The spirituality within
by Tammy Kay Norman

A project submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

Abstract:
Health care providers have always focused on the well being of their patients; the issue of spirituality adds another dimension to this focus. The use of spirituality in the health care visit directs this project Although interest in spirituality has waxed and waned, references to it exist throughout history. Spirituality is mentioned in Greek times, with the druids, in Christianity, by Viktor Frankl, and by Florence Nightingale. Although difficult to define, a review of literature reveals that connectedness, meaning and purpose, God or God-like being, and transcendence are all commonly accepted components of spirituality In addition to addressing the question of what spirituality is, answers to the following questions are provided: when spirituality should be used, who should use it, why it should be used, and how it can be used in the health care visit. Betty Neuman provided the conceptual framework that was used in gathering and presenting this information.

The goal of this project was to increase providers' knowledge about spirituality and how to utilize it in the patient care setting. A CE program was offered that was developed in various phases that included a literature review, preparation of the CE program, application for CE credits, environmental arrangement, delivery of the program, and final evaluation. Material was presented with the Powerpoint format in 21/2 hours. Following this, three guest speakers spent the next 1 1/2 hours discussing how they have been affected by spirituality with their various health care needs. They also gave ways that the health care providers they encountered influenced their spirituality in positive ways. While attendance was limited, the providers that attended the program indicated that they received valuable and practical information about the use of spirituality in health care.

Health care providers can add to their professional growth by staying abreast of research in the area of spirituality. While some providers may feel reluctant to raise spiritual issues with their patients, others will revel in the newfound freedom in discussing a relevant, yet often intangible, element of health care with their patients.

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APPROVAL

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This project has been read by each member of the project committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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ABSTRACT

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Although interest in spirituality has waxed and waned, references to it exist throughout history. Spirituality is mentioned in Greek times, with the druids, in Christianity, by Viktor Frankl, and by Florence Nightingale. Although difficult to define, a review of literature reveals that connectedness, meaning and purpose, God or God-like being, and transcendence are all commonly accepted components of spirituality

In addition to addressing the question of what spirituality is, answers to the following questions are provided: when spirituality should be used, who should use it, why it should be used, and how it can be used in the health care visit. Betty Neuman provided the conceptual framework that was used in gathering and presenting this information.

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Health care providers can add to their professional growth by staying abreast of research in the area of spirituality. While some providers may feel reluctant to raise spiritual issues with their patients, others will revel in the newfound freedom in discussing a relevant, yet often intangible, element of health care with their patients.

CHAPTER 1

INTRODUCTION

World events, both global and local, shape daily lives in both positive and negative ways and affect peoples' behaviors. If these events are significant enough, they open up minds and lead to questioning of current thoughts, actions, and practices. The events that occurred in the United States on September 11, 2001, and the effect these events had on many people, are an example of that.

The areas most likely questioned at times of significant turmoil deal with relationships and connections. Spiritual issues are one of those areas questioned. "At times of crisis, especially crisis surrounding issues of death and dying, spirituality takes center stage" (Siarpira, 2001, p. 50). Spirituality's hold on people's lives may only be tenuous, but often gets firmer when people question the world around them. Spiritual beliefs can affect different aspects of life, including jobs, education, family life, and healthcare. Spiritual beliefs can alter how one views international news and can also alter interactions within the home and the surrounding environment. Spiritual beliefs can provide a feeling of connectedness that creates purpose and meaning (Nolan & Crawford, 1997). The focus of this project was on spirituality and how it can be incorporated into the health care visit. While definitions of spirituality vary, a general definition is that spirituality is a human experience with the attributes of wholeness, and a connection to a higher being that combines the search for meaning with purpose. Faith, love, compassion, caring, transcendence, and a connection of the body, mind, and spirit are often seen as central values in spirituality (Cavendish, et al. 2001).

Incorporating spirituality into health care can be a challenge to health care providers. If used, however, it can lead to enhancement of the patient/provider encounter by expanding and increasing "the state of harmony within the nurse and with the world-at-large, promoting and manifesting great healing potential for both the nurse and for those with whom the nurse engages" (Cumbie, 2001, p. 58). The benefits gained can be helpful for both participants in the interaction. Spirituality "fosters a positive, calm, peaceful, harmonious state of mind, a belief in oneself through connectedness with the divine that has given one's life meaning, purpose and hope" (Coyle, 2002, p. 596). The realm of spirituality is very broad and includes religious practices, general beliefs, specific behaviors, and certain thought processes. The issues that will be emphasized for this project are: background and historical information on spirituality and how providing care from a spiritual perspective may benefit the patient, nurses, and other health care providers (Nolan & Crawford, 1997).

