

Spirituality in Health Care Practice

Barnum, B. S. (1996). Spirituality in nursing: From traditional to new age. New York, NY: Springer. The author explores the roots of spirituality in nursing as well as spirituality in relation to nursing theory (and theorists), healing, psychology, and ethics. She explores spirituality in light of an emerging paradigm in which expanded consciousness is recognized as another way of apprehending “reality”. Interesting reference lists at the end of each chapter contain books and articles from a variety of traditions (Christian, New Age, etc.). (HSC library - WY86 B263s 1996)

Boutell, K. A. (1990). Nurses’ assessment of patients’ spirituality: Continuing education implications. The Journal of Continuing Education in Nursing, 21(4), 172-176. In a random survey of Oklahoma nurses, 238 (of 817 solicited) returned usable questionnaires regarding the extent of their own spiritual assessment of their patients. The majority of these nurses “assessed their patients’ spiritual needs from a moderate to considerable extent” with such factors as nurse specialty and time of day effecting the degree of assessment.

Burkhardt, M. A. (1989). Spirituality: An analysis of the concept. Holistic Nursing Practice, 3 (3), 69-77. The author contrasts spirituality and religiosity, notes how researchers have studied the concept, provides descriptive characteristics which emerge from the literature, and provides a definition of “spiriting” (“the unfolding of mystery through harmonious interconnectedness that springs from inner strength”). She notes the importance of “being with” the client and of listening for indications that the client has significant relationships and experiences of connection.

Carson, V. (1980). Meeting the needs of hospitalized psychiatric patients. Perspectives in Psychiatric Care, 18(1), 17-20. The author describes the experience and benefits of starting a prayer group on a unit of chronic psychiatric patients.

Cobb, M., & Robshaw, V. (Eds.). (1998). The spiritual challenge of health care. London: Harcourt Brace. Various authors address such topics as spiritual care, the meaning of spirituality in illness, faith, and spiritual values in a secular age. Pamela Reed presents an interesting multiparadigm model of spirituality. (HSC library – WM 61 S753 1998)

Daaleman, T., & Nease, D. (1994). Patient attitudes regarding physician inquiry into spiritual and religious issues. The Journal of Family Practice, 39(6), 564-568. A convenience sample of 80 patients from a university-based clinic in Kansas indicated that (of 75) 64% prayed daily. *There was an association between frequency of religious service attendance and desire for physicians to inquire into their religious and personal faith, and belief that physicians should make pastoral referrals. Authors referred to other studies indicating low levels of physician referrals to clergy at times of patient distress.* Eighty four percent of the study participants were Christian. There is no comparison of the sample with patients who refused to participate in the study and partially completed surveys were included in the data set.

Dossey, L. (1999). Do religion and spirituality matter in health? A response to the recent article in *The Lancet*. *Alternative Therapies*, 5 (3), 16-18. Dossey comments on Sloan, Bagiella, and Powell's recent article *Religion, spirituality, and medicine* (see below).

Eisenberg, D., Kessler, R., Foster, C., Norlock, F., Calkins, D., & Delbanco, T. (1993). Unconventional medicine in the United States. *The New England Journal of Medicine*, 328, 246-252. In this landmark study, 34% of 1539 randomly selected participants (participating in telephone interviews) reported using at least one "unconventional therapy" in the past year. *Seventy two percent of these had not informed their doctor of the use.* Twenty five percent of the respondents reported using prayer, making that second only to exercise as the most frequently used non conventional therapy.

Ellis, C. (1986). Course prepares nurses to meet patients' spiritual needs. *Health Progress*, 67(3), 76-77. A brief discussion of a staff development course on spiritual care that was developed at St. Joseph Hospital in Houston, Texas in 1985.

Emblen, J., & Halstead, L. (1993). Spiritual needs and interventions: Comparing the views of patients, nurses, and chaplains. *Clinical Nurse Specialist*, 7(4), 175-182. (Qualitative study) Nurses, (a convenience sample of surgical) patients, and chaplains were asked to define "spiritual needs", identify interventions, and note who they felt should attend to patients' spiritual needs. In order of frequency, talk, offer prayer, read scripture, be present, and make referrals were noted as appropriate spiritual interventions.

Farran, C. J., Fitchett, G., Quiring-Emblen, C. J., & Burk, J. R. (1989). Development of a model for spiritual assessment and intervention. *Journal of Religion and Health*, 28 (3), 185-194. Authors propose a multidisciplinary model for spiritual assessment and intervention. They define "spiritual dimension" in terms of a functional definition centered on *meaning making*, and explore theoretical, developmental, and practical components of the spiritual dimension.

Flaskerud, J.H., & Rush, C. E. (1989). AIDS and traditional health beliefs and practices of black women. *Nursing Research*, 38(4), 210-215. Using a focus group format followed by unstructured interviews of particularly knowledgeable participants, authors explored the traditional health beliefs and practices of 22 low income, black women in the Los Angeles area. In relating these to participants' beliefs concerning AIDS, supernatural as well as natural causes of the disease were noted and prayer was viewed as a remedy and associated with healing. Good article to contrast health care consumer and provider views of health and illness.

