for spirituality and mental health from 1999 to 2005. Using the terms spirituality and mental health nursing together for the same time periods provided only two articles. On PubMed using the terms spirituality and mental health there were 89 but when I added the term nursing with mental health I had no results. I reviewed the results from the CINAHL search and

narrowed it down to 98 articles that were potentially useful for studying spirituality, spiritual care, prayer and health care and could be transferred to mental health nursing practice. I compared the lists from both PubMed and CINAHL, eliminated duplication and reviewed the articles that were found in both.

Problem

Nurses, both in inpatient and outpatient settings, are often responsible for the primary care provided to clients with mental illnesses. Nurses are expected to deliver insightful, holistic and effective care. Many patients in mental health settings have concerns or needs related to spiritual or religious dimensions. In some cultures there is no separation of mind, body, emotions and spirit. Unfortunately, care providers often develop tunnel vision and many of these needs become overlooked. Several patterns, which may be characteristic of mental health care providers, may help explain this phenomenon.

Mental health providers often see any expression of religiousness or spirituality as a function of the clients' disorder (Berry, 2002). Clients familiar with the mental health care system may recognize this and intentionally not mention spiritual needs or provide care in this area. Also, caregivers may be unsure of their own or their clients' spiritual or religious preferences or beliefs. Therefore, they may be uncomfortable addressing issues in this area with their clients because they perceive this as personal. Third, caregivers may doubt the efficacy of intervening in a manner that directly addresses clients' religious or spiritual needs. This paper attempts to examine these concerns.

Purpose

The purposes of this project were twofold: 1. To explore what current literature has

stated about spirituality and spiritual care giving within the role of nursing and 2. To determine what are the implications for psychiatric mental health nursing practice.

Defining the Concept of Spirituality

Concept Structure

Coyle (2002) acknowledges that in order to clarify the concept of spirituality it is first necessary to examine what a concept is and what level of concept spirituality might be. She discusses four types of concepts. These include behavioral, bridging, theoretical, and structural concepts. In the literature spirituality is most often referred to as a behavioral concept. A behavioral concept may describe some aspect of a participant's behavior, but it can also incorporate their predisposition or attitude and include some reference to their identity or the quality and meaning of the relationships in which he or she is involved. She further goes on to say that spirituality motivates, enables, empowers, and provides hope. A sense of connectedness to God or to a higher power has consistently shown to give hope to people with chronic conditions and it has been shown to enhance the adaptive capacities of people with chronic conditions and to the elderly (Coyle, 2002).

Spirituality as a concept is defined in many ways throughout the literature based on each author's interpretation and opinion. Kelly's (2004) review article she quotes several other authors to try to define spirituality. She explains that McSherry described spirituality as subjective, unique, universal and mysterious. Cawlet (2000) said it was impossible to devise a standard definition due to the plethora of individual perceptions and interpretations. Wright (2002) is quoted to have said that spirituality is not an intellectual exercise; but a lived experience. Kelly (2004) believes that the complex

nature of the concept of spirituality has made an agreed definition of the spiritual dimension of care elusive.

Religion versus Spirituality

Tanyi (2002) reports that spirituality and religion are words that are used interchangeably. She also says that in order to clarify the meaning of spirituality, a distinction between these two words is necessary. She further explains that in her research she found that most authors described religion as an organized entity, such as an institution with certain rituals, values, practices and beliefs about God or a higher power. She found that although some individuals may express their spirituality through religious values, rituals and beliefs, it is contended that belonging to a religion does not automatically mean that one is or will be spiritual. Nor does an individual necessarily have to be religious if they are a spiritual person.

Existentialistic View

McSherry, Draper and Kendrick believe the conceptualization of the term spirituality is problematic, because the definition is subjective and dependent upon an individual's own worldview and interpretation. They explain that another view is that spirituality can be perceived from an existentialist position, which is to find meaning, purpose, and fulfillment in life. This makes the term universal and all-inclusive, applying to all people irrespective of religious affiliation or belief in God (McSherry, Draper &, Kendrick, 2002).

Tanyi's (2002) review which has a connection to existentialism defines spirituality as an individual's search for meaning in life, wholeness, peace, individuality, and harmony, and is an integral biological component of being human. Spirituality is also

described as a way of being, an energizing force that propels individuals to reach their optimal potential, and a meaningful and extensive way of knowing the world. Finally, spirituality can be expressed through several personal applications such as meditation, dance, and musically (Tanyi, 2002).

In a study by Theis, Biordi, Coeling, Nalepka and Miller (2003) a definition for spirituality is found from Moberg saying that spirituality is the totality of man's inner resources, the ultimate concerns around which all other values are focused, the central philosophy of life that gives conduct and the meaning-giving center of human life which influences all individual and self-behavior.