Spirituality is within everyone in one form or another and growth can occur within patients and nurses when spirituality is incorporated into the patient care visit (Taylor, 2002). Viewing patients through a spiritual lens helps provide a clear path for effective communication in interactions. All people are spiritual; one's spiritual connection and comfort level, however, are often lacking. Once experience is gained in using a spiritual lens, the positive benefits help ease the discomfort associated with trying a new way of thinking. Thus, a new pattern of expression and way of focusing are provided.

Why is this a topic of interest for this author? Spiritual issues have been a focus for this nurse for the last ten years and have lead to questioning of actions and thoughts.

With this questioning, a conclusion has been reached: Spirituality adds a dimension that helps focus and direct day-to-day activities. Improvement occurs in interactions with other people and in the quality of day-to-day experiences when spirituality is utilized, regardless of the depth of spirituality achieved. Sometimes spirituality will be at the forefront and sometimes in the background. Once in place, however, it will color all interactions in one way or another. It is like a rainbow—even after the rainbow is gone it continues to brighten the day. This nurse feels changed with the addition of spirituality and would like other health care professionals to feel free to interact with clients on a spiritual level. Utilizing a spiritual perspective moves the relationship with patients from superficial to more genuine. "Implementing spiritual care offers productive possibilities for quality, nonhierarchical nurse-client relationships." (Price, Stevens, & LaBarre, 1995, p. 8). The nurse, once comfortable utilizing spirituality, can delve deeper into the issues of importance to the patient. Nurses can affirm a patient's feelings, help families reconnect, help people cope with their emotions, and help patients with healthy resolutions by using the spiritual approach (Price, et al. 1995). With this, growth will occur in the nurses' life, the patients' life, and in all patient/nurse interactions.

Purpose and Goal

The goal of this project was to increase providers' knowledge about spirituality and how to utilize it in the patient care setting. To achieve this goal, a continuing education program on spirituality was presented. This program was a 4-hour presentation entitled "The Spirituality Within." The presentation content included: the connection

between spirituality and health care, what spirituality is, how to utilize it with the patient/provider encounter, and how providing care from a spiritual perspective can benefit patients and providers. The program was offered to the staff of the Curry Health Center at the University of Montana in January 2004.

Conceptual Framework

Betty Neuman's Systems Model provided a conceptual framework for this project. Neuman's model contains important concepts that fit well with the topic of spirituality. The model was adapted and simplified for this project. Neuman's Systems model is based on taking a wholistic view of the patient in an open, dynamic manner. The patient is seen as a whole entity who interacts with the surrounding environment and reacts to the changes that continually occur. Health and nursing, within this environment, help guide interactions with patients (Freese, 2002). The five main variables that interact in Neuman's model are physical, psychological, sociocultural, developmental, and spiritual (Freese, 2002). In order to approach patients with a spiritual outlook, the nurse needs to use openness to view the patient as a whole. The five variables interact in unique ways within each patient and the nurse needs to view all aspects of patients to help them get to a healthier level. A patient is seen as an entity with several layers. The body may be seen as the outermost layer, the one where a physical health problem is most obvious, such as with a deep laceration. The mind hides its problems a little deeper and the spiritual level is hidden within the mind, sometimes in the deep recesses. The framework provided by Neuman can be used to help illness become wellness by helping lead patients toward

harmony and by helping them integrate the influencing factors present in their lives.

This framework provides support for the use of spirituality in health care. All of the patient's needs should be approached through a wholistic lens for comprehensive care. Nurses working in faith communities as parish nurses use "health language as a lens to bring the needs and opportunities of the community into focus so that the appropriate connections can be recognized" (Brudenell, 2003, p. 86). Neuman's Systems model supports the view of the whole being with all of the complications inherent in being human. Neuman considers the patient as a central core with surrounding needs. Of course, the center cannot be overlooked, but the surrounding needs can, and do, affect how the core reacts. The core also affects the surrounding needs. The inner emotions and values within the patient will certainly affect reactions to the outside influences. The spiritual variable is part of this picture and is seen as a basic characteristic of a person, even if the patient and provider do not recognize this. Spiritual awareness can present at any time in one's life and can provide a great deal of support and energy when it is released (Martsolf & Mickey, 1998).

Spirituality is often elusive, but when found may provide great strength to people during any phase of illness, during a hospital stay, or when coping with the death of a family member. The physical, psychological, sociocultural, and developmental areas of people tend to overlap and become one when viewing the patient in a spiritual light. When using openness and wholeness in caring for patients, health care providers may offer the opening that patients need to express their spiritual concerns and needs. As this relief is provided, patients can then focus their energy on their health care concerns.

Definitions

This section is included to provide the reader with operational definitions of terms used in this professional paper.

Continuing Education (CE)—Education that "consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician [health care provider] uses to provide services for patients, the public, or the profession" (cme.northwestern, retrieved 9/28/03).