Highfield, M. (1992). Spiritual health of oncology patients: Nurse and patient perspectives. *Cancer Nursing*, 15(1), 1-8. In this descriptive, cross-sectional survey, authors found no correlation between patients' self-assessed spiritual health and nurses' assessed health of these patients for 21 nurse-patient pairs.

Highfield, M., & Cason, C. (1983), Spiritual needs of patients: Are they recognized? *Cancer Nursing*, 6, 187-192. In this descriptive study, 35 nurses (who worked with oncology patients) responded to a questionnaire designed to assess their ability to recognize spiritual health in their clients. Authors concluded that the nurses had "limited ability" in this area.

King, D., & Bushwick, B. (1994). Beliefs and attitudes of hospital inpatients about faith healing and prayer. The journal of Family Practice, 39(4), 349-352. In this cross-sectional survey of hospital patients 77% of respondents said physicians should consider the spiritual needs of their patients, 48% wanted their physicians to pray with them, and 37% wanted more frequent discussions of religious beliefs with their physicians. Sixty eight percent indicated that their physicians had never discussed religious beliefs with them.

King, D. E., Sobal, J., & DeForge, B. R. (1988). Family practice patients' experiences and beliefs in faith healing. The Journal of Family Practice, 27(5), 505-508. From a cross sectional survey of 207 patients in a North Carolina rural family practice clinic, authors noted that 21% of the patients had attended a faith healing service and 21% had either personally been healed or knew of someone who had been healed. Additionally, 58% of respondents considered faith healers to be "quacks" while 29% believed that faith healers could help some people. The majority of respondents were female and Baptist.

King, D. E., Sobal, J., Haggerty, J., Dent, M., & Patton, D. (1992). Experiences and attitudes about faith healing among family physicians. The Journal of Family Practice, 32(2), 158-162. Questionnaires were sent to a random sample of physicians in 7 states. Of 594 respondents, 83% rarely or only sometimes discussed religion with their patients although 93% agreed or strongly agreed that physicians should consider their patients' spiritual needs. Interestingly, 23% of the physicians believed that some people could be healed by faith healers and 16% had actually attended a faith healing service.

Marwick, C. (1997). Should physicians prescribe prayer for health? Spiritual aspects of well-being considered. JAMA, 273(20), 1561-1562. Report of a meeting of the National Institute for Healthcare Research (attended by such researchers as Koenig, Levin, Larson) where the role of prayer and religion in maintaining health was discussed and future research needs were outlined.

Maugans, T., & Wadland, W. (1991). Religion and family medicine: A survey of physicians and patients. The Journal of Family Practice, 32(2), 210-212. To investigate the role of religion in family practice medicine, both physicians and patients were surveyed. Physicians were less religious than were patients. Forty percent of patients were open to physician inquiry regarding religious issues, but actual physician inquiry was reported to be infrequent by both patients and physicians. In both groups, the majority of respondents acknowledged the utility of prayer and the existence of God.

McGlone, M. (1990). Healing the spirit. Holistic Nurse Practitioner, 4(4), 77-84. The author contrasts the terms *cure* and *heal*, and notes how the "quality of relationship" differs in interactions leading to each. She notes that illness can actually be a cure for "time famine", allowing us to focus on spiritual concerns. She also briefly discusses prayer and meditation, spiritual healing, and therapeutic touch.

McSherry, W., & Draper, P. (1998). The debates emerging from the literature surrounding the concept of spirituality as applied to nursing. Journal of Advanced Nursing, 27,

683-691. Authors explore three debates emerging in nursing literature related to the concept of spirituality. These debates center on deriving a conceptual and theoretical view of spirituality that will be functional for the profession; reclaiming the spiritual heritage of nursing in a milieu dominated by science, technology, and secularism; and viewing spirituality from a truly holistic perspective (where it is not *reduced* to one of several parts of our being, but understood to be impinging, infiltrating and penetrating “all areas of our life in a subtle way establishing meaning and purpose”). An insightful article examining some of the subtler aspects of the quest to understand spirituality within the health care arena. Useful reference list with many citations related to spiritual care.

McGuire, M. B. (1988). Ritual healing in suburban America. New Brunswick, NJ: Rutgers University Press. In this extensive study, researchers attended 255 group meetings and conducted 356 personal interviews in one New Jersey county to document local “alternative healing” beliefs and practices. Models for conceptualizing illness and healing are described for Christian, metaphysical, Eastern meditation, and psychic healing groups. Adherents of many different alternative-healing practices had “radically different” views of health and illness than those assumed by the dominant medical model. Many practitioners of prayer did not share basic assumptions regarding health and illness that are taken for granted by much of the health care community. Persons who practiced prayer often had very different conceptualizations of what needed to be healed and how that could happen.