R's of Spirituality

Govier (2000) attempts to clarify the definitions of spirituality by summarizing what he calls the five R's of spirituality. Reason, reflection, religion, relationships and restoration are included. He explains that reason and reflection include that man's motivational force is the search to find meaning and purpose in ordinary life. He defines this as a desire to search for, or to find meaning and purpose in life, the reason to live, and to reflect and meditate on one's life, which may be enhanced through art, music or literature. Tanyi (2002) would agree with this perception. He believes that by the nurse recognizing that the physical, psychological, emotional, social, cultural and spiritual realms are all interconnected, he or she can take an active sincere role in assisting the patient to reflect upon and find meaning in their experiences.

Govier (2000) defines religion as a means of expressing spirituality through a framework of values and beliefs, which may be pursued as a ritual, religious practice including reading of sacred text and it may be institutionalized or informal. He explains

relationships as a longing to relate to one's self, others and a higher being which may be expressed as service, love, trust, hope and/or creativity. Restoration is defined as the ability of the spiritual dimension to influence the physical aspect of care, for which he clarifies as the way that certain life events may cause spiritual distress.

Govier (2000) believes that given nursing's apparent preoccupation with establishing itself as a scientific and research based profession that nursing is reluctant to recognize the importance and relevance of spiritual care. He suggests that patients will benefit if nurses adopt a systemic approach to assessing spiritual needs, which includes looking at the five R's of spirituality.

Theoretical Framework

The theory that provides a framework for this project is the work of Betty Neuman. Betty Neuman's theory is categorized as a Systems Model, which I have utilized because of its' holistic approach and concepts. In the Neuman Systems Model there are two major components. These components are stress and the reaction to stress. The client is viewed as an open system. In an open system the client is in constant change or motion and has dynamic involvement with the environment (George, 2002). Neuman also views holism as both a philosophical and a biological concept. Holism includes relationships that arise from wholeness, dynamic freedom and creativity as the system responds to stressors from the internal and external environments.

The interaction between environment and man is identified as the basic phenomena in Neuman's model with this relationship between environment and man being reciprocal. Environment is defined as being all of the internal or external factors that surround or interact with the client. Important to the concept of environment are

stressors, which are identified as environmental forces that interact with and potentially alter system stability. She has identified three relevant environments: internal, external, and created. Internal environment is intrapersonal with all interaction contained within the client. External environment is interpersonal or extrapersonal with all interactions occurring outside the client. Created environment is interpersonal for the most part, but also encompasses the external environment and is subconsciously developed by the client as a symbolic expression of system wholeness. Internal and external environments are both superseded by and contained within the created environment. The created reality mobilizes all system variables toward maintenance of client system integrity and stability. Created environment is in perpetual adjustment to an increase or decrease in the wellness state of the client.

Neuman considers her model as a wellness model. She sees health as a continuum of wellness to illness that is dynamic and continually subject to change. The client is in a dynamic state of either wellness or illness, in varying degrees, at any point in time (George, 2002).

Neuman addresses primary, secondary, and tertiary prevention as interventions used to retain, attain, and maintain system balance. Primary prevention occurs before the system reacts to a stressor and includes health promotion, preventing stress and reducing risk factors. Secondary prevention occurs after the system reacts to a stressor and is provided in terms of existing symptoms. Secondary prevention focuses on protecting the basic structure through treatment of symptoms. The idea is to regain optimal system stability and to conserve energy while doing so. Tertiary prevention occurs after the system has been treated through secondary prevention strategies. The purpose of the use

of this theoretical framework is to maintain wellness or protect the client system reconstitution through supporting existing strengths. Tertiary prevention tends to lead back to primary prevention through the prevention of new illnesses by reducing risk factors.

With this knowledge regarding primary, secondary and tertiary prevention we can apply Neuman's theory to many areas of mental health nursing practice. Clients with addiction and mental health issues can certainly benefit from the nurse identifying and utilizing the different levels of prevention strategies. Educating clients is essential at all levels. The nurse's role in this education is critical. Primary prevention is directed toward preventing the initial occurrence of a disorder and health promotion in general, which could consist of education about coping with problems; Secondary prevention seeks to arrest or retard existing disease and its effects; and Tertiary prevention seeks to reduce the occurrence of relapses. Relapse prevention includes specific clinical strategies designed to help clients achieve their mental health goals and maintain their highest level of functioning. Finally, health recovery includes early intervention, treatment, rehabilitation, and harm reduction (Centre for Addiction and Mental Health [CAMH], 2004).

The clinician will use the Neuman Systems model to direct the analysis of the literature and to guide suggestions for delivery of healthcare and for forthcoming studies.