Holism–A theory that the universe and especially living nature is correctly seen in terms of interacting wholes (as of living organisms) that are more than the mere sum of elementary particles (m-w.com, retrieved 9/20/03).

Spirituality—The non-physical part of people that is concerned with interconnectedness, a higher being, transcendence, love, faith, and the meaning and purpose to life on earth.

Wholeness—Pertaining to all aspects of human nature especially one's physical, intellectual, and spiritual development. Neuman also includes sociocultural and developmental characteristics. All parts are interacting (holism), but the entire person needs to be considered with these interactions (Freese, 2002).

Wholism—Focus on all aspects of life, emphasizing the interrelationship between physical, mental, and spiritual arenas. It includes giving responsibility to patients and forging partnerships with them (Tubesing, 1974).

CHAPTER 2

LITERATURE REVIEW

The spirituality within; this statement may bring up different images among those who hear it. It embodies many issues and holds deep meaning for most people. Where and when did the ties between spirituality and health care begin? What is spirituality and wholism? Who should use it? When can it be used? Why should spirituality be used? How can it be used? A summary of the relevant literature on spirituality, as it relates to use in health care, is presented in this chapter. The literature review is organized according to the questions posed above.

Where and When Did the Ties Between Spirituality and Health Care Begin?

Spirituality and health care can be better understood through their roles in history. Starting in ancient times, spiritual issues were associated with health care and continued to be associated throughout history, regardless of the religious backdrop. Greek mythology included the portrayal of Aesculapius, God of Medicine and Panacea, Goddess of Health. Druids, in the British Isles in the pre-Christian era, worshipped Gods and Goddesses related to health and fertility (Barnum, 1996). Spirituality and health also have important roles in Christianity. "Indeed, one can argue that Christianity was the first religion to understand care of the ill as an important spiritual charge" (Barnum, 1996, p. 30).

Viktor Frankl (1992) discussed how spirituality was used in the concentration camps during World War II. He observed that if people were fortunate, their spiritual life could deepen during trying times and could be used to take them away, at least spiritually, from their unfortunate surroundings. Faith helped the prisoners maintain "inner riches and spiritual freedom" (Frankl, 1992, p. 47). Decline often came quickly once faith was lost and the prisoner became subject to physical and mental deterioration and quickly lost the hold on life. Without value, meaning, and purpose, the point of living was gone and nothing could change the prisoner's course.

Spiritual beings and mythical creatures play major parts in the beliefs surrounding health and illness in many cultures. "According to the San hunter-gatherers of the Kalahari, sickness resides in everyone, but true illness will only manifest in a few" (Cumes, 1999, p. xi). The people who became ill were the ones who had lost balance and inner harmony. Balance and harmony, components of spirituality, were the keys to health. According to Cumes (1999), healing involves the healer, the patient, the environment, and an infinite field that is encompassed by a higher force.

Spirituality has been a traditional part of nursing and health care. Florence Nightingale discussed the importance of attending to the patient's spiritual, as well as physical needs throughout her writings (O'Brien, 1999). Also, as Frankl (1992) pointed out physical decline may very well have a spiritual cause. While a cause of death may be ruled as tuberculosis, a person with intact faith may not have succumbed to this disease. This wholistic view in health care, however, began to diminish as it became easier to focus on obvious physical signs and symptoms. Hard sciences began to replace the soft

sciences. "With the advent of our modern scientific approach we may have lost sight of the whole person for a while, but in the last few decades the integrated view has returned as practitioners attempt to enhance the healing process" (Latorre, 2000, p. 67). In the nursing profession, as schools began to move away from an affiliation with religious denominations, the focus moved towards professional development and autonomy of practice (O'Brien, 1999). Nursing professionals had the need to prove themselves with the other caring professions, which was beneficial to the profession. Unfortunately, spiritual care in nursing was moved into a background role.

That trend in conventional health care today, once again, is to incorporate the roles that mind and spirit play in their interactions with the body. While biological sciences continue to be important, the idea of holism opens up a new realm of possibilities. Integrating holism into health care started being strongly promoted in the 1970s and 1980s and continues to be emphasized (O'Brien, 1999). Holism helps providers view more than one dimension of a patient at a time. This view is then used in coordinating care and responding to the interactions of all parts. Holism, and to a greater extent wholism, will be more thoroughly discussed later.

What Is Spirituality and Wholism?

Before spirituality can be incorporated into health care, the meaning of spirituality needs to be addressed. According to Hussein (1994),

> The relationship between body and spirit is analogous to a building and its foundation lying under the ground; the foundation, although hidden, remains an

> indispensable support to the building. Likewise, the spirit is the base on which the body and mind rest (p. 8).

