

Towards clarification of the meaning of spirituality

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Background. Rhetoric about spirituality and nursing has greatly increased, as scientific-based approaches are not fully able to address many human problems, such as persistent pain. Despite the renewed interest and growing literature on spirituality, there is no consensus on a definition of this concept. There is also ambiguity on how this concept is incorporated into nursing practice, research, and education.

Aim. This paper aims to contribute toward clarification of the meaning of spirituality in relevance to health and nursing today through a conceptual analysis process.

Methods. Information was obtained through dictionary definitions and electronic database searches of literature on spirituality spanning the past 30 years. The criteria for selection included scholarly articles and books with a definition of spirituality, and research studies that investigated the meaning of spirituality to individuals' health. A total of 76 articles and 19 books were retrieved for this analysis.

Findings. Spirituality is an inherent component of being human, and is subjective, intangible, and multidimensional. Spirituality and religion are often used interchangeably, but the two concepts are different. Spirituality involves humans' search for meaning in life, while religion involves an organized entity with rituals and practices about a higher power or God. Spirituality may be related to religion for certain individuals, but for others, such as an atheist, it may not be.

Conclusion. In order to provide clarity and enhance understanding of this concept, this analysis delineates antecedents, attributes, constructed case examples, empirical referents, and consequences of spirituality. A proposed definition of spirituality emerged from this process, which may be applied broadly. Implications for nursing practice, education, and research are discussed.

Keywords: spirituality, concept analysis, meaning, self-transcendence, faith, hope, clarification, connectedness, nursing

Background

Rhetoric about spirituality and the human search for spiritual answers has been part of history for many years, and spiritual care has been part of nursing history since ancient times (Narayanasamy 1999c). Humans have a profound need to understand their spirits (Freeman 1998), which is the core of

human existence and 'the most elusive and mysterious constituent of our human nature' (Macquarrie 1972, p. 43), because being spiritual is part of being human (Wright 1998, Cairns 1999). In the last few decades, there has been a resurgence of spiritual discourse, as scientific-based approaches are not fully able to address many fundamental human problems such as persistent pain (Sundblom *et al.*

1994). Furthermore, people are searching for peace, meaningful lives, and connections (Walsh 1999), and are seeking answers to increased societal and cultural problems such as violence (Thoresen 1999). Additionally, people are increasingly frustrated by the impersonal managed health care system in the United States of America (USA) and are looking elsewhere for answers to their health concerns (Gundersen 2000).

Despite a renewed interest in spirituality, there is no consensus on a definition of this concept (Dyson *et al.* 1997, Martsof & Mickley 1998, McSherry & Draper 1998, George *et al.* 2000) due to its subjective and personal nature (Cawley 1997, Miller & Thoresen 1999). The purpose of this analysis is to attempt to clarify the meaning of spirituality in relation to health and nursing, in order to enhance communication and influence how nurses might incorporate this concept into practice, education, and research. The conceptual analysis strategy offered by Walker and Avant (1995) is used as the conceptual framework.

Concept analysis

According to Chinn and Kramer (1999), a concept is 'a complex mental formulation of experience' as perceived in the world (p. 54, 1999). Walker and Avant (1995) state that concept analysis is used to describe and examine a word and its usage in language and nursing literature; that is, to determine what the concept is, and what it is not. It is also useful to clarify ambiguity of a concept in literature, scholarly discussions, and in practice when multiple definitions are present. Furthermore, concept analysis may yield precise operational definitions, defining attributes and antecedents, and provide new tools for theory and research development, or may be used for evaluating established tools. Clinically, concept analysis is useful in the process of formulating and evaluating nursing diagnoses (Walker & Avant 1995).

Walker and Avant's (1995) iterative steps of concept analysis include: the selection of a concept; the aims of the analysis; all the various uses of the concept; the defining attributes of the concept; the model case that epitomizes the concept; the other cases that are related or different from the model case; the antecedents and consequences of the concept; and the empirical referents of the concept. The first two processes have already been described.