Definitions

For this study when the following terms are used they will mean what their definition states.

Spirituality is viewed as a sense of connectedness to a higher being or a higher power which gives purpose and meaning in life. Spirituality generally provides hope and direction in an individual's life and can be expressed in many different ways through different religions, lifestyles, and cultures. Religion and spirituality are not the same concepts.

Religion is defined as belief in and reverence for a supernatural power or powers regarded as creator and governor of the universe supported by institutional structures and rituals.

Holistic care is defined as approaches and interventions that address the needs of the whole person, including body, mind, and spirit. Nursing has expanded this definition to reflect the paradigms of health and wellness in mind, body, and spirit.

Transcendence is defined as a movement away from an excessive focus on the self and focusing on connecting with a Higher Power.

Mental health is defined as the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, expression of feelings and emotions, and the ability to adapt to change and cope with stressors.

Mental illness is defined by the medical profession as a disorder of the brain that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others and to do work.

Proselytize is defined as inducing someone to convert to one's faith.

CHAPTER II

EXAMINING THE LITERATURE

Purpose

The purposes of this project are twofold: 1. To explore what current literature has stated about spirituality and spiritual care giving within the role of nursing and 2. To determine what are the implications for psychiatric mental health nursing practice. This chapter will support the purpose of this project by a discussion of the concept of spirituality in nursing care, competencies of spiritual care, assessing spirituality and spiritual care, the concept of spiritual care in mental health nursing, the barriers to providing spiritual care, and self care for nurses.

Concept of Spirituality in Nursing Care

In times of uncertainty related to war, terrorist attacks, natural disasters and economic hardships, people begin to question their ideologies and belief systems. Healthcare reflects the changing times through short hospital stays. Life events that elicit a spiritual response in patients might offer an opportunity for the nurse to provide spiritual care. The American Nurses Association (2005) defines nursing as the diagnosis and treatment of human responses. Given this definition, nurses should be providing spiritual care to their patients (Cavendish et al, 2003).

Meeting a patient's spiritual needs should be a concern of nursing (Cavendish *et al*, 2003). They describe this as supported by the Joint Commission on Accreditation of

Health Care Organization's establishment of patient standards on spiritual care. As a result of financial constraints, staffing shortages, and high tech care, the focus of nursing care is on the physical rather than the spiritual aspects of nursing care. Spiritual care is infrequently documented in acute care settings so the types and frequency of these interventions are not known. This is an area of need for further study and improvement in care issues for nursing.

Meeting spiritual needs can be problematic, and questions, about who and what we are, how to deal with distress, and why things happen the way they do, can be difficult to answer, especially if the nurse herself has uncertainty about the answers to such questions (Wright, 2002). This author reports that most nurses are ignorant of their patients' spiritual needs and how to meet them. He feels that this might be compounded by their own personal uncertainties with spirituality. His suggestion for improvement is to attend to nurses' spiritual needs through: programs of meditation; team support; developing a sense of meaning, and purpose in the workplace; connectedness; and working for good relationships among colleagues. Nurses who are more content with their lives are better equipped to deal with the needs of patients, including the spiritual aspects of their care (Wright, 2002).

Spirituality has been discussed by many nurses and it is felt that nursing as a profession makes a strong case for engaging clients holistically and spiritually to offset the impact of illness, promote health and prevent disease. As a profession, nursing believes that its contribution is unique because of the focus on the wholeness of the person. Spiritual interventions need not sacrifice the beliefs of the client or the provider if they are offered in a non-challenging, supportive and comfortable manner, which

neither endorses nor refutes the client's or nurses personal belief system (Cox, 2003).

Friedemann, Mouch and Racey (2002) report that nursing has been intertwined with religion and at its base are the values of love and caring. Florence Nightingale who was a founder of modern day nursing was herself a highly spiritual person who felt that illness signaled the need for spiritual growth. These authors report that as nursing established itself as a profession, the emphasis shifted from spirituality to scientific reasoning and that even Nightingale was respected more for her scientific contributions than for her spirituality. These authors do also report that emphasis on spirituality in nursing and health care is being rekindled.

In an article by Keighley (2001) there is reference to a book written by Ronaldson(1997) entitled Spirituality-The Heart of Nursing. He feels that this is a sentiment with which many nurses may agree with, that spirituality should be more central to the nursing profession. Keighley feels that if spirituality is located at the core of nursing, it will take nurses beyond a knowledge of various religions and towards a personal appreciation of their own spirituality and the possibility of an encounter with the god that so many people, despite all the challenges of our society, still seek. He also comments that he believes that placing spirituality at the heart of nursing will offer an opportunity to improve patient care, far beyond acquiring the skills of undertaking a spiritual history or learning to meditate.

