

## Connection: an exploration of spirituality in nursing care

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This paper aims to explore the meaning of spirituality in relation to nursing care using concept synthesis. Walker and Avant give three ways in which concept synthesis can occur: discovering new dimensions to old concepts, searching for similarities and discrepancies among sets of related concepts, and observing previously undescribed phenomena. It is the first two of these methods which have been used here. The phenomena that emerged from a reading of the literature around spirituality were meaning, presencing, empathy/compassion, giving hope, love, religion/transcendence, touch and healing. These phenomena were studied in order to sort them into fewer categories. They all appeared to be products of a relationship, some physical (presencing, touch and healing), and others emotional (meaning, empathy/compassion, hope, love, and religion/transcendence). Some of the phenomena appeared to fit in both categories, especially healing, which could be of a physical or emotional/spiritual nature. Once the two main categories had been arranged, it was obvious that a split between psyche and soma was not appropriate for labelling the spiritual dimensions of nursing care, as the original definition of spirit was something which motivated the body. Spiritual care is inseparable from physical, social and psychological care because together they form the whole (Bradshaw 1994 p. 282). The two categories were then collapsed into one and given the label 'connection'.

*Keywords:* concept, connection, nursing care, spiritual care, spirituality

### INTRODUCTION

This paper started life as a concept analysis of spirituality, with the avowed intention of breathing life into a largely ignored aspect of nursing care. Bradshaw (1994 p. 256) considers that the spiritual ethos of nursing has been eroded by secularization, which she characterizes as 'the breaking of the lamp'. To Bradshaw, this lamp represents both the light of God, which is for her the inspiration of nursing, and the historic Nightingale tradition. This polarization of

spiritual and secular started other trains of thought. What do nurses think spirituality is? Do nurses and patients need to share a common view of spirituality in order to access it for their mutual benefit and personal growth? What are the implications for transcultural nursing care?

Having explored the literature on the spiritual dimensions of nursing care, as well as some of the theological and philosophical literature, and discussed with other nurses their understandings of spirituality, it seemed that spirituality as a concept was not very meaningful to nurses in their everyday work. Yet it also appeared that much nursing care incorporated the elements which had been identified in the literature as comprising the spiritual dimension, while not being recognized as such by nurses (and probably patients).

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The paper has consequently developed in the process of preparation into a synthesis of the concepts of spirituality and nursing care into an overarching concept of connection.

Spirituality will be explored in relation to nursing and non-nursing literature, and links drawn with other concepts which relate to nursing care, such as empathy, intuition and caring. It is hoped that this paper will go some way towards bridging the gap between the sometimes esoteric world of theological philosophizing and the practical application of these important concepts in everyday nursing practice. Examples of practice will be drawn from the field of acute paediatric nursing, with its focus on family-centred care.

A brief background to concept synthesis will be given, followed by a summary of the stages that were gone through, before giving the details of the findings at each stage in the process. The implications for nursing education, practice and research will be explored.

### Definition of 'concept'

The word concept has been defined in several ways. It is: 'a complex mental formulation of experience' (Chinn & Kramer 1995 p. 58); an abstraction of a concrete event representing ways of perceiving (Norris 1982); a way of labelling ideas which can then be used to develop theory, and serve as 'a language link between abstract thought and sensory experience' (Waltz *et al.* 1991). Kitson (1993 p. 29) emphasizes the personal input into concepts by regarding them as paralleling definitions of words but influenced by the meanings each person gives them. Thus Norris (1982) and Kitson (1993) both note the combination of a shared understanding with individual perceptions. These perceptions and understandings may change over time as the social and political environment changes. The concept of care in the community is a case in point.

Concept synthesis is concerned with the regrouping of information about a phenomenon (Walker & Avant 1995 p. 55), in order to develop a concept further. Walker and Avant (1995 p. 56) give three ways in which concept synthesis can occur: discovering new dimensions to old concepts, searching for similarities and discrepancies among sets of related concepts, and observing previously undescribed phenomena. It is the first two of these methods which will be used here.

