

*Guest Editorial***HOLISTIC NURSING WITHOUT SPIRITUAL CARE
– I DON'T THINK SO!****IAN M. GOVIER**

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The concept of holistic nursing care embraces the physical, social, emotional and spiritual aspects of need and care and although the first three areas are addressed within nursing curricula and nursing care, the dimension of spiritual care often remains neglected or recognised in a superficial manner. If nurses are to deliver truly holistic care, the recognition and inclusion of the spiritual dimension must be an integral feature of nursing.

The dominance of the scientific paradigm as well as the reductionist approach propounded by the medical model of health care has not helped the cause of those calling for a more holistic approach to nursing care. Those who would criticise the inclusion of the spiritual realm in care will always argue that it does not lend itself easily to scientific scrutiny due to its mainly subjective nature. However, medicine and its scientific allies do not provide all of the answers to the problems associated with health breakdown and the treatment provided by these scientific disciplines is not always practised with arrant certainty. Furthermore, as society becomes increasingly dissatisfied with all things scientific and seeks to fill a spiritual vacuum by returning to traditional and new age approaches then spiritual care will be able to both complement and enhance existing methods of health care delivery.

In further response to the criticism that the spiritual dimension does not lend itself easily to scientific enquiry, certain qualitative research methods such as phenomenological approaches may be the best way forward in describing what is meant by spiritual care in nursing. Morrison (1994) suggests that phenomenology is very different from the traditional approaches used in social science research, as it attempts to really get to know how another person is experiencing the world; this is especially useful in professional helping relationships as they relate to the realm of spiritual care. Moreover, if the inclusion of spiritual care in national and international codes of nursing is to have any great credence, then nurses must offer more than lip-service to these guides for general nursing practice.

Historically, nursing arose from spirituality, turned its back and now appears to be returning to see what was lost (Stevens Barnum, 1996). If this trend is to continue then the subject of spirituality and nursing's response to patients' spiritual concerns must be addressed in a forthright manner. Thus, institutions which have a responsibility to educate nurses, either within the pre- or post-registration arenas, must accept the challenge to address this subject area within programmes of nurse education. It is hoped that an interest from nurses to pursue deeper enquiry via accepted research methods will also accompany the introduction of spiritual care into nurse education. This would further validate its inclusion in the teaching of holistic nursing care. As society continues to remove the taboos that surround subjects such as spirituality, then this transition will hopefully be reflected within its institutions.

As knowledge develops in this area of nursing, then workable conceptual frameworks to assist and guide spiritual care will emerge. Nurses therefore, must be willing to accept the responsibility that comes with informed educational preparation. To those who argue that nurses have no role in spiritual care and should leave this obligation solely to hospital chaplains and other trained representatives, then they are reminded that if nursing is to be truly holistic then nurses must embrace the spiritual dimension of care. However, nurses must recognise their own limitations and involve other professionals, where and when appropriate. The nurse, in partnership with the hospital chaplain, can play a vital role in supporting the spiritual needs of patients and will hopefully recognise that spiritual care goes beyond merely the realm of religious affiliation.

It would be wrong to claim that there are no examples of excellence in spiritual care, but when these exist, they remain in the minority but nonetheless serve as a standard to which others aspire. Spiritual care is an essential component of nursing practice and often the

arbiter of how a patient responds to their illness and associated life experiences. It would appear that when people encounter certain life events like serious trauma and illness, fundamental spiritual issues emerge that question their very existence. Furthermore, if medicine involves the recovery of the body, then spiritual care involves a recovery of the patient as a person. These areas do not sit in contention, but aim to complement each other and remind us that:

'... there is no profit in curing the body if in the process we destroy the soul.'

(Anonymous)

REFERENCES

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