Spirituality is viewed as a sense of connectedness to a higher being or a higher power which gives purpose and meaning in life. Spirituality generally provides hope and direction in an individual's life and can be expressed in many different ways through different religions, lifestyles, and cultures. The profession of nursing looks at the whole

person and to this includes attending to a client's spiritual needs.

Competencies of Spiritual Care

In a study by van Leeuwen and Cusveller (2004) they explain that the nurse-patient relationship can be expressed in various spiritual areas or themes. These spiritual themes include hope, growth, strength and belief. They feel that if we take illness as distorted human functioning that we may define the nurses' professional responsibility as a supportive, palliative or preventative response to certain dysfunctions. It then would seem that the nurses' professional responsibility for spiritual needs is dependent upon the relationship between a patient's spiritual function and their health situation.

Van Leeuwen and Cusveller (2004) also point out that variations in human spirituality will include the nurses' own spiritual identification. They identified a need to conduct research on nursing competencies in spiritual care relating to nurses' responsibility for direct patient care, handling the limitations of that care, and dealing with the contextual conditions for spiritual care. Their study was a qualitative, semi-structured and explorative literature review. Their primary research question was: What are the competencies a nurse needs to possess for providing adequate spiritual care?

They were able to formulate a list of competencies for nurses to provide spiritual care based on the results of their literature review. The nurse is able to collect information about the patient's spirituality and to identify the patient's needs. The nurse is able to discuss with patients and team members how spiritual care is provided, planned and reported. Finally, the nurse is able to provide and evaluate spiritual care with the patient and team members. These prerequisites concerning nurse's professional attitude toward spiritual care are identified: the nurse is able to handle their own values,

convictions and feelings in their professional relationship with patients of different beliefs and religions, and the nurse is able to address the subject of spirituality with patients of different cultures in a caring manner. Also identified is that the nurse is able to contribute to quality assurance and to suggesting areas for improvement regarding spiritual care giving in the organization.

The conclusions of this study provide that there is need for further research. Different competencies are needed when working in the various spiritual areas. Professional competencies in spirituality vary in settings that range from community care, rural areas and high tech settings. Nurses have to non-judgmentally approach patients from different religious and cultural groups in different ways. Further research is needed in these three areas to provide solid base for nursing competency profiles.

It has been identified that the nurse-patient relationship can be expressed in spiritual themes including hope, growth, strength and belief. It has also been noted that a nurse should be able to assess the spiritual needs of a client in a non-judgmental way while identifying their own values and feelings regarding spirituality.

Assessing Spirituality and Spiritual Care

O' Reilly (2004) identifies that for advanced practiced mental health nurses, assessment of the spiritual domain may begin by observing clients for outward signs of spirituality. Clients who wear symbols of religious affiliation may consent to inquiries regarding their religious practices. In the absence of outward signs or if spiritual concern is not implicit in the client's statements then the author suggested the following questions to assess the client's level of spirituality. 1) How do you find the courage to get out of bed and face the day? 2) How do you find comfort when things aren't going well? 3)

Who or what supports you on your daily journey? 4) What meaning does your present circumstance hold for you? 5) What do you hope for in the future?

O' Reilly (2004) and Koenig (2000) report that taking a spiritual history is often a powerful intervention in itself. They also indicate that with interventions on the spiritual level, the value lies as much in how the connection is made as in the actual intervention made. O'Reilly (2004) and Fredriksson (1999) both believe that the connection between the provider and the client, which occurs during presence, has the potential to mediate powerful interventions at the spiritual level. These authors feel that the coming together alone can bring about alleviation of suffering, personal growth through difficult experiences, and a decreasing sense of isolation as the sense of connectedness grows.

Hassed (2000) feels that gauging a patient's spiritual awareness, at minimum should be an important part of a thorough history. He says that even if we are not religious ourselves, we should invite discussion in a respectful way, using care not to include a line of thought, whether it be religious or secular.

Studies show that most people would like their spiritual issues to be considered when that they identify the health care provider as a resource for spiritual guidance (O'Reilly, 2004). She also claims that assessment of an experiential and transcendent phenomenon such as spirituality requires sensitivity, creativity, and an unbiased approach.

Guidelines for practice are included in an article by La Torre (2004). She suggests that a careful spiritual assessment should be included on each patient and the following should be included. This may be done with a specific assessment tool or may be obtained as part of the intake assessment. 1) Faith: How can spiritual beliefs help the client cope,

and what beliefs give their life meaning? 2) Importance and Influence: How much do faith and belief influence the client's life and important decisions? 3) Community: Is the client part of a spiritual community, and how is it supportive? 4) Address: How can this issue of belief be addressed in the therapeutic setting.