Nagai-Jacobson, M., & Burkhardt, M. (1989). Spirituality: Cornerstone of holistic nursing practice. Holistic Nurse Practitioner, 3(3), 18-26. An exploration of the concept of spirituality including concepts such as “attending to that which you know”, “interconnectedness”, “listening with one’s being”, “connections with the sacred”, and “presence and silence”.

Newman, M. (1989). The spirit of nursing. Holistic Nurse Practitioner, 3 (3), 1-6. Newman discusses spirituality in relation to “pattern recognition” and “sensing into one’s own field”. For her, the nurse’s task is to facilitate the “insight into his or own pattern” (facilitated by a shared consciousness or connection).

Newshan, G. (1998). Transcending the physical: Spiritual aspects of pain in patients with HIV and/or cancer. Journal of Advanced Nursing, 28, (6), 1236-1241. Spirituality is conceptualized to consist of hope, meaning, and love and relatedness in this article which explores spiritual tools (including presence) the nurse may employ in the care of patients with pain.

Novack, D. H., Epstein, R. M., & Paulsen, R. H. (1999). Toward creating physician-healers: Fostering medical students’ self-awareness, personal growth, and well-being. Academic Medicine, 74 (5), 516-520. Authors discuss how programs designed to specifically foster self-awareness, personal growth, and well-being in medical students should result in physicians who are truly able to bring about healing as they use *themselves* as diagnostic and therapeutic instruments.

O'Brien, M. E. (1999). Spirituality in nursing: Standing on holy ground. Sudbury, MA: Jones and Bartlett. The history of nursing is traced through the Christian tradition and spirituality is related to nursing roles in terms of caring, healing, and the provision of spiritual resources. Spiritual needs of the acutely ill, the chronically ill, children and families, the older adult, and in situations of death and bereavement are specifically discussed. Reference lists contain many Christian-oriented books and papers.

Oyama, O., & Koenig, H. G. (1998). Religious beliefs and practices in family medicine. Archives of Family Medicine, 7 (Sep/Oct), 431-435. Results of this survey indicate physicians to be less likely to have religious affiliations, pray privately, or hold intrinsic religious attitudes than their patients. Additionally, the more religious the patient, the more likely the patient was to want to know the physicians religious views and want the physician to pray with them.

Piles, C. (1990). Providing spiritual care. Nurse Educator, 15 (1), 36-41. Of 176 respondents to a survey (carried out across several diverse regions of the United States), 96.5 % of the nurses believed holistic care involved spiritual care but 65.9% felt inadequately prepared to perform such care. Knowledge and time deficits were noted as obstacles to providing care. The author includes a discussion of the difference between spiritual and psychosocial care.

Roush, W. (1997). Herbert Benson: Mind-body maverick pushes the envelope. Science, 276, 357-359. This author relates a brief history of Herbert Benson, a physician and researcher known for his work in mind-body medicine, "the relaxation response" and hypertension, and belief that faith can be a powerful force in healing. Both supporters and detractors of Benson's work are noted, as are Benson's plans to replicate the Byrd study.

Sloan, R. P., Bagiella, E., & Powell, T. (1999). Religion, spirituality, and medicine. Lancet, 353, 664-667. In light of a growing interest in the interface of health and spirituality in the medical community, the authors examine empirical evidence and explore ethical issues related to physician involvement in this type of "non-medical agenda".

Sodestrom, K., & Martinson, I. (1987). Patients' spiritual coping strategies: A study of nurse and patient perspectives. Oncology Nursing Forum, 14(2), 41-46. Of 25 oncology patients, prayer was noted as the most frequently used spiritual coping strategy although the majority of patients used a variety of spiritual coping methods. Almost half of the patients used nurses as spiritual resources. Lack of time was noted by 76% of the nurses surveyed as detracting from their ability to incorporate spiritual assessment in nursing practice.

Stuart, E., Deckro, J., & Mandel, C. (1989). Spirituality in health and healing: A clinical program. Holistic Nurse Practitioner, 3 (3), 35-46. A very interesting application of Herbert Benson's "relaxation response" within the clinical setting of a Hypertension Group Program. Practical application of a mind-body-spirit approach.

Taylor, P., & Ferszt, G. (1990). Spiritual healing. Holistic Nurse Practitioner, 4(4), 32-38. Authors discuss such concepts as touch, accompaniment, and prayer in relation to healing and death.

Wells, B. (1999). Revival: Duke renews the ancient conversation between religion and medicine. Duke Medical Perspectives, 19(1), 30-37. New programs are being developed at Duke University as a result of a growing discussion between the schools of divinity and medicine. An Institute on Care at the End of Life, a parish nursing program, and a forum for health care providers to discuss spiritual issues grew out of this discussion. The history of religion and health, research on the effects of religion on health, and current trends linking the association of the two disciplines are briefly discussed. This article has no reference list.

Widerquest, J. G. (1991). Another view on spiritual care. Nurse Educator, 16 (2), 5,7. In responding to another article on spiritual care, this author speaks of the overlapping of spiritual and psychosocial needs and contrasts such terms as *religious* vs. *spiritual* and *curing* vs. *healing*.