Interest in spirituality has been steadily growing. "Since the 1980s nursing began to return to its traditional roots in spirituality with a steady flow of interest in the topic" (Narayanasamy & Owens, 2001, p. 447). Although current definitions of spirituality are abundant and varied, some common themes emerge. Four main themes are apparent in much of the spirituality literature: connectedness, meaning and purpose, God or God-being, and transcendence (Cavendish, et al. 2001; Coyle, 2002; O'Brien, 1999; Narayanasamy & Owens, 2001; Vance, 2001). Some additional characteristics were added or expanded on by some authors. Horizontal and vertical dimensions were mentioned and defined by two authors. The horizontal dimension is the relationship with self, others, and the natural world and the vertical dimension is seen metaphysically as the personal relationship with God or other godly being (Cavendish, et al. 2001; Coyle, 2002).

Seven areas in spirituality were presented by Cavendish, et al.(2001): beliefs, connectedness, inner motivating factors, life events, understanding the mystery, walking through, and divine providence. Understanding the mystery is the way people try to understand the meaning and purpose of their life. Walking through refers to the ability to use one's inner strength to sift through life's events in order to accept them, reorder them, and move beyond them. Divine providence is seen as the existence and guidance a higher power provides to one's life (Cavendish, et al. 2001).

While spirituality can be a key part of religion, the converse is not necessarily true. People who would not consider themselves religious may be very spiritual. "All religions embrace spirituality, but religion is only one of a variety of ways of understanding or accessing spirituality" (Nolan & Crawford, 1997, p. 290). It does not matter so much if the search for spirituality is in a Buddhist or Christian realm, what matters more is that the search itself occurs (Cavendish, et al. 2001). Spirituality has too often been linked only to Christianity, which leads to role ambiguity for nurses. Nurses have been reluctant to teach Christianity, and so have tended to avoid the whole issue of spirituality. This is changing (Price, et al. 1995). "Nonreligious clients, like all people, have a spiritual dimension, reflected in universal striving for meaningfulness and purpose; love and belonging; harmony with self, nature, and others; and peace" (Taylor, 2002, p. 241). Astrow, Puchalski, & Sulmasy (2001) concur with these thoughts.

> Thus, although not everyone has a religion, everyone who searches for ultimate or transcendent meaning can be said to have a spirituality. Physicians, nurses, and other health care professionals are often in a remarkable position to appreciate the spiritual journeys of their patients in their experience of illness. (p. 285)

The foundation for spirituality also involves taking a holistic or wholistic approach to practice. While these terms are often used interchangeably, wholism better fits the characteristics needed to embrace spirituality. Holistic covers part of the issues involved with spirituality, but wholism broadens this scope. Wholism focuses on all aspects of life, emphasizing the interrelationship between physical, mental, and spiritual arenas. It includes giving responsibility to patients and forging partnerships with them (Tubesing, 1974). This sharing allows patients to actively participate in their healing

process, learn new ways to cope with stress and pain, and reduce pain and anxiety (Davenport, 2002). When looking at a patient in an open, non-judgmental way, the whole environment needs to be noted. Although the whole environment may not be addressed in the plan of care, awareness of the environmental factors present is helpful. Every aspect of life, not just the physical, is considered. These aspects include values (What is important to the patient), faith (What the patient believes), commitment (What the patient is willing to put energy toward), and surrender (What the patient is willing to give up) (Tubesing, 1974). Robinson (1994) discusses the "hidden wholeness" of spiritual grounding. It is defined as

> the substrate, the ocean or matrix which buoys the rest, which gives goodness its power for good, and evil its power for evil, the unified field: our complex and inexplicable caring for one another, and for our life together here. This is given. It is not learned (p. 2).

Holistic health care and wholism certainly overlap. Holistic health care, however, tends to focus more on the alternative/complementary modalities such as biofeedback, meditation, massage, and herbal products. Both involve the recognition of the interactions between the body/mind/spirit and the idea that the whole is greater than the sum of its parts (Frisch, 2001, Tubesing, 1974). A quote by Tao Te Ching Tzu, (as cited in Nolan & Crawford, 1997), is relevant to the topic of wholism (Table 1, page 13).

Who Should Use Spirituality and When Can It Be Used?

Spirituality is an aspect of oneself that cannot be taken off and on at will. Everyone is comprised of some measure of spirituality that becomes part of who they are.

In this sense, it can be used by anyone who is willing and able to expand the spiritual side of their being. This focus can be more fully developed in the patient/provider encounter.

Table 1: Poem by Tao Te Ching Tzu

We join spokes together in a wheel but it is the centre hole that makes the wagon move. We shape clay into a pot, but it is the emptiness inside that holds whatever we want. We hammer wood for a house, but it is the inner space that makes it livable. We work with being, but non-being is what we use.

