

SPIRITUALITY, HEALTH AND NURSING PRACTICE

CNA POSITION

Spirituality may be defined as “whatever or whoever gives ultimate meaning and purpose in one’s life, that invites particular ways of being in the world in relation to others, oneself and the universe”.¹ Themes associated with the concept of spirituality include meaning, purpose, hope, faith, existentialism, transcendence, sense of peace and connectedness among others.²

The Canadian Nurses Association (CNA) believes that spirituality is an integral dimension of an individual’s health.

CNA recognizes that spiritual beliefs are diverse, reflecting both individual and cultural influences. To provide the best possible health outcomes, registered nurses are expected to respect this diversity in the same way they provide culturally competent care. Sensitivity to and respect for diversity in spiritual beliefs, support of spiritual preferences and attention to spiritual needs are recognized by CNA as required nurse competencies.³

CNA believes that being attentive to an individual’s spirituality is a component of a holistic nursing assessment and nursing practice. When planning for and providing care, nurses have an ethical responsibility to be aware of and adjust for an individual’s spiritual beliefs.⁴

CNA believes that through their practice, nurses are uniquely situated to ensure that an individual’s spiritual values, beliefs and experiences are taken into account in the provision of ethically responsible health-care interventions and services.

When providing care, nurses do not discriminate on the basis of an individual’s spiritual beliefs.⁵

CNA supports the development, teaching and practice of communication strategies that create openness and skill in discussions with individuals about their spiritual beliefs. Continuing education, mentoring and workplace support can assist nurses in developing their abilities to be attentive to an individual’s spiritual beliefs or values.

CNA supports the interpretation and declaration – at national and international levels – of spirituality as an integral dimension of an individual’s health, and believes such policy statements to be important to holistic health care and nursing practice.

¹ (Wright, 2005, p. 4)

² (World Health Organization Quality of Life Spirituality, Religiousness and Personal Beliefs Group [WHOQOL SRPB Group], 2005; Wright, 2005)

³ (Canadian Nurses Association [CNA], 2009)

⁴ (CNA, 2008)

⁵ Ibid.

CNA encourages nurses and CNA members to:

- practise therapeutic communication that can create an opening for discussions with individuals about their spiritual beliefs and values;
- take into account the unique spiritual beliefs and values of individuals, families and communities during decision-making, treatment and care, including the terminology used to describe such beliefs;
- demonstrate sensitivity to and respect for diversity in spiritual beliefs, support of spiritual preferences and attention to spiritual needs as nursing competencies; and
- work collaboratively with other care providers to be attentive to the spiritual beliefs and values and the physical and psycho-social needs of individuals and families at all stages of life.

BACKGROUND

An increasing number of articles in health sciences and nursing literature over a 20-year period,⁶ and an increase in training initiatives for parish/faith community nurses,⁷ indicate a growing interest in the spiritual aspects of holistic care. An understanding of spirituality and its impact on health is evolving through exploration into the concept and meaning of spirituality, its relevance to health outcomes and health-care interventions and services, its relationship to religion in the current societal context, and the practical and theoretical aspects of spiritual care during illness and suffering.

A growing body of work is emerging that examines the effects of spiritual care practices in the easement of suffering.⁸ Findings from empirical studies suggest that for many individuals, a relationship exists between spirituality and religion and health and quality of life in the context of illness and suffering.

Therapeutic communication skills identified by the Canadian Registered Nurse Examination as competencies for the nurse-client partnership include attention to the spiritual dimensions of an individual's health.⁹

As a concept, spirituality has a wide and diverse set of orientations and interpretations. For some individuals, there is an intimate connection between spirituality and religion,¹⁰ while for others, spiritual beliefs and values are not explicitly tied to any particular religious tradition. An individual's spiritual beliefs may differ from those of their reported religion. It is also worth noting that some individuals do not use the language of spirituality or religion, preferring to use other terminology to describe this aspect of human experience.

⁶ (Chiu, Emblen, Van Hofwegen, Sawatzky & Meyerhoff, 2004)

⁷ (Payne-Chenard, 2008)

⁸ (Wright, 2005; McLeod & Wright, 2001)

⁹ (CNA, 2009)

¹⁰ Religion may be defined as a "rational belief system with certain worship practices" (Emblen, 1992, as cited in Molzahn & Shields, 2008) and/or as having an associated faith community that generally shares a set of beliefs, rituals, morals and sometimes a health code centered on a defined higher or transcendent power (Wright, 2005). This position statement does not attempt to describe the religious experiences felt by many who identify themselves as part of a particular religious tradition.



In the preamble to its constitution, adopted in 1946, the World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹¹ While there is no specific reference to spirituality in its definition of health, WHO is leading work internationally to develop a measure of spirituality, religiousness and personal beliefs (SRPB) using the WHO Quality of Life (QOL) methods.¹²

The International Council of Nurses’ code of ethics¹³ states, “In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.”

Openness to a range of spiritual perspectives (or lack thereof) is part of ethical nursing practice. Nurses need not feel they must be knowledgeable in particular spiritual traditions, but they are required to be open to inviting or allowing reflection by the individual on the spiritual dimension of his or her experience of illness and suffering.¹⁴ Also, nurses may deem self-reflection on their own spiritual beliefs to be beneficial to their practice.

Given that 80 per cent of the world is non-western, and that a growing number of immigrants and refugees with diverse cultural, faith and spiritual traditions are entering Canada, Canadian nurses are being exposed to an increasingly mixed population with wide-ranging perceptions of the concept of spirituality. Such diverse concepts require consideration in planning and implementing care.

*Approved by the CNA Board of Directors
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¹¹ (WHO, 2006, p. 1)

¹² (WHOQOL SRPB Group, 2005)

¹³ (International Council of Nurses, 2005, p. 2)

¹⁴ (Molzahn & Sheilds, 2008)



Payne-Chenard, M. (2008). First group graduates from parish nursing program in N.B. *Canadian Nurse*, 104(2), 4.

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Also see:

Related CNA position statements:

Promoting Culturally Competent Care (2004)

Providing Nursing Care at the End of Life (2008)

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