This type of assessment allows the client permission to include beliefs and values in the interactions. It also allows for an effective plan of care while not imposing the care provider's beliefs on the client.

A summary of several studies identified in an article by Larson and Larson (2003) found that a large portion of mental health patients turn to their spiritual/religious community and to their relationship with God or a Higher Power for comfort, hope, a sense of belonging, and for the feeling of being loved and valued during their illnesses. They report that among patient populations a large portion draw on spiritual/religious resources to cope, whether it is dealing with medical or mental illnesses. Research has identified that at times these coping methods provide strength to persevere and a greater sense of well being.

It has been identified that most patients would like their spiritual needs identified and that simply taking a spiritual history on a client can be a useful intervention. Most patients report that spiritual and religious resources are important coping mechanisms for both medical and mental illnesses.

The Concept of Spiritual Care in Mental Health Nursing

Fry (1998) indicates that she sees psychiatric nursing as a spiritual activity concerned with psychic aspects of healing. Barker (1996) and Peterson and Nelson (1987) have similar ideas. Barker claims that the unique role of the mental health nurse

is to facilitate the psychosocial if not the spiritual healing of the person with mental illness. Barker and Fry agree that the interpersonal relationship between nurse and client creates a therapeutic environment through every day healing. This also makes an impact on the spiritual identity of the client and the nurse. Through ordinary day to day interactions and relationship building something significant occurs which shifts hurt into healing and allows the client to discover meaning in their lives and illness experiences. Peterson and Nelson (1987) similarly endorse the importance of caring about and listening to clients, thereby conveying a message that you have worth and deserve to be treated with dignity and respect.

The mental health nurse can promote a therapeutic relationship by non-verbal as well as verbal communication. Mental health nursing connects with clients by actively sharing experiences with them. A sense of connectedness experienced through activity is linked to a desire toward preservation and protectiveness (Fry, 1998). That interpersonal relationships can be spiritual relationships is found throughout the nursing literature (Fry, 1998; Peterson and Nelson, 1987; Walton, 1996). Spiritual relationships can be a source of love and foster the characteristics of inner strength, peace, a sense of meaning and purpose, self-reflection and interconnectedness.

More than 80% of the population of Europe and North America profess belief in, adherence to, or affiliation with one of the theistic world religions. In light of these statistics, it is argued that mental health professionals should have some appreciation for these beliefs as many clients will approach life with this perspective (Greasley, Chiu & Gartland, 2001). Publications by the Health Education Authority (1999) and the Mental Health Foundation (1999) have stressed the importance of religious and spiritual beliefs

in providing a source of comfort and support in times of crisis.

Ameling and Povilonis (2001) acknowledge that many mental health nurses have expressed interest in incorporating spirituality into their model of care. They suggest as did Greasley, Chiu and Gartland (2001) that publications are reinforcing the beliefs of many that spirituality is included as a relevant source of either emotional distress or support as is noted in The Diagnostic and Statistical Manual of Mental Disorders, and also the North American Nursing Diagnosis has recognized the importance of spiritual care.

The study conducted by Ameling and Povilonis (2001) included an extensive literature review. They found three common themes throughout the literature. Spirituality and its relationship to substance abuse treatment, spirituality and its relationship to psychiatric training and education and the impact of spiritual interventions on mental health. The results of the study were ambiguous but the literature did suggest that there may be some clinical importance to including considerations of client's spirituality in their care. In cases of substance abuse a spiritual component has been helpful and meaningful for clients. In other areas of mental health it was determined that clients would welcome questions or discussions about their spirituality. In addition, they identified that spiritual interventions may be helpful for certain clients.

A study aimed at clarifying the concept of spiritual care in mental health nursing reports that spiritual care relates to the acknowledgement of a person's sense of meaning and purpose to life, which may or may not be expressed through formal religious beliefs (Greasley *et al*, 2001). This study also found that spiritual level of the nurse was also associated with the quality of interpersonal care; expressed as love, concern, and kindness

to patients, and personal well-being. For users this translated to a sense of inner peace, emotional well-being and hope in the context of a personal crisis. For staff this was expressed as self-fulfillment. It was discovered that the fundamental values of mental health nursing and the environment of care provision were becoming less personal, with emphasis falling on the tasks of nursing. For staff to acknowledge these issues it is felt that a more holistic approach to care should be provided, which would mean multidisciplinary education and training on spiritual care.

Although the value of spirituality to mental health has been acknowledged, research is just beginning to examine the nature of spirituality and its impact. Researchers in the mental health field have discussed spirituality by describing the phenomena conceptually using models that illustrate how spirituality relates to overall adaptability and well-being of the individual. To summarize, these theorists believed that the spiritual dimension is an inborn component of the human experience and acts as a link between one's spirituality and other dimensions of life (Hodges, 2002). The spiritual dimensions essential to spiritual wellness discussed by Hodges includes meaning in life, intrinsic values, transcendence and community of shared values and community support.

