



Editorial

Knowledge Required to use the Power of Spirituality in Healthcare

For people dealing with changes in their health status, nursing care often involves attention to the physical aspects of their condition. In addition, people too long discuss with health professionals how their lives have changed as a result of circumstances. Such discussions are based on the assumption that everyone needs hope, meaning, and purpose in their lives, and connection to their spiritual dimension (the essence of the self) can be a powerful part of the healing process. Observation of people has indicated that without such support, spiritual suffering can be added to the existing distress. Increasing evidence has shown that spirituality, whether expressed through religious or secular means, is an important component of patients' quality of life, affecting their healthcare decisions and outcomes. These discussions invite nurses and other healthcare professionals into the spiritual dimension of the human person and the area known as spirituality. Broadly defined, spirituality gives meaning and purpose to life. A useful and more specific definition is: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."⁽¹⁾ Recently, a Canadian author suggested that "we would be wise to recognize the power that spirituality does bring for both nurses and those under their care."⁽²⁾ In order to better understand this power and use it effectively in nursing practice, further nursing knowledge is required at the individual, disciplinary, and interdisciplinary levels. The purpose of this editorial is to shed light on the types of knowledge needed to both become skillful in addressing the spiritual aspect of humanity in the context of nursing care and stimulate further development of knowledge at all levels.

At the individual level, whether one is in a nursing education program, practicing clinical nursing, or conducting research on this topic, some types of knowledge need to be developed to be able to effectively participate in spiritual discussions with patients or research colleagues. Development of self-knowledge is critical to become aware of the spiritual dimension and to feel comfortable when entering into a spiritual discussion. Reflection on one's spiritual health, wellbeing, and the factors contributing to it often are good topics to begin reflection activities. Doing a spiritual self-assessment might be another useful activity to determine strong areas and the areas in which to grow in order to enhance one's own spiritual wellbeing. The use of a broad spiritual self-assessment tool such as that of Crouch⁽³⁾ would be useful when undertaking such activity. Exploring concepts such as human person, health, and spirituality could ground one's exploration of the place of spirituality in health and health care. Becoming familiar with various

spiritual screening/assessment models and approaches as well as trying to discover how these models or portions of these models could be incorporated into the existing nursing assessment frameworks could be the next step. Finally, one must become knowledgeable about and comfortable with the interprofessional nature of spiritual care. Many healthcare professionals may have the opportunity or obligation to enter into spiritual discussions; obviously, some will do so in more depth than others. Likewise, all healthcare professionals should develop some comfort with intervention in the spiritual dimension as well as comfort and expertise in referring to and working with other professional colleagues in addressing spiritual needs. Increasingly, many healthcare professions include spiritual care at some level in their standards of practice and other professional guidelines.

At the disciplinary and interdisciplinary levels, many research questions remain to be answered in the development of new knowledge regarding spirituality in health care. Examples of such questions include:

How do we effectively incorporate spiritual screening/assessment into our existing nursing assessment frameworks?

How do we most effectively prepare nurses and other health professionals to assess and intervene in the spiritual dimension?

How do we create interprofessional healthcare teams that work well together in the area of spiritual assessment and intervention?

Are patients' spiritual needs being addressed in our current healthcare systems?

What is the power of attending to spirituality in both nurses and people for whom they care?

Nursing scholars have pondered and written about spirituality for over twenty-five years. Even while these discussions continue as a scholarly discourse, using our knowledge in our current practice and continuing to generate new research questions from that practice is important. These and other questions will guide the development in the next stages of nursing and interdisciplinary knowledge in the area of spirituality.

Joanne K. Olson, PhD, RN, FAAN

Professor, University of Alberta, Edmonton, Alberta, CANADA

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