Providers and patients can both benefit from enriching their spiritual life. These benefits will be further explored in the next section. Opening up the mind to spirituality can be a challenge. If one is willing and able to do this, however, individuals and the surrounding community benefit (Robinson, 1994). The community becomes encircled by shared connections, values, and meanings. If the community is healthy, then the people within the community can focus more on their individual health, as can the health care providers.

In this professional project, the providers at Curry Health Center at The University of Montana will be the participants in the continuing education program. These providers work directly with the college population. Members of this population are in the process of growth in many respects. Growth in the psychosocial realm is an ongoing process throughout life, but especially in this age group. Young adults, consciously and of their

own free will, choose to follow a way of life they see as their spirituality. The achievement of self-integration is part of this process and includes learning to accept one's self through understanding, reasoning out problems, developing worthwhile values, seeking happiness, and searching for truth and wisdom in life while having a social awareness (Cavendish, et al. 2001). Young adults can certainly be encouraged to grow spiritually, but the need to find and accept who they are as a person is paramount before that spiritual growth can really flourish. Once these patients find themselves, providers may find this population an easy one with which to work when discussing spirituality.

As previously mentioned, spirituality becomes part of who one is, therefore it is always available for use. The strength of one's spirit will change as life's events change. At times it may just be a glimmer in the background, but at other times it may be a bright light to guide one's actions in life. As such, spirituality is beneficial at all times. It may be strongly used when helping a patient cope with death and dying and it may just stay in the background, ready to be utilized, when a patient comes for help with a sore throat or earache. A health care provider can view spirituality as one of the tools with which to help patients in their time of need. Patients may be able to handle their spiritual needs on their own or with the help of their friends and family, but a nurse needs to be aware of the possible need for assistance. "Hence the nurse must make some judgement about the extent and appropriateness of health care professionals' involvement for specific needs at different times" (McSherry & Ross, 2002, p. 483). Just as providers monitor the use of pain medications and use their judgment on whether a strong pain medication is needed

or an over the counter medication will work, they can adjust the dose of spirituality they provide to the differing needs presented by their patients.

Why Should Spirituality Be Used?

What is the point of discussing spirituality? What can using it accomplish? Is it worth the effort of soul searching to find the depth of one's spiritual being? In terms of the health care encounter, spirituality should be used to benefit the patient. In doing this the provider can also benefit.

When a provider can focus on the whole patient and help the patient deal with the issues that are presented, a bond is forged. People have an inherent need for defining themselves while learning self-acceptance, along with a need for interactions with others and, often, interactions with nature and a higher power (Robinson, 1994). The bond between patient and provider can be used to treat a patient respectfully, to help the patient address loneliness, and to provide an environment for growth (Goldberg, 1998). Using spirituality when giving care can help nurses see the role that emotional and psychosocial factors play in physical problems. Helping the patient recognize spiritual potential leads one to increased personal spiritual maturity. This helps patients more effectively cope with such things as death and dying. Comfort and acceptance in times of loss and grief seem to come easier and help guide meaning and purpose (Coyle, 2002; Narayansamy & Owens, 2001).

Patients can use pain and risks that are encountered in illness, loss, or grief to bring meaning and value to their lives (Robinson, 1994). While illness can be

demeaning, nurses can use the spiritual approach to help patients realize self-worth, become active participants in their care, and process their understanding of the illness (Coyle, 2002; Price, et al.1995). "Illness lays out choices between hope and despair, dignity and indignity, reconciliation and alienation" (Astrow, Puchalski, & Sulmasy, 2001, p. 285). Using this approach helps the patient put more faith in the provider as it is recognized that the provider is using all available options to help the patient with coping. Acceptance of the patients' beliefs and values also helps the nurse to understand suffering and, by extension, to share in humanity. When the nurse understands the meaning that patients attribute to their suffering, the nurses can share with patients. This sharing ultimately leads to healing (Nolan & Crawford, 1997). Sharing helps patients become active participants in their care, take responsibility, learn new ways of coping, and use the success to invest in one's own growth. When a patient is successful with this approach, self-care continues. As self-care continues for individuals, their efforts expand into the surrounding community and lead to positive growth and the good of all (Coyle, 2002; Cumbie, 2001).

While taking care of the patient is the main goal, providers can also benefit by using spirituality. Health care providers who are self-aware of their spirituality can participate more fully in the relationship with the patient and can more readily shift their focus to the needs of the patient (Coyle, 2002; Cumbie, 2001; Goldberg, 1998). Health care providers who work on what brings meaning and value to their work can "recommit themselves to the cultivation of empathic relationships with their patients" (Astrow, et al. 2001, p. 286). Health care providers who have become cynical, only thinking about the

financial gains in health care and no longer connecting with co-workers will have a difficult time being effective healers (Astrow, et al. 2001) "An integrated awareness of self, other, and environment provides the nurse with an understanding and openness necessary to authentically and fully participate with caring-healing intention in a therapeutic relationship" (Cumbie, 2001, p. 57).