A study by Nolan and Crawford (1997) feels that mental health nursing is in danger of overlooking how deeply its practices are rooted in, or should be rooted in the attempt to understand and respond to people's spirituality. This theme is seen repeatedly in the literature (Ameling & Povilonis, 2001; Hodges, 2002; McSherry & Cash, 2004; O'Reilly, 2004; Thompson, 2002). Nolan and Crawford (1997) explain that mental health nursing

does not take place in laboratories but it is something that exists between the client and the nurse that is pragmatic, unassuming and compassionate.

It is theorized that the unique role of the mental health nurse is to facilitate the psychosocial healing of the individual with mental illness. The interpersonal relationship between a nurse and client creates a therapeutic environment through every day healing. The mental health nurse can promote a therapeutic relationship by verbal as well as non-verbal interactions and a connection can be made by actively sharing experiences with them.

Barriers to Providing Spiritual Care

Historically mental health researchers and practitioners have generally neglected spirituality, but recently the role of spirituality in mental health as well as holistic wellness has begun to receive attention in the psychological literature. There have been at least three barriers to the acceptance of spirituality in the mental health field. These are identified as the history of mental health treatment, professional stereotypes, and confusion and fear over the meaning of spirituality (Longo & Peterson, 2002).

A study reported by Vance (2001) was designed to examine the spiritual attitudes of nurses and utilized the Spiritual Well- Being Scale (SWBS) and the Spiritual Involvement and Beliefs Scale (SIBS). The SWBS measures both the mental-physical and the existential dimension of spirituality within an individual's life. The SIBS assesses spiritual beliefs and actions that are free of traditional religious and cultural bias. The Spiritual Care Practice Questionnaire (SCP) was also used in this study. An important outcome of the study was the identification of barriers inhibiting the provision of spiritual care; see Table 1.

Table 1. Barriers Inhibiting the Provision of Spiritual Care in Nursing Care.

Insufficient time
Insufficient education
Patient privacy
Lack of confidence of nurse
Difference between spirituality between patient and nurse
Confusion over proselytizing
Inappropriate professional activity
Neglect of personal spirituality
Criticism from peers
Culture of Hospital
Culture of Nursing Services

A study by McSherry and Watson (2002) was performed to look at the spiritual dimension of nursing care. The study used the Nursing Dimensions Inventory (NDI). The article addressed one particular question from the study. The statement "As a nurse it will be important for me to attend to the spiritual needs of a patient" (p. 843) was presented to student nurses at the entry level of a nurse education program, and at twelve months and twenty-four months into the program. The conclusions were recorded within the article but the numeric results were not specifically provided. The results indicate that education may increase student nurses' awareness of the importance of spiritual needs. They suggest that it could be argued that nurse education is generating awareness of an aspect of care that is not completely understood by the general public. The authors also conclude that nurses may be wrongly making an assumption that spiritual needs are important to all patients. It could be debated that this assumption reflects the conceptual and theoretical arguments about spirituality being developed within contemporary

nursing. The authors feel that we might best benefit from asking the patient what they feel their spiritual needs are and gather qualitative evidence that may further explain patients' understanding of the spiritual dimension.

There are several authors that have written that many nurses have difficulty reconciling the spiritual with the scientific (Clark et al., 1991; Hatrick, 2002; Nolan & Crawford, 1997; Wilbur, 1998). They feel that science and spirituality exist as a polarity of opposites. This idea is negated by Cavendish *et al* (2003). They report that nurses should be providing spiritual care to their patients and that meeting the spiritual needs of patients should be a concern of nursing. They also identify that many nurses feel that spirituality is an essential part of nursing. .

Gallagher, Wadsworth and Stratton (2002) also indicate that mental health professionals are reluctant to deal with spiritual concerns that clients may express. They feel this may be due in part to the lack of spirituality training and experience.

There are a number of areas identified as barriers to providing spiritual care. The history of mental health treatment, professional stereotypes and confusion and fear over the meaning of spirituality are three barriers identified in the acceptance of spirituality in the mental health field. Studies have concluded that education may increase the awareness of the importance of spiritual needs.

Types and Beliefs about Spiritual Nursing Interventions

Fallot (2001) discusses the cultural context of spirituality but he acknowledges that in many cultures spirituality and religion figure prominently in an understanding of personal difficulties and of the boundaries between normal or abnormal. Understanding both the individual's cultural context and the context of one's own practice is essential in

making judgments about religious or spiritual experiences that may be associated with subjective distress or observed symptoms. Religious and spiritual modes of expression not only vary widely between cultures but also from one religious group to another.