Walker and Avant (1995) assert that the defining attributes of a concept may allow one to develop case examples of what the concept is or what it is not. Cawley (1997) argues that using this framework and the attributes of spirituality to develop a contrary case that exemplifies none of the components of spirituality is problematic, because spirituality is a

phenomenon common to all humans. Since a contrary case of spirituality seems problematic, this author uses a man-made robot in a contrary case in lieu of a human being. This framework has also been criticized for having a positivist paradigm (Rodgers 1989). In spite of these criticisms, this framework is useful to this author because of its step-by-step and iterative approach of analysing a concept, thereby facilitating an in-depth analysis. Furthermore, this framework has been used by others who have analysed this concept (Meraviglia 1999).

Aim of the analysis

Concepts range on a continuum from those that may be directly measured to those that are abstract and indirectly experienced. The more abstract a concept, the less it becomes directly measurable (Chinn & Kramer 1999). On this continuum, spirituality may be placed on the more abstract end because of its intangible and subjective nature. Hence, it is easy to see why there has been prolonged ambiguity on how the concept is defined and incorporated into nursing research, practice, and education. This analysis therefore aims to contribute toward clarification of the meaning of spirituality with relevance to health and nursing today.

Literature review

Following Walker and Avant's (1995) recommendation, an initial definition of spirituality was obtained from the Oxford English Dictionary (1989), which yielded numerous definitions of the key word spirit, and the word form spiritual (see Tables 1–3). The various dictionary definitions are consistent with the premise that spirituality is a multidimensional concept.

Further information about spirituality was obtained by a search of literature on spirituality spanning the past 30 years. Database searches were done using CINAHL, Biomedical Collection, Nursing Collection, Health Star, Medline, Psy-Info, Clinical Psy, Cancer Lit, ATLA Religious Index, and Social Work Abstracts. The criteria for selection included scholarly articles and books with a definition of spirituality, and research studies that investigated the meaning of spirituality to individuals' well-being and health. A total of 76 articles and 19 books were retrieved for this analysis. Based on articles reviewed, spirituality is understood by the author to be a multidimensional concept without an agreed upon definition.

Despite the lack of a consensual definition, many nursing authors (Burkhardt 1989, Reed 1991, Emblen 1992, Dossey *et al.* 1995, Harrison 1997, Relf 1997) include these

Table 1 Definitions of spirit

Spirit
The animating or vital principle in man...
The breath of life...
Incorporeal or immaterial being...
The soul of a person...
The disembodied soul of a deceased person...
A supernatural, incorporeal, rational being or personality usually regarded as imperceptible at ordinary times to the human senses...
The spirit of God...
The disposition, feeling, or frame of mind with which something is done...
A person considered in relation to his character or disposition...
The prevailing tone or tendency of a particular period of time...
The immaterial intelligent or sentiment element or part of a person...
The emotional part of a man...
Liveliness, vivacity, or animation in persons...
Vital power or energy...
Vigour or animation of mind...
Strong alcoholic liquor...
To infuse spirit, life, ardour, or energy into a person...
To invest with a spirit or animating principle...
To instigate or promote...

Source: The Oxford English Dictionary (2nd ed.) (1989, pp. 251–255).

Table 2 Definitions of spiritual

Spiritual
Of or pertaining to, affecting or concerning, the spirit or higher moral qualities...
Applied to material things, substances, etc...
Of, belonging or relating to, concerned with, sacred or ecclesiastical things or matter...
Standing to another, or to others, in a spiritual relationship...
Devout, holy, pious; morally good; having spiritual tendencies or instincts...
Appropriate or natural to a spirit...
Of or pertaining to, emanating from, the intellect or higher faculties of the mind...
A spiritual or spiritually minded person...
Matters which specially or primarily concern the church or religion...

Source: The Oxford English Dictionary, 2nd edn., (1989, pp. 257–258).

elements: transcendence, unfolding mystery, connectedness, meaning and purpose in life, higher power, and relationships in their definitions of spirituality. Furthermore, some nurse theorists have defined and included spirituality in their models. For example, Neuman's (1989) systems model describes spirituality as an innate variable that is a compo-

Table 3 Definitions of spirituality

Spirituality
The body of spiritual or ecclesiastical persons;
That which has a spiritual character;
The quality or condition of being spiritual;
An immaterial or incorporeal thing or substance;
The fact or condition of being spirit or of consisting of an incorporeal essence.

Source: The Oxford English Dictionary, 2nd edn., (1989, pp. 259).

ment of an individual's basic structure, facilitating optimal wellness, health, and stability. In Watson's theory (1989) spirituality is described as a possession of human beings, enabling self-awareness, heightened consciousness, and providing the strength to transcend the usual self.