The purpose of carrying out this synthesis of the concept of spirituality is to seek new insights in order to generate new ideas (Walker & Avant 1995 p. 56). The areas where it is most useful are where there has been little concept development, or where it has had little impact on theory or practice, which would appear to be the case with spirituality. Walker and Avant (1995 p. 57) describe three approaches to concept synthesis: qualitative, which involves pattern recognition using information gained by

observation or interview, quantitative, which uses numerical data, and literary, which uses a wide range of sources to seek for new insights. A combination of qualitative and literary approaches will be utilized here.

Having read widely on the subject of spirituality, several phenomena began to emerge repeatedly from the texts, regardless of whether they were nursing, theological or literary sources. The process of synthesizing was then begun and these phenomena were first classified into clusters, then combined and given the overall label of connection. The concept of connection was then checked against the literature for verification of its appropriateness, and given a theoretical definition. Attempts were then made to clarify how this new concept related to existing theory and what new insights had been gained.

### SPIRITUALITY

Spirituality is an abstract noun, and spirit is a concrete noun. Casaldaliga and Vigil (1994) make the comparison between friendship and friend as a way of clarifying the meaning of spirituality. Friends have the quality of friendship, although the way in which they live it affects the type of friendship they share, the degree of intensity or sincerity for example. In the same way, they see spirituality as the way in which people are spiritual, or live with spirit. They trace the meaning of spirit through its Greek and Hebrew origins and compare the two.

In Greek culture, spirit is opposed to body and material reality, and in modern Western culture a spiritual person would be assumed to be disinterested in material gain or worldly concerns. In Hebrew, spirit is opposed to death, destruction and negative aspects of the law, such as imposition, fear and punishment. Spirit is understood to be within the body, providing the life force, acting through it and motivating action.

Ruah, the Hebrew word for spirit translates as wind, breath and exhalation. Thus spirit is the life force which motivates people. The opposite of an enlivened, motivated person might be described as dispirited or uninspired. Using the Hebrew definition, spiritual people (who are filled with the spirit) are far from other worldly, but actively committed to life.

### Broader definitions

A variety of definitions of spirituality are to be found in the nursing literature. Harrison (1993) points out that it is often used synonymously with religion, yet it has a broader meaning which is more complex. These other meanings encompass philosophical ideas about life, its meaning and purpose (Simsen 1988). As Stoll (1989 p. 11) points out, spirituality is not the prerogative of believers, but a 'dimension within every person'. She echoes the Hebrew sense of spirituality, and gives a comprehensive definition.

Spirituality is my being; my inner person. It is who I am —unique and alive. It is me expressed through my body, my thinking, my feelings, my judgements and my creativity. My spirituality motivates me to choose meaningful relationships and pursuits. Through my spirituality I give and receive love; I respond to and appreciate God, other people, a sunset, a symphony and spring. I am driven forward, sometimes because of pain, sometimes in spite of pain. Spirituality allows me to reflect on myself. I am a person because of my spirituality — motivated and enabled to value, to worship and to communicate with the holy, the transcendent (Stoll 1989 p. 6).

In this description of spirituality, Stoll (1989 p. 7) combines two dimensions, the vertical dimension of the person's relationship with the transcendent (God, Supreme Being or supreme values) and the horizontal dimension of relationships with oneself, other people and the natural world. She also includes some of the phenomena found in other literature on spirituality.

## MEANING

Burnard (1988) refers to himself as an 'unbeliever' and states that nurses should have clarified their own spiritual beliefs or lack of beliefs in order to help clients to do the same. This appears to imply that it is possible to have no spiritual beliefs, although his working definition of spirituality (for the study days he runs for nurses) is being concerned with a search for meaning.

Meaning may be found in many ways, perhaps creatively through poetry or painting, or by adherence to a political ideology, or in relationships with other people (Stoll 1989, Harrison 1993). Within this broad definition of spirituality as a search for meaning, surely there is scope for everyone? Carson (1989 p. vii) states that 'everyone has a spiritual nature that can be touched through the ministrations of another'. Nurses are not exempt.

## PRESENCING

Ray (1991 p. 182) writes of the compassionate way of being and how this relates to a deeper, more authentic relationship with a sense of being truly present to the other. She makes the link between nursing and philosophy by utilizing Buber's (1937/1970 p. 62) concept of the I-You relationship, where each at times may share in the other's being and 'all life is encounter'. The two people in the relationship, the I and the You do not lose themselves in the relationship, but remain themselves in relation to the other. Gibran (1926/1992 p. 18) advises:

Aye, you shall be together even in the silent memory of God,  
But let there be spaces in your togetherness.  
And let the winds of the heavens dance between you.  
Love one another but make not a bond of love:

Let it rather be a moving sea between the shores of your souls.

Providing a presence which empowers and enables others to change, to accept, to grow, to die peacefully, is what nurses do each day (Roach 1991 p. 15). Cassidy (1988 p. 64) writes from a doctor's perspective of the difficulty in not being able to do any more towards cure, but recognizing the importance of sharing even that powerlessness with patients. Staying with people, being there, not deserting them, 'standing our ground at the foot of the cross' (Cassidy 1988) can be the hardest part.

Oakley (1986 p. 182) gives a personal account of the difference the presence of a nurse made to her as she lay in bed coming to terms with having cancer. She felt recognized as a whole person rather than being defined by her illness, and in this recognition came relief and healing.

Cassidy (1994 p. 85) quotes a hospital chaplain as defining spiritual care as 'watching with' patients, in the sense of keeping vigil. This requires involvement at close hand, as with the nurse in Oakley's example above. Campbell (1984 p. 90) recognizes the extra hardship for carers when patients are seen as individuals when he writes that the knowledge of the particular 'demands the more costly encounter'.

Campbell (1984) uses the phrase skilled companionship to describe the relationship between nurse and patient which is both committed but carefully delineated. Companionship implies sharing experiences but there are boundaries of space and time which protect both parties from over-involvement which could be detrimental to their wellbeing.

## EMPATHY AND COMPASSION

Empathy is related to presencing in the sense of being with the patient, but on a mental level, although this usually requires a physical presence as well. McCavery (1985) considers spiritual care in nursing and relates it to ethical principles such as respect for the person and truth telling. This kind of care necessitates active listening in order to allow the patient to express their feelings of anger or anxiety, and begin to experience a renewed sense of security and peace.

Compassion, or suffering alongside, is nowhere better described than in this poem of Elizabeth Jennings (1986 p. 88) entitled 'Night Sister'. In this poem, the nurse remains open to her patients, without a shell, vulnerable but paradoxically strong. It is this strength which patients draw on for healing.

How is it possible not to grow hard,  
To build a shell around yourself when you  
Have to watch so much pain, and bear it too?  
Many you see are puzzled, worried, few  
Are cheerful long. How can you not be scarred?

To view a birth or death seems natural,  
But these locked doors, these sudden shouts and tears  
Graze all the peaceful skies. A world of fears  
Like the ghost-haunting of the owl appears,  
And yet you love that stillness and that call.

You have a memory for everyone;  
None is anonymous and so you cure  
What few with such compassion could endure.  
I never met a calling quite so pure.  
My fears are silenced by the things you've done.

We have grown cynical and often miss  
The perfect thing. Embarrassment also  
Convinces us we cannot dare to show  
Our sickness. But you listen and we know  
That you can meet us in our own distress.

### GIVING HOPE

Examples of this phenomenon overlap to a large extent with those already given. Oakley's (1986 p. 182) nurse gave her hope by communicating her understanding of the medical notes, and by so doing interpreting the experience for her distressed patient.

Simsen (1988) maintains that nurses cannot give hope to patients, they can only offer the sort of caring relationship which fosters the development of hope. Elizabeth Jenning's poem (above) is a good example.

### LOVE

Bradshaw (1994 p. 13) uses the word love to mean self-giving in fulfillment of Christ's commandment to love God and one's neighbour as oneself. The value of giving is also addressed in Gibran (1926/92 p. 26):

You give but nothing when you give of your possessions,  
It is when you give of yourself that you truly give.

Campbell (1984 pp. 82–84) puts forward the concept of a moderated love which is professional, and which can differentiate between empathy, or fellow feeling, and identification which would prevent effective help being given. There is a narrow path to be negotiated between a controlled professional ethos of care and cold, unfeeling detachment. Respect for each individual within the relationship needs to be maintained as 'the unique encountering the unique' (p. 83). The professional helper maintains a balance between reason and emotion which family and friends would find difficult to do. It is not essential that these professional carers are themselves believers in order to serve the patient or client.

### Hospice movement

The hospice movement has had extensive influence on patient care, especially in palliative care, whatever the setting. Cassidy (1991 pp. 53–54) quotes a Sydney Carter poem which she feels sums up hospice care:

No revolution will come in time  
to alter this man's life  
except the one surprise  
of being loved.  
He has no interest in Civil Rights  
Neo marxism  
psychiatry  
or any kind of sex.  
He has only twelve more hours to live  
so never mind about  
a cure for smoking, cancer, leprosy  
or osteoarthritis.  
Over this dead loss to society  
you pour your precious ointment,  
call the bluff  
and laugh at the  
fat and clock faced gravity  
of our economy.  
You wash the feet that  
will not walk tomorrow.  
Come levity of love,  
Show him, show me  
in this last step of time  
Eternity, leaping and capering.

(Carter 1969/1971. Mother Teresa. In *The Two-Way Clock*.  
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Cassidy (1988 p. 25) sums up what she refers to as professional loving as a mixture of competence, empathy and communication. She admits that the professional is left vulnerable to hurt by exposing themselves to the pain of others, yet 'it is a costly loving for which I am repaid a hundredfold'.

### RELIGION AND TRANSCENDENCE

The different religious observances of the many faiths which make up our society are often the first thing which springs to mind when asked about the spiritual dimension of nursing care. Although this is a very narrow view of spirituality it should not be forgotten, as the familiar practices may bring about a sense of peace and well-being (McGilloway & Myco 1985 p. 7).

Harrison (1993) regards prayer, rituals and worship as means by which spiritual needs might be met. Spiritual wellbeing was defined in the same paper as the behavioural expression of spiritual health. This would be evidenced by a sense of inner harmony and would be the opposite of despair, apathy and meaninglessness.

Sometimes these feelings may have their origin in the developmental stage of the patient, e.g. an adolescent identity crisis or mid-life crisis. In the health professional these feelings of spiritual distress could be due to burnout.

Harrison (1993) notes that while there is some literature pertaining to spirituality, much of it is concerned with religious practices and death rituals, ignoring the spiritual needs of the ill person. Research is needed to explore nurses' awareness of patients' coping strategies and the values held by individual nurses and patients.

## TOUCH AND HEALING

Touching, holding hands, using massage and anointing with oil all recur as themes when reading or hearing of meaningful encounters between nurses and patients. Ann Oakley's nurse (1986 p. 182) sat and held her hand as an alternative to giving medication. The Sydney Carter poem speaks of pouring precious ointment over a 'dead loss' (a nice ambiguity) to society, and washing the feet of those who will soon walk no more. When life is pared down to its essential meaning, the world and all its intrigues can be dismissed and the ultimate 'surprise of being loved' is all that is left.

The phenomena that emerged from a reading of the literature around spirituality were meaning, presencing, empathy/compassion, giving hope, love, religion/transcendence, touch and healing. These phenomena were studied in order to sort them into fewer categories. They all appeared to be products of a relationship, although some related to physical relationships, (presencing, touch and healing), while others related to emotional relationships, (meaning, empathy/compassion, hope, love, and religion/transcendence). Some of the phenomena appeared to fit in both categories, especially healing, which could be of a physical or emotional/spiritual nature.

Once the two main categories had been arranged, it was obvious that a split between psyche and soma was not appropriate for labelling the spiritual dimensions of nursing care, as the original definition of spirit was something which motivated the body. Spiritual care is inseparable from physical, social and psychological care because together they form the whole (Bradshaw 1994 p. 282). The two categories were then collapsed into one and given the label 'connection'.

### Connection

Connection was chosen as the word to represent all the phenomena because a brief analysis shows that it has many features in common with spirituality in nursing care.

Connection implies a joining together of two or more elements, with a relationship formed between them. Connection is not the same as fusion, as it is not necessarily permanent. Connections may be physical or mental, as

in the association of ideas. A connection may be someone influential who could act on someone else's behalf, or in their interests. A connection could be the linking train which facilitates a smooth trouble free journey. A connection facilitates communication, as in the telephone system. On the streets, a connection is a supplier of narcotics, which nurses also do as and when appropriate.

Nurses' opinions were sought about the meaning of spirituality and connection. Their replies were divided between those who limited spirituality to informing the appropriate religious leader in the event of serious illness, ensuring the correct diets, and care of the dying, and those with a wider vision encompassing 'the recognition of soul', 'essence of being', 'knowing a person well enough to know what was right for them', 'to have someone say "they really knew me"', as well as hope, caring, empathy and intuition. These ad hoc thoughts and ideas were very much in line with the findings in the literature. It was striking that it was the nurses furthest removed from practice who had the wider vision of spirituality, although in fairness they were also nurses who had had the benefit of further and higher education, which affords time to reflect on practice as well as exposure to ideas in the literature of nursing and other disciplines.

The literature was then returned to and confirmation sought that the new concept of connection was adequate. Rew (1989) described the connection between intuition and the spiritual dimension of persons as 'having it all together' and 'being on top of things'. Both these phrases imply connections between the nurse and the work she had to do with the patients she said she 'loved' and 'was in tune with'.

Burkhardt (1994) investigated women's experiences of spirituality and found that they all spoke of connectedness firstly to God or a higher power, then to other people and nature. Connection was also identified as relating to the past and future, and connection with self-reflected growing self-knowledge with maturity.

### Holistic nurses

A study of holistic nurses (Agan 1987) showed that they have a multifaceted view of connection. They feel connected to their clients, especially those who work using therapeutic touch and healing energies, who used words such as 'sensing' and 'being attuned' and believed in the collective unconscious.

Bradshaw (1994 p. 317) writes of the nurse being in encounter with others, whether patients or colleagues, and believes this has implications for how the various partnerships function.

Buber (1947/79 p. 246) uses the concept of between to mark relationships rather than connection when individuals turn one to the other in communication. 'Where I and Thou meet, there is the realm of the between'.

There are clear links which can be drawn between the concept of connection and existing theory, especially in relation to paediatric nursing. The focus of paediatric care is the child within the family. Family-centred care is practised in theory up and down the country, and partnership between the child, family and multi-disciplinary team is the goal for which everyone is striving.

The theoretical basis for this philosophy of care is attachment theory and this fits very well with the concept of connection as psychological safety is held to depend upon the establishment of a secure base (Bowlby 1988). This is not a phenomenon which applies only to babies and young children, but one which can be applied to all people at every age (Bowlby 1988). The need for security and an attachment figure are becoming increasingly recognized, as witnessed by the popularity of the named nurse principle among patients, mentorship and preceptorship for nursing staff, buddies for those people living with HIV or AIDS.

For nurses to be able to supply this need for attachment or connection (because this relationship is limited in time and situation) they need to have excellent interpersonal skills and the ability to lay aside their personal needs and concentrate on giving to the other. This has implications for the education and ongoing training of nurses, and also the provision of support systems for nurses to recharge their psychic batteries.

If nurse management are committed to quality care, then staffing levels have to be set at a level which is appropriate.

### Unconscious application

An interesting observation emerged from asking nurses about spirituality and the spiritual dimensions of care. As mentioned previously, the nurses in practice identified a rather narrow range of activities which they would classify as being spiritual. However, observation showed that all the phenomena which emerged from the literature were there to be seen. This suggests that nurses are carrying out spiritual care at an unconscious level. If this could be brought into conscious awareness, by education or by the wider dissemination of research findings, patient care could be dramatically improved. The reason for this improvement would be that nurses would be aware when they were not giving good quality spiritual care, because they would not feel connected. Increased self-awareness should lead to an improved use of self in interpersonal relationships.

In terms of research, qualitative studies have been carried out to explicate what matters to patients about their care and their illness experiences. Perhaps nurses should be given more opportunity for reflecting on their practice in order to improve their skills.

### CONCLUSION

In this paper the concept of spirituality has been synthesized with nursing care to produce an overarching concept of connection. Connection has several varied meanings which appeared to fit with the phenomena which emerged from a wide ranging literature search.

Connection was seen to fit well with the theoretical basis of paediatric nursing, and opportunities for enhancing nursing care were noted. The paradoxical finding that those actually carrying out spiritual care did not recognize it as such, when non-practising nurses could identify the elements with little difficulty may simply be demonstrating an inability to see the wood for the trees, or as T.S. Eliot put it rather more lyrically:

We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.

(Eliot 1944 p. 59. In *Four Quartets*. Reproduced with permission of Faber & Faber, London)

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