

## NEPHROLOGY NURSING: SPIRITUALITY AND TOUGH NURSING

Canadian Association of Nephrology Nurses & Technicians (CANNT)  
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*Speaking notes only for Dr David Morrison; "Nephrology Nursing: Spirituality and Tough Nursing." CANNT Atlantic conference presentation, May 7, 2005. Not to be duplicated nor quoted.*

### **INTRODUCTION**

First and foremost, I wish to thank the organizers for the invitation to reflect and speak at this conference, and on such an important subject as spirituality. Nephrology nurses and technicians are in what I know is a very tough area of nursing - tough for the patient and their families of course, given the dynamics of decisions, possible outcomes and potential frustrations and disappointments. As an outsider looking in, it would also seem to be "tough" because it is both difficult and precise. Such is the scientific technology in your field that when I was looking at a Nephrology textbook the other day I came across a paragraph in which I recognized many of the words - words such as - and, the, also, for, of. The ethics surrounding this science are also stressful. Add to that the necessity for palliation administration, and the stress increases. At the same time, the potential for healing, improving the quality of life and giving hope and understanding, are all important.

Glancing at the proposed (Canadian) nephrology standards of nursing practice, one notices under the measurement criteria of Standard 1, part 2 "... to deliver care across the continuum of renal care, utilizing the nursing process. This is demonstrated by, but not limited to: .... Formulating a plan of care based on current needs using evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions."  
[<http://www.cannt.ca/standards/nursing>]

The move of "spirituality" to the centre of health care is paramount to nursing and technical procedures - not only for the patients, but for the health professional as well.

### **SPIRITUALITY & WELLNESS: SPIRITUALITY AS PART OF THE HEALING PROCESS.**

Joni Walton, writing in the Nephrology Nursing Journal, observes that "insight into the spiritual realm of patient care will transform nursing in this millennium. Harnessing the restorative powers

of spirituality and caring for the body-mind-spirit of nurses and patients alike are kindling a spirit of renewal within the nursing profession.” [Finding a balance: a grounded theory study of spirituality in hemodialysis patients] , October, 2002.

The importance of spirituality as a central component of well-being is increasingly recognized by doctors and mental-health professionals. Spiritual well-being is important. (“Effect of spiritual well-being on end-of-life despair in terminally-ill cancer patients,” The Lancet, Vol 361, May 10, 2003, p.1603-7). Many health care professionals are now paying attention to the importance of spiritual health. Growing data have provided empirical support for the hypothesis that spiritual well-being and health are positively correlated, and that consumers of healthcare are increasingly using “spiritual healing” and religious resources to improve health. This is also seen in end-of-life care and “wellness”.

Empirical evidence and practice wisdom strongly suggest that the experience of living with cancer, for example, often increases an individual’s awareness of the spiritual part of the self. Individuals with cancer frequently use spiritual resources to cope with their cancer. (Cancer Nursing, Vol 26, No 4, 2003, p. 260) Or, put another way:. “Patients who are diagnosed with cancer often find that they and their family begin to give more thought than before to spiritual questions.”[Many citations] Cancer Nursing Vol 25, No 3, June 2002. P. 210

One of the hallmarks of spirituality is the search for meaning. Victor Frankl’s little book of 50 years ago, Man’s Search for Meaning, is still relevant. In a sense, through meaning, healing can take place even while in renal failure. Frankl suggests that suffering will not destroy humans; rather, suffering without meaning will destroy them. How often has that been true in your practice? There are many barriers to healing - from ineffective symptom control to the inability to maintain contact with family and friends. A spiritual sensitivity can aid in keeping the barriers down: “The value of the interventions to break down barriers to healing [even] near the end of life should not be underestimated.” [Gauthier, Donna M. “The Meaning of Healing Near the End of Life,” Journal of Hospice and Palliative Nursing, Vol 4, no. 4, October-December, 2002, p.226.]

While we “present” patients according to disease, is this where the patient wishes to be? Is it where we wish to be - a label with a precise function rather than as a team member participating in the whole? “Patients want to be seen and treated as whole persons, not as diseases. A whole person is someone whose being has physical, emotional, and spiritual dimensions. Ignoring any of these aspects of humanity leaves the patient feeling incomplete and may even interfere with healing. For many patients, spirituality is an important part of wholeness, and when addressing psychosocial aspects in medicine, that part of their personhood cannot be ignored.” JAMA, Oct 4, 2000.

## **THEN WHAT IS RELIGION?**

Religio - To bind together. Important for rituals, symbols and stories. Certainly a vehicle for spirituality for many..... and provides a comfort zone. Religion and spirituality are separate, yet related.

I borrow from the health field to suggest a general distinction between religion and spirituality: There is no general agreement on definitions of either spirituality or religion, but there is general agreement on the usefulness of this distinction. Religion can