McSherry and Watson (2002) and Thompson (2002) acknowledge the need for sensitivity, self-awareness and personal value clarification when addressing spiritual needs. They feel these needs can arise in a religious or nonreligious framework but whatever the point of origin, a spiritual need is a unique need expressed or demonstrated by an individual who specifically determines and interprets or perceives it.

Researchers have performed limited studies on what nurses believe spirituality can do for their patients, the spiritual services offered, and under what circumstances. Grant (2004) presents information on the types of interventions that nurses offered, suggested or provided each particular therapy identified through his research. This list may not include all types of spiritual interventions.

These interventions include: holding a patient's hand, listening, laughter, prayer, being present with patient, massage, therapeutic touch, music therapy, use of guided imagery, meditation, spiritual counseling, scripture reading, religious sacraments, laying on of hands, use of sacred music, worship, aromatherapy, centering, energy work, biofeedback, acupuncture, fasting, chanting, and repatterning.

Grant (2004) explains that researchers have written a great deal about the need to reintroduce spirituality into nursing. His study sought answers to the following questions by surveying bedside nurses (*n*=299) at a university hospital. 1) What do nurses from the same hospital think are the benefits of spirituality for their patients? 2) What spiritual therapies, if any, have they provided or made available to patients? 3) Under what

circumstances do they think spiritual interventions are appropriate? Their results suggest that most nurses believe in the efficacy of spirituality and that it can produce a variety of emotional and physical benefits, ranging from inner peace to healing of the body. Secondly, a majority of the nurses use therapies like touch, listening, laughing and prayer, but few use other practices such as energy work, biofeedback or acupuncture. Lastly, the survey suggests that nurses can identify several situations where spiritual interventions seem appropriate.

The findings from this study have important implications for the study of spirituality in nursing. The results suggest that further studies should not be confined to certain specialties although the author did not explain the reasoning for this suggestion. Focusing strictly on nurses' potential to improve spiritual care fails to address the important question of whether or not spiritual care becomes a part of the larger culture of hospitals and nursing staff? If so, what are the common ideas and practices for the building blocks of these cultures? These are areas that should be considered for further studies regarding spiritual interventions of nurses.

Ameling and Povilonis (2001) identified several areas of implication for practice with their study. They note that first it is important for nurses and clinicians to understand that finding meaning in life or finding answers to life's questions is a motivating force for many people. If a person's spirituality is a primary motivator then it should not be overlooked in nursing assessment and treatment. Asking about a client's beliefs and allowing them to be discussed freely when appropriate conveys respect for the person's spirituality. Secondly, a spiritual assessment should be incorporated as a routine part of taking the psychosocial history. They indicate that this may facilitate wellness

and strengthen the therapeutic relationship by providing nurses with a more complete understanding of the client's experience of their mental health and their lives.

Nurses can identify situations where spiritual care is appropriate. It is essential to acknowledge the need for sensitivity, self-awareness and personal clarification when addressing spiritual needs. A spiritual assessment should be included when spirituality is a primary motivator and will provide the mental health nurse with a more holistic view of the client as well as facilitate wellness and strengthen the therapeutic relationship.

Self Care for Nurses

Self-care is needed to develop and observe one's values and to cultivate an open minded attitude. Stereotypes about religious and spiritual issues must be acknowledged so we don't impose our own beliefs similarly to the way we should acknowledge our own cultural and gender stereotypes. Sensitivity to the client's spiritual beliefs is necessary in order to respond when appropriate or to respect the client's preferences not to discuss spiritual issues. Nurses also need to be aware of the effect their belief systems can have on understanding and empathizing with the spiritually oriented person. When communication negates or devalues another's spiritual or religious experience, even if it is indicative of psychosis, therapeutic relationships cannot grow and the client may feel anger toward the nurse for devaluing their experience (Fry, 1998).

To place a value on our own work of caring and recognizing that it is essentially sacred in nature may be one of the most important things we can do towards restoring spirituality into caring. It becomes easy to put too small a price on our value as care providers, but it is vital in our spiritual search. Wright (2002) says "What we do is significant, it matters and coming to accept that, when we so often undervalue the

contribution we make is part of the process of getting into right relationship. Our work provides us with the milieu for action in the world. Valuing it and being in right relationship with it, helps us toward right relationship with ourselves" (p. 25).

Meditation programs, team support, assisting to develop a sense of meaning and purpose in the workplace, connectedness and good relationships among colleagues are all ways to care for nursing staff and attend to some of their spiritual needs (Wright, 2002).