Spirituality and religion are words used interchangeably; in order to clarify the meaning of spirituality, a distinction between these two words is warranted. Some authors (LaPierre 1994, Horsburgh 1997, Thoresen 1998, Walsh 1999) agreed that religion involves an organized entity, such as an institution with certain rituals, values, practices, and beliefs about God or a higher power. Religions also have definable boundaries and may provide guidelines to which individuals adhere (Walsh 1999). It is argued that humans' search for meaning and purpose in life may be lost due to adherence to religious practices and beliefs (Cawley 1997, Miller & Thoresen 1999). Although some individuals may express their spirituality through religious values, rituals, and beliefs (Stoll 1989), it is contended that belonging to a religion does not automatically mean one is or will be spiritual (Long 1997).

Conversely, many authors acknowledge that spirituality involves an individual's search for meaning in life, wholeness, peace, individuality, and harmony (Burkhardt 1989, Fitzgerald 1997, Tloczynski *et al.* 1997, Walsh 1999, O'Leary 2000), and is a biological, and integral component of being human (Heyse-Moore 1996, Narayanasamy 1999a, Wright 2000). Spirituality is also described as a way of being (Macquarrie 1972, Ellison 1983); an energizing force that propels individuals to reach their optimal potential (Goddard 1995, 2000); a meaningful and extensive way of knowing the world (Dawson 1997); and is expressed through several personal mechanisms such as meditation and music appreciation (Stoll 1989, Aldridge 1998). While spirituality may be related to religion for certain individuals, for others it may not be (Oldnall 1996, Dyson *et al.* 1997). For example, the spirituality of an atheist (one who denies God's existence) or an agnostic (one who is unsure of God's existence) may be centred on a strong belief in significant relationships,

self-chosen values and goals instead of a belief in God. These beliefs may become the driving force in the lives of these individuals (Burnard 1988). For certain individuals, for example, Christians and Muslims, spirituality is directly related to religion (Rassool 2002). This direct relationship is evidenced in the theological literature, as some authors directly linked spirituality to religion. As such, it is described in relation to Jesus Christ and is 'God-based' (Chirban *et al.* 1996, p. 39, Clinton 1997).

The Judeo-Christian spirituality has been advanced by nursing authors such as Bradshaw (1994). Bradshaw maintains that spiritual care is embodied in the nurse's respect for patients' dignity, display of unconditional acceptance and love, honest nurse-patient relationships, and the fostering of hope and peace. In this context, Bradshaw (1994) espouses that the spiritual dimension of nursing care is rooted in the Judeo-Christian tradition. However, Narayanasamy (1999b) expresses that Bradshaw's stance on spirituality may limit spiritual care to Christian patients only.

Notwithstanding the generally accepted notion that spirituality is an inherent component of humans (Heyse-Moore 1996, Benjamin & Looby 1998, Wright 2000), nonreligious individuals also have spiritual needs pertaining to the search for meaning and purpose in life (Burnard 1988). From the above distinction between spirituality and religion, this author agrees with others (Narayanasamy 1993, Miller & Thoresen 1999, Walsh 1999) that spirituality is a much broader concept than religion.

The literature further suggests that meaning and purpose in life, connectedness, inner strength, self-transcendence, and belief are important components of spirituality. Self-transcendence is described as reaching beyond personal boundaries and attaining a wider perspective, which facilitates finding meaning in life's experience (Coward 1996). Research studies have shown how self-transcendence, connectedness, belief, inner strength, meaning and purpose in life add to the meaning of spirituality. For example, Woods and Ironson's (1999) study of 60 medically ill patients' spirituality and religiosity revealed that patients' beliefs and connections to a higher power, themselves, or others promoted a sense of hope. Moreover, their beliefs facilitated empowerment, a relaxed state, and a sense of well-being, which influenced their recovery.