How Can Spirituality Be Used?

The issue of spirituality needs to be framed in practical terms or it will not be utilized in health care encounters. Frisch (2001) stated that five areas are needed to make spirituality useful: knowledge, theories, expertise, intuition, and creativity. The first three can be developed through familiarity with research and published works; the last two, intuition and creativity, develop within providers. Although much of the research on spirituality is centered around chronic illness and death, the information can be applied to care of patients in primary care settings. According to Sumner (1998), nurses can enhance spiritual support in their patients by: attempting to understand where the patient is coming from, being fully present, supporting the faith needs of the patient, asking questions about what gives the patient hope and meaning, establishing trust and acceptance in this relationship, knowing other spiritual team members to whom to refer, being prepared for spiritual issues, and speaking up about spirituality policies in the work environment.

Engaging health care providers in their own spiritual journeys and wanting to heal, and not just cure patients, are other important aspects for the health care provider

(Siarpina, 2001). Individual health care providers can join this journey themselves and pass on what they learn to those patients wanting guidance in this realm. Seaward (1998) offered suggestions to enhance the health of the human spirit, but tempers this advice with the idea that this is likely a very personal journey, therefore, only recommendations can be offered for people to use as they need. His seven suggestions are: participate in self renewal, practice sacred rituals, bestow forgiveness, embrace the shadow, keep the faith, live your joy, and finally, put compassion into action. Embracing the shadow means to accept any negative and judgmental thoughts while trying to replace them with acceptance and compassion. By following these steps, the health care provider will be on the way to connecting with inner resources, which will help in caring for patients.

Schnorr (1988) interviewed 46 registered nurses to help develop a substantive theory in spiritual nursing care in her doctoral research, which was entitled the CIRCLE model. This can be used as a tool in assessing spiritual needs and involves Caring, Intuition, Respect, Caution, Listening, and Emotional support. Nurses need to be cautious by avoiding preaching and judgments, and by giving patients choices. They need to allow the patient to use prayer or devotional activities if they desire and they need to continually evaluate the situation to know if these measures are effective (Schnorr, 1988). Utilizing complementary therapies, such as massage and aromatherapy may be another way for providers to feel more comfortable with the spiritual approach (Brett, 2002).

Other ideas emerged from the research literature on how spirituality can be used in health care. Westlake and Dracup (2001) interviewed 87 people with advanced heart

failure and found that patients used spirituality to assist in their adjustment to this disease. The three central themes that emerged were using spirituality in dealing with regret of past choices, searching for meaning with the present illness, and searching for hope and optimism for the future. In another study in which data were collected from 166 nurses in Finland, the views of nursing staff and the importance placed on providing spiritual support to patients with cancer and their families were explored. The study also explored how ready and willing nurses were to provide this support. While there was broad agreement on the importance of providing spiritual support, 58% of the nurses did not feel equipped to deal with this issue and 53% were less likely or not willing to provide this support. The main obstacles mentioned were the decision of family members to use other experts for spiritual needs, lack of time, difficulty in seeing the spiritual need, and difficulty in discussing spiritual matters (Kuuppelamaki, 2002). Vance (2001) studied how the spirituality of nurses influenced spiritual care and some of the barriers encountered. Forty percent of a random sample of 425 nurses responded to a survey. The results revealed a mean score for spirituality in these nurses of 20-30 points above the average mean score on the spirituality tool. While this indicates that most of the nurses considered themselves to be highly spiritual, only 34.6% of these nurses provide what was defined as adequate spiritual care to their patients. The respondents reported barriers to providing spiritual care, including lack of time and lack of education. In another study, other identified barriers to providing spiritual care were lack of clarity as to the nature of spirituality, lack of communication, and role ambiguity about the role of nurses in spiritual care (Narayanasamy & Owens, 2001). As these barriers are identified and

challenged, nurses can move from thinking about the barriers to growth in this realm. They will then be able to add a new dimension to their skills and expertise in caring for patients. This will take their relationships with patients in a new and rewarding direction. In order for the nurse to make use of spirituality during practice, the nurse needs to believe in open communication, a patient's ability to change, and the importance of interactions with patients. The nurse also needs to recognize that the body is a system that adjusts itself according to the inner and outer stimuli it receives (Freese, 2002). Utilizing these beliefs helps the nurse pass on responsibility to the patient and forge a partnership. This can be hard for some nurses and other providers, as the feeling of being all-powerful is very enticing. It also, however, places power into the patient's hands and lets the patient take responsibility and decide which actions to take. The letting go of control is one of the techniques that will help providers use spirituality in practice.

While implementing a spiritual relationship with patients can seem overwhelming, it can benefit both providers and patients in many ways. "Opening a dialogue around religious and spiritual issues as they relate to a patient's health, physicians [health care providers] will find that they enrich their experience of practice and improve relations with patients" (Astrow, et al. 2001, p. 283). Many patients will turn to spiritual guidance during times of sickness. Health care providers who value strong relationships with their patients will need to know their patients, along with the values they possess. "Renewed respect for the role that religion and spirituality play in medical care will better enable physician and patient to work together to achieve therapeutic goals" (Astrow, et al. 2001, p. 283).

Health care providers in the 21st century have the luxury of using all of the medical knowledge that science has generated, while complementing this knowledge with spirituality. "Questions of meaning, value, and relationship arise naturally in the setting of illness, injury and death. Physicians [health care providers] who practice in the 21st century will need to be prepared to address these questions with their patients" (Astrow, et al. 2001, p. 287.) Challenges have always existed in health care and health care providers have proven themselves over and over again by living up to these challenges. Spirituality is another realm that providers will conquer, learn from, benefit from, and enjoy.

CHAPTER 3

METHODOLOGY

As the literature review revealed, health care providers often feel inadequate with their knowledge about spirituality. Therefore, the purpose of this professional project was to increase providers' knowledge about spirituality and to provide ways for providers to utilize spirituality in the patient care setting. To help providers gain this knowledge, a presentation was given on spirituality that included a broad overview of spirituality as it relates to health care and some practical information that providers can use with their patients on a day-to-day basis. The objectives of this presentation were:

1. The nurse (provider) will be able to provide a historical example of spirituality in health care and will provide a definition of spirituality with at least three components.
2. The nurse (provider) will be able to describe two examples of who should use spirituality, will be able to describe two situations when spirituality can be used, and the nurse (provider) will also be able to list three reasons why spirituality should be used.
3. The nurse (provider) will list three ways to incorporate information on spirituality with any encounters with patients.
4. The nurse (provider) will be able to state two ways the first guest speaker utilized spirituality in health care while dealing with her accident and will also be able to state two ways she gave for nurses (providers) to help patients feel more

comfortable with discussing spiritual concerns.

5. The nurse (provider) will be able to state two ways the second guest speaker utilized spirituality in health care with her recent medical problems and will also be able to state two ways she gave for nurses (providers) to help patients feel more comfortable with discussing spiritual concerns.
6. The nurse (provider) will be able to state two ways the last guest speaker utilized spirituality in health care with his role as pastor and will also be able to state two ways the he gave for nurses (providers) to help patients feel more comfortable with discussing spiritual concerns.

In this chapter, the steps taken in meeting the goals of this project are presented. Implementation occurred in six phases: literature review, preparation of the program, application for CE credits, environmental arrangement, delivery of the program, and evaluation criteria.

Phase I: Literature Review

A literature review was completed after the main topic was chosen to help narrow down the information that was to be presented in the CE program. The Internet proved to be a valuable tool with this literature review. E-journals, books, and hard-copy journals were used, many found by using the Montana State University and the University of Montana library resources. The topic was narrowed to presenting a basic overview of spirituality, how spirituality works in the health care visit, and how the knowledge provided could best be utilized in the patient care visit.

Phase II: Preparation of CE Program

In order for the presentation to take place, a date and time was chosen. After that, a room was arranged and reserved, refreshments were bought, and a computer and big screen were reserved for the time of the presentation. An audiovisual Powerpoint presentation was used to present the relevant material. This content was based on the literature summarized in chapter two of this project. This format was chosen to provide information in an easily read and visualized format. The presentation was planned to be professional, as well as informal and participants would be encouraged to ask questions at any time. The date was specifically chosen to facilitate attendance, as it corresponded with other programs at the Curry Health Center. CE credits were also offered as an incentive to attend.

This program was prepared using a computerized slide presentation and a projection screen. The important points from the literature were gathered, subheadings were presented that addressed the major topics, and then discussion was used to expand on these ideas. The main topics were the who, what, where, when, why, and how of spirituality in the health care visit. Handouts were provided to address the key points and the practical ideas that providers can use in their own encounters with patients. An evaluation form was also given for the providers to fill out prior to leaving. Guest speakers were sent letters two months prior to the program to obtain their acceptance of the invitation and to prepare for any requests.

Guest speakers were chosen based on the insight that they could provide based on the experiences that each had encountered in their lives. Their spiritual response to those experiences would also be explored. The author knew of the first individual from encounters in practice. The other guest speakers were personal acquaintances of the author. The first guest speaker was a female in her mid-twenties who had an unfortunate accident at the age of sixteen when she became a quadriplegic. She was to share some of her medical experiences and discuss some of the ways she kept a positive attitude about life. The second guest speaker was a female in her early sixties who had breast cancer four years ago and was recently diagnosed with uterine cancer and a possible recurrence of her breast cancer. She was to discuss her medical experiences and how faith has helped her through this ongoing battle. The third guest speaker was a pastor in Missoula who has had the chance to share an experience with many people in their last moments of life and in their medical struggles. He was to share some of the ways he has seen spirituality work in the medical setting.

Phase III: Application for CE Credits

A decision was made by the presenter to include CE credits with this offering. This was done to increase attendance at this program and to help providers meet their educational goals. An application was requested from the Montana Nurses' Association nine months prior to the presentation. This application was completed and submitted two months prior to the CE program, along with a $50.00 application fee. Approval was given for 4.2 CE credit hours. An approval number was given and agreement was made

to keep attendance records for the specified time. Attendance forms were created and used during the program.

Phase IV: Environmental Arrangement

The setting that was chosen was the usual setting provided for inservices and large meetings that take place at the Curry Health Center at The University of Montana. The room chosen was large and comfortable, easily held 100 people, and was convenient for the staff. It was located close to rest rooms and refreshments and snacks were provided during the 15-minute break. Flyers were placed in providers' mailboxes 6 weeks prior to the program to allow people plenty of time to plan on attending. Flyers were also placed in easily seen locations throughout the Curry Health Center. The Powerpoint program was used, along with a projection screen. The computer and screen were provided by the facility and the presentation was viewed ahead of time to make sure there were no problems. Handouts were made available to all participants (Appendix A), as a quick reference for providers on the main points presented.

Phase V: Delivery of Program

The program was delivered using the audiovisual methods mentioned previously after a general introduction was given, including the reasons why the presenter chose the topic. The presentation was delivered without any computer problems and within the timeframe that was offered. All of the guest speakers arrived on time and presented their material professionally and in an interesting manner. Two of the presenters stayed for all

of the presentation. The basic information discussed can be found in Table 2 on page 28.

Phase VI: Evaluation Criteria

This CE program was evaluated based on information gathered from the evaluation forms (Appendix B) and from comments from the attendees. The evaluation form was used to evaluate the effectiveness of the speakers and how well the objectives were met.

Table 2: Summary of Content in
The Spirituality Within CE Program

CONTENT AREA	TOPICS COVERED
History of Spirituality	Greek Mythology Druids Christianity Viktor Frankl Florence Nightingale
Definition of Spirituality	Analogous to a building foundation Connectedness Meaning and purpose God or God-Being Transcendence
When spirituality should be used	At any time necessary As one of many tools As need arises During stressful times When requested
Who should use spirituality	Anyone willing and able Patients, including college students Providers
Why should spirituality be used	Benefit to patient and provider Helps patients become active participants in care Increases self-awareness Increases spiritual growth
How should spirituality be used	Use open communication Be fully present, accept the patient, support faith needs Establish trust by finding what provides the patient with hope and meaning Be prepared by having your own self-renewal, bestow forgiveness Know who to refer to, perform own sacred rituals
Spiritual growth with injury and the help provided by health care providers (Guest speaker #1)	Health care providers being there Listening Positive thoughts Belief in personal responsibility Belief in a higher power Enjoying the scenery Ability to voice your wants, needs, and concerns Humor
Spiritual growth with illness and the help provided by health care providers (Guest speaker #2)	Openness of staff Non-judgmental Willingness to answer questions Humor Just being there and being available when needed Comfortable silences
How spirituality is seen by a pastor within the health care setting (Guest speaker #3)	Allowing rules to "be bent" to help accommodate friends and family Allowing prayer to occur without interruption Being attuned to the patient's needs Allowing flexibility in scheduling as able Humor Ability to see fear in patients and address it

CHAPTER 4

PROJECT OUTCOME

This chapter addresses the information that resulted from presenting this material to a health care audience. It includes evaluation, limitations, changes that would be valuable for the next presentation, implications for nursing and nurse practitioners, and concluding remarks.

The attendance at this presentation, The Spirituality Within, was limited to nine participants. The attendees, however, indicated that they really enjoyed the material and the way it was presented and evaluated the program positively. The information provided by the guest speakers was appreciated and put a personal perspective on all the material that was presented. The material the guest speakers provided from their experience with other health care providers was considered relevant and useful. In general, the guest speakers promoted the ideas of health care providers making their presence known by being there to listen, providing a safe environment to voice concerns, showing a willingness to answer questions, allowing silence, using humor, allowing flexibility in scheduling, and acknowledging a patient's fear. A summary of data from the evaluation forms, which seven people completed, follows in Table 3 on page 30.

As can be seen on the table, the knowledge and effectiveness of the speakers were evaluated positively with a range of 4.6-4.9 on a 5-point scale. The achievement of objectives was also rated very high, with a range of 4.7-4.9 on a 5-point scale. Meeting the overall goal of increasing providers' knowledge about spirituality and providing ways