A subject found within the literature is that providers must assess their own spiritual beliefs, values, and biases before initiating spiritual assessments on clients. Table 2 provides some questions for the nurse to consider for reflecting on their personal spirituality.

Table 2

Personal Spirituality: Questions for Reflection

What do I believe in?
What gives my life meaning?
What do I hope for?
What do I love and who loves me?
What do I understand by the term spirituality?
How am I with others?
What would I change about my relationships?
Am I willing to heal the relationships that are troubling me?

Meeting a patient's spiritual needs should be a concern of nursing. Spiritual care is infrequently documented so it is a difficult area to research. Nursing as a profession

views the client holistically and spiritual interventions do need to be included if a client views spirituality as an important part of their healing. There are a number of areas where it has been determined that further studies could be initiated to benefit both the nurse and the client in areas related to spiritual issues.

CHAPTER III

FUTURE DIRECTION OF SPIRITUAL CAREGIVING

Introduction

The purposes of this project were twofold: 1. To explore what current literature has stated about spirituality and spiritual care giving within the role of nursing and 2. To determine what are the implications for psychiatric mental health nursing practice.

This paper has explored what current literature states about spirituality and spiritual care giving within the role of nursing and it has addressed the relevance it has on psychiatric mental health nursing practice. This chapter will summarize what research and practice have shown to be areas for growth related to spirituality and mental health nursing.

Researchable Issues

Cavendish et al (2003) identified that spiritual care is infrequently documented in acute care settings and that the types and frequency of the spiritual interventions themselves are not known. Studies to identify the types and frequencies of spiritual interventions and to measure the outcomes of the interventions themselves should be done to improve care issues in nursing.

Van Leeuwen and Cusveller's (2004) research identified a need for research on nursing competencies in spiritual care relating to nurses' responsibility for direct patient care, handling the limitations of that care, and dealing with the contextual conditions for spiritual care. They also concluded that there are three areas that need further research.

The first is that patient's expressions of spirituality may appear differently in different health problems so nurses may need different competencies depending on the area in which they work. Secondly, various aspects of spirituality may differ across the settings in which nurses work. The professional responsibilities and, thus their competencies may vary in settings that range from community care, rural areas, and missionary work, to high tech settings such as inner city or intensive care settings. Lastly, in multicultural societies, nurses may have exposure to different religious and cultural groups in different ways. Competencies appropriate to each of these three areas (problems, settings and culture) have received little attention and further research is needed in these areas to provide solid data for development of nursing competency profiles.

Grant (2004) suggests that focusing strictly on the nurses' potential to improve spiritual care fails to address the important question of whether or not spiritual care becomes a part of the larger culture of hospitals and nursing staffs. And if so, what are the common ideas and building blocks for these cultures? These are areas of research that should be considered regarding spiritual interventions of nurses. I believe that it would be beneficial to find ways to study the issue of spiritual care within the context of the culture of hospitals and nursing staff.

Nursing Practice

Ameling and Povilonis (2001) note several areas that are implications for spirituality in nursing practice. First they feel that nurses and clinicians need to understand that finding meaning in life or finding answers to life's questions is a motivating force for many people. If spirituality is a primary motivator for an individual then it should be included in the nursing assessment and treatment. Asking about the

client's beliefs and openly discussing them conveys respect for the individual's spirituality. Secondly, a spiritual assessment should be included as part of the psychosocial history. This may facilitate wellness and strengthen the therapeutic relationship by providing the nurse with a more complete understanding of the client's experience of their mental health and their lives. In mental health nursing, we build on the assets of people, thus knowing the person's use of spirituality to support wellness provides the psych mental health nurse with another tool to help them move towards and maintain wellness. It is essential that psych mental health nurses take the time to assess adequately, utilize this knowledge in therapeutic process and support the growth of the client's spiritual state.

Education

McSherry and Watson (2002) concluded with their study that education is needed to increase student nurses awareness of the importance of spiritual needs. In my opinion there would be an advantage to improving the approach we have with student nurses about the relevance of spiritual care and its importance to the overall holistic approach that nurses need to take with their patients. One should become more comfortable speaking with patients about their spiritual needs if the importance of addressing spirituality and educating students on how to promote this care happens early in their training programs with it being enforced through their clinical experiences. .

The research has also determined that self-care is needed to develop and observe one's values and to cultivate an open minded attitude. Nurses need to assess their own spiritual beliefs, values and biases before initiating spiritual assessments on clients. A careful reflection into one's own personal spirituality is essential to providing appropriate

spiritual and holistic care for the patient we care for.

Summary

Spirituality is essential to delivering holistic care. In mental health nursing, spirituality is an important area to support since it moves the client towards wellness. Our understanding of spirituality needs to be strengthened and developed further through practice, research and educational processes.

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