Jirojwong *et al.* (1994) studied 125 Thai women's perceptions of the aetiology of cervical cancer and use of health care providers. Their findings showed that spiritual beliefs have a strong influence on how individuals perceive the cause of an illness. Some participants, who were predominately Buddhists, believed that their spiritual beliefs such as Karma (previous behaviours) caused them to become ill. Moch's

(1998) qualitative study of 20 women with breast cancer showed that the participants identified meaning and purpose in their lives through connectedness with the environment, self, and others. Hall's (1998) qualitative study of 10 adults with advanced human immunodeficiency virus (HIV) revealed that being spiritual promoted meaning and purpose in life, hopefulness, self-transcendence, and decreased anxiety about death. The participants' connections to a higher power, families, and communities shaped the way they perceived their disease, and provided the impetus for them to transcend beyond suffering.

Rozario's (1997) phenomenological study of chronically ill and disabled individuals ($n = 35$), and autobiographers ($n = 14$) revealed that participants found meaning in life and made sense of suffering when they embodied a sense of spiritual awareness. This awareness made them hopeful, and their connection to a higher power provided a source of support in their lives. Other studies have concluded that being spiritual can help people cope with the stressors and uncertainties associated with illnesses (Landis 1996, Baldacchino & Draper 2001, Tuck *et al.* 2001). Researchers who have examined levels of spirituality and health suggest that higher levels of spirituality may promote well-being and health (Kaczorowski 1989, Tloczynski *et al.* 1997, McBride *et al.* 1998a, Brome *et al.* 2000). From these studies, one could assume that spirituality is a powerful resource that can ameliorate suffering during illness, thereby fostering peace and the ability for individuals to harness the mystery of the unknown with positivism and grace.

Unfolding experiences such as the loss of significant relationships may facilitate creation of spiritual awareness and transformation (Martsolf & Mickley 1998). According to Benjamin and Looby (1998) 'spiritual development is the process of growth strengthened by one spiritual experience after another, which ultimately leads to spiritual transformation' (p. 95). Spiritual transformation is evidenced when one embraces a new and broadened perspective in life and transcends beyond difficulties (Benjamin & Looby 1998). Because life's experiences may facilitate spiritual awareness and transformation, some believe that anyone has the potential to experience spiritual growth, but at different levels (Long 1997, Chilton 1998).

Some authors purport that spiritual awareness may lead to negative consequences such as inner conflict and guilt, if life's experiences cause individuals to struggle between religious or spiritual beliefs, self-chosen values, beliefs, or goals that guide their lives (Carson 1989, Horsburgh 1997). But it appears from the literature as if spiritual awareness and transformation may catalyse a positive sense of self-perceived good health. The following studies exemplify some of the benefits

of spiritual transformation. Young *et al.* (2000) study of spirituality on individuals' ($n = 303$) negative life events and psychological adjustment suggests that being spiritual may help one maintain a healthy psychological well-being. Having a spiritual orientation decreased the effects that negative life events, such as divorce, had on participants' levels of depression or anxiety.

Walton (1999) studied 13 individuals' perceptions of spirituality's influence on their recovery from acute myocardial infarction. Spirituality provided the participants with peace, hope, strength, and a sense of well-being, which facilitated their recovery. Other benefits of spirituality indicated by research include a restored sense of well-being and recovery from psychological conditions, such as sexual abuse, substance abuse, and homelessness (LaNae & Feinauer 1993, Shuler *et al.* 1994, Kennedy *et al.* 1998, Brome *et al.* 2000).

Some authors believe that understanding spirituality is necessary to the provision of spiritual care. Burnard (1988) asserts that nurses with strong spiritual beliefs would better address individuals' spiritual needs, as they may be less threatened by others' beliefs and values. Murray & Zentner (1989) maintain that nurses who have experienced spiritual awareness and transformation are better equipped to address patients' spiritual needs. Others (Long 1997, Chilton 1998, Chiu 2000, Govier 2000) have espoused the importance for nurses to understand their own spirituality in order readily to assist others. However, it is argued that providing spiritual care is not contingent upon nurses' understanding of their spirituality (Carson 1989). Although nurses may not be able to address specific spiritual concerns, several authors (Carson 1989, Montgomery 1996, Golberg 1998, Greasley *et al.* 2001) agree that spiritual care in a broader sense may still be provided by nurses' ability to provide compassionate care, maintain close relationships with patients, and offer themselves to patients (presence).

Defining attributes

The next step of a concept analysis is to define the critical attributes of the concept examined. Critical attributes are characteristics of the concept that appear repeatedly in the literature, and may help clarify how the concept is used (Walker & Avant 1995). Attributes of spirituality include: belief and faith, connectedness, inner strength and peace. Belief and faith could entail believing in a higher power or God. It could also entail believing in significant relationships, self-chosen values/goals, or believing in the world without acknowledging God (Burnard 1988, Carson 1989). Inner strength and peace come from having faith and a belief system.

The component connectedness is described in the literature as how well one is connected to oneself, a supreme purpose or meaning, a higher power, or significant relationships (Bellingham *et al.* 1989, Golberg 1998, Newshan 1998). According to Stoll (1989), connectedness has vertical and horizontal components. The vertical component involves a person's relationship with a higher power or God and the horizontal component is one's relationships with others, the environment, and the self. Connectedness may be expressed through activities such as prayer, presence, or physical touch (Dossey 1996, Golberg 1998). It is contended that connectedness may lead to a deeper meaning in life (Bellingham *et al.* 1989). Conversely, a lack of connection is discussed in the literature as a source of estrangement, loneliness (Bellingham *et al.* 1989), and to spiritual pain and or distress (Heyse-Moore 1996). From these attributes, it can be inferred that spirituality entails some form of a belief system.

Case examples

According to Walker and Avant (1995) case examples are used to promote further understanding of the concept. These case examples include (1) model cases: constructed stories designed from clinical experiences with patients, or actual nonconstructed examples 'from real life' (p. 42) that include all the defining attributes of the concept and absolutely exemplify it; (2) borderline cases: examples of the concept that contain some but not all of the defining attributes; and (3) contrary cases: examples of what the concept is not, defined as the complete absence of the defining attributes.

Constructed model case

Bina is a middle-aged female admitted to the hospital for complications from four miscarriages. She is despondent, and refuses to eat or take medications. She expresses a strong belief in God, which gives meaning to her life, but she is angry and thinks God is punishing her. Bina tells Evelyn, the nurse, that she is afraid her husband might divorce her because of his desire for a child. Bina also believes motherhood is a supreme value that will give meaning and purpose to her life, and is a significant reason for her being; this value is threatened. Evelyn listens attentively while holding Bina's hand. She asks Bina if she would like to see a psychologist, and she accepts. Bina expresses happiness for connecting with Evelyn.

Six weeks after her discharge from the hospital, Bina sends Evelyn a letter explaining that counseling helped her establish a new value and belief about motherhood. She plans to adopt a baby within the next 2 years. Her reconnection with God, her value, and belief have renewed her sense of faith, purpose,

and meaning in life. She expresses a heightened sense of beauty, joy in life, and peace with her husband. This new sense of being has given Bina the strength to overcome her fears and sadness. She spends a few minutes each day meditating in order to connect with her self.

This is a model case as it exhibits all of the attributes of spirituality as highlighted in the literature. It demonstrates believing and having faith in a higher power, significant relationships, and personal values and beliefs. It further underscores how a belief system and connection with others can promote inner strength and peace. In the process, Bina experiences spiritual transformation, which enables her to transcend her difficulties. This model case therefore contains all the elements identified as critical attributes of spirituality.

Constructed borderline case

Mary comes to the clinic with complaints of general malaise, loss of appetite, and insomnia. Her laboratory tests, history, and physical examinations are normal. Susan, the admitting nurse suspects emotional problems. Mary expresses sadness about her failed marriage, increased loneliness, no strength to move on, and no support from anyone. She questions the value she once had for marriage, and does not believe anyone can help her. Mary's love for her husband, respect, and value for her marriage gave meaning to her life, but since the divorce life has been meaningless. She expresses her uncertainty about God's existence and no longer finds meaning in her work as a social worker. Susan listens attentively and empathizes with Mary; the two women express their sense of connection. Mary states that she feels blessed to have met Susan whose compassion has given her strength. One month later, Mary presents at the clinic with the same complaints, and is admitted to the hospital because she is suicidal.

This is a borderline case as it exhibits some of the critical attributes of spirituality, but not all. Mary, who feels disconnected from everyone and herself before meeting Susan, experiences a connection with Susan. The connection gives Mary immediate short-term strength but does not add meaning to her life. Mary's shattered belief in marriage is still unresolved, and she has no other belief system to sustain her. Her hatred for life continues and she still finds no meaning in her work. Mary remains hopeless and faithless. Thus, she returns to the clinic with the same complaints, plus suicidal ideation.

Constructed contrary case

Humans are different from physical objects because of our spirits, which provide the force for individuals to transcend the self, think independently, and interact freely (Macquarrie

1972). In light of this difference, a man-made robot is used to exemplify a contrary case of spirituality.

There is a robot exhibited in a museum in a mid-western American city. The robot is programmed to walk up to a guest every 10 minutes and welcome him or her to the museum. Thereafter, the robot rings a bell for the museum manager to further assist the individual. The robot's interactions are limited to shaking the guests' hands and ringing a bell. One day, a woman falls in the museum. The robot, which is only programmed to greet guests, does nothing, even though the woman screams for help. The robot is unable to interact independently with the woman or express empathy. After a few minutes, the woman gets up, yells at the robot for not ringing the bell, then leaves the museum.

This is a contrary case, as it demonstrates none of the critical attributes of spirituality. The robot is not human and therefore is unable to independently and freely interact, and connect with humans. The robot does not possess the spirit, which is an inherent component of humans. It cannot have a belief system, and is unable to initiate and maintain meaningful relationships. The robot cannot have the faith or inner strength that may be present from having some form of belief system. A nonhuman lacks all of the core attributes of spirituality, therefore only a nonhuman can be used in a contrary case of spirituality.

Antecedents and consequences

Antecedents are events that must be present before the occurrence of a concept, and consequences are incidents that emerge as a result of a concept (Walker & Avant 1995). Antecedents to spirituality as delineated from the literature include life and spirit. In this paper life is described as the period of time from conception, birth, to death. Pivotal life events such as illnesses may provide the impetus for spiritual awareness and growth (Haase *et al.* 1992, Meraviglia 1999). Spirit is an inherent aspect of human beings, and it is the core of human existence. The consequences of spirituality as delineated from the literature are: a sense of hope and peace, love and joy, meaning and purpose in life, self-transcendence, and a sense of spiritual, psychological, physical health and well-being (Burkhardt 1989, Haase *et al.* 1992, Meraviglia 1999). Other consequences may include guilt and inner conflict about one's values and beliefs (Carson 1989).

Empirical referents

Empirical referents are external measures of a concept grounded in the real world. They are useful for instrument development in research, and clinically they may assist practitioners to clearly discern the presence of a concept (Walker & Avant 1995). No single definite external measure

of spirituality emerged from the literature, but the most frequently used empirical referent is the spiritual well-being scale (SWB) by Paloutzian and Ellison (1982).

This tool has 20 items with a Likert-type response format measuring religious well-being (RWB) and existential well-being (EWB). Ten items on the scale measure one's relationship with God (RWB), while the other 10 items measure one's sense of purpose, meaning, and satisfaction in life (EWB). This tool has been found to have high reliability and validity (Paloutzian & Ellison 1982). Many researchers have attempted to measure spiritual well-being in adults by using this scale (Kaczorowski 1989, Crigger 1996, Landis 1996, Zorn & Johnson 1997, Coleman & Holzemer 1999, Tuck *et al.* 2001). In order to understand what spirituality means to different individuals, researchers have examined the concept using a qualitative design (Guillory *et al.* 1997, Hall 1998, Chiu 2000, Mattis 2000).

Clinically, many spiritual assessment tools are available to assist nurses in addressing patients' spiritual concerns. For example, the JAREL spiritual well-being scale is a 21-item Likert-type format assessment tool designed to clinically assess individuals' spiritual concerns and strengths. Responses range on a continuum from strongly agree to strongly disagree about various attributes of spirituality (Hungelmann *et al.* 1996). Dossey *et al.* (1995) offer a 55-item spiritual assessment tool assessing: meaning and purpose in life, interconnectedness, and inner strength. In primary care settings, the spirituality pictorial charts developed by McBride *et al.* (1998b) provide a quick, easy, and nonintimidating method of assessing spirituality. The spirituality pictorial charts are assessment tools, which contain questions that may be used to assess individuals' spiritual practices and experiences. The spirituality charts have been found to have high reliability and validity (McBride *et al.* 1998b).

These tools are useful clinically because the findings may facilitate communication of patient's spiritual needs, thereby increasing nurses' understanding of patients' spiritual perspectives and concerns. This author believes that this increased understanding may facilitate the provision of individualized spiritual care. These tools may also provide the nurse with an additional diagnostic tool that incorporates patient's belief systems (Dossey *et al.* 1995, Hungelmann *et al.* 1996, McBride *et al.* 1998b).

Discussion

Spirituality: proposed definition

This analysis has been a complex and challenging process heralded by frustration at reaching a proposed definition of

spirituality. As stated earlier, this paper aims to contribute to the clarification of spirituality, and not to provide a definite overall definition of spirituality due to the subjective nature of the concept. Nonetheless, a proposed definition of spirituality emerged in the process; however, further research is needed to determine its usefulness.

Spirituality is a personal search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen and or religious beliefs, values, and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace, and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence.

Nursing implications

Understanding the spiritual dimension of human experience is paramount to nursing, because nursing is a practice-based discipline interested in human concerns. Although it is relevant for nurses to provide spiritual care, research has suggested that nurses encounter many barriers providing this care, such as insufficient academic preparation, lack of postacademic training, inadequate time and staffing, and lack of privacy to counsel patients (Narayanasamy 1993, McSherry 1998). Spiritual care is also hindered by some nurses' perception that spiritual care is a religious issue best addressed by hospital chaplains (Narayanasamy 1993, Narayanasamy & Owens 2001). Optimistically, research has revealed that many nurses can recognize patients' spiritual needs (Narayanasamy 1993, McSherry 1998).

It is proposed that the inclusion of spiritual care education in nursing education would increase nurses' knowledge, understanding, and provision of spiritual care (Narayanasamy 1993, Long 1997, Narayanasamy 1999b, Narayanasamy & Owens 2001). While this author acknowledges the importance of spiritual care education, it can be argued that nursing actions, such as the use of spiritual assessment tools (Dossey *et al.* 1995, Hungelmann *et al.* 1996, McBride *et al.* 1998b) that do not require much time, privacy, or academic preparation are measures that may overcome some of the barriers impeding spiritual care. In using these tools, nurses may select questions that are suitable for different patients; however, caution should be taken not to upset some patients with certain questions (Harrison 1997).

Because relationships may be hindered when one is consistently dehumanized (Walton 1996), developing a trusting, respectful, and mutual nurse-patient relationship is

essential in order for spiritual assessment and intervention to be effective (Labun 1997). Interpersonal quality care by nurses (ability to display compassionate care toward the patient), has been discussed as a critical element of spiritual care. Research has suggested that maintaining a caring relationship can be transcending, fulfilling, and rewarding to the patient and the nurse (Montgomery 1996, Greasley *et al.* 2001, Narayanasamy & Owens 2001).

Further suggestions for spiritual assessment and intervention include:

- Initiating spiritual discourse with patients, as appropriate, in a calm and reassuring atmosphere during admissions to hospitals, long-term care facilities, or at clinic visits. For example, patients may be asked to describe their source of hope and strength, or what they find most meaningful. Such broad questions may provide the nurse with information about the patient's spiritual perspectives; whether it is religious-based or not (Stoll 1979). Because it is imperative for nurses to remember that non-religious individuals also have spiritual needs (Burnard 1988), attempts should be made to avoid questions that may favour a particular spiritual perspective (for example, asking patients to state their denomination).
- Acceptance and respect of patients' spiritual and cultural practices, beliefs, and values;
- Attentively listening to patients and directly observing for indications of spiritual cues (for example, photographs of loved ones, rosary, etc.) and practices (e.g. prayer or meditation); these may provide nurses with significant insights about patients' spirituality (Carson 1989, McSherry 1998, Narayanasamy & Owens 2001);
- Remaining non-judgemental and open-minded to patients' situations;
- Consulting with other health care professionals, as necessary, to initiate the appropriate spiritual counseling.

Through these actions, nurses may begin to understand patients' spiritual perspectives, and enhance optimal holistic health care.

Conclusion

This paper has attempted to contribute toward clarifying the meaning of spirituality. Humans are spiritual beings. The spirit – the core of human existence – is fundamental to all. Spiritual awareness and transformation can occur given certain circumstances in life, thus a spiritual perspective that transcends devastating life experiences may lead to peaceful resolutions. The nature of nursing practice places nurses in key positions to foster peaceful resolutions in patient's lives by assisting them with their spiritual needs.

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