

*Editorial***SPIRITUALITY AND NURSING: PERSONAL RESPONSIBILITY**

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My life has been blessed with six precious grandchildren. This spring, I have been going to their softball games or practices numerous times each week. I have noticed that each player is expected to be a team member, to attend practice, to be punctual, to play by the rules, and to cheer each other from the dugout. Spectators watch players as they bat ...some swing and miss; others connect for a single, double, triple, or home run. We cheer even more enthusiastically when the ball player is “ours” - particularly if it was a grand slam!! If a player is called out, we rush to offer a pat on the back or words of encouragement.

Nursing is much like a ball team. Within any health care agency, day in and day out, amidst offensive odors, cries of pain/disappointment, or the echo of a dreaded diagnosis, nurses must stay the course with patients and their families. Nursing is a calling and we must keep “swinging and running” – the team is counting on us. Perhaps just as importantly, “spectators” are watching.

May, 2008, will be a time of national and international recognition for our nursing profession. The National Nurses Day 2008 (May 6th) theme is “Caring Hearts & Healing Hands” while the International Nurses Day 2008 (May 12th) theme is “ Delivering Quality, Serving Communities: Nurses Leading Primary Health Care“. These themes offer each nurse a personal challenge to be instruments of caring, healing, and service. As we celebrate our profession, let us also focus on both the art and science of nursing in a team effort to mobilize our leadership in the multiple arenas of health care, to be passionate about our calling, and to be visionary in patient care innovations. One means of combining our efforts is through individual professional responsibility. Whether in academia or clinical practice, nurses adhere to a holistic model where human beings are viewed as biopsychosocial-spiritual-cultural individuals. Nurses must be aware of the professional and regulatory guidelines (i.e. ANA, CARF International, ICN, JCAHO) that mandate that this model be addressed with every patient to whom care is provided. Sadly, the literature documents that patients’ report they are not being adequately addressed in the area of spirituality. Failure to obtain a spiritual history/assessment or provide spiritual care may add to the patient’s suffering (Grant, 2004).

Nurses spend more time with patients than does any other health care provider. Since the nurse’s own personal spirituality will permeate individual nursing practice (Reed, 1987), it will behoove each nurse to critically evaluate his/her own spirituality. Becoming aware of one’s spiritual perspectives will enhance personal awareness and, thereby, contribute to the provision of spiritual care to patients (Ross, 2006).

I adhere to Stoll’s (1989) conceptual model which may guide you in gaining an increased personal awareness of your spirituality. On a piece of paper draw a horizontal line. From the center of this line draw an upward vertical line perpendicular to the horizontal line. Where the lines join, draw a small circle. The circle represents you. The vertical line represents your connection to the sacred (God/gods) and the horizontal line represents your connection to self, others and nature. There is a continuous interrelationship between these two dimensions which may be impacted by life experiences (i.e. illness, disappointment, grief/loss). Threaded throughout each line are spiritual

needs: to love and be loved, to forgive and be forgiven, to hope, to trust, to be strengthened, to have relationships, to have meaning and purpose in life, and to transcend (Lemmer, 2005). From this model, a person who has intrinsic (vertical) spiritual well-being will more likely have extrinsic (horizontal) spiritual well-being. While all humans are spiritual, all are not religious. For many, religion is a way to express their spirituality, to cope, or to transcend. Research has shown a positive relationship between spirituality, religion, and health – religious attendance enhances health (Koenig, 2007). Studies have also shown that nurses with a religious affiliation have a stronger spiritual base and are more likely to provide spiritual care in practice (Cavendish, Luise, Russo, Mitzeliotis, Bauer, Bajo, et al., 2004).

Even though a nurse has a spiritual base, it cannot be assumed that a nurse will provide spiritual care (Cavendish, et al., 2004). Health care administrators and nurse managers must create an environment that ensures the nurse's own spirituality is cultivated and at the same time promotes the systematic provision of spiritual care to patients. Likewise, nurse educators must include spiritual assessment/care within nursing curricula. Including spiritual content will help ensure that nursing graduates have a basic understanding of the relationship between spirituality and health, and will have been afforded opportunities for personal spiritual awareness.

So, as "team members", let's step up to the plate and swing into action by assuming personal responsibility for assessing our own spirituality as well as evaluating how well we are addressing spirituality in clinical practice or academia. If I may offer assistance in the area of spirituality, please contact me at ldunn@bama.ua.edu. I hope to continue our game plan in my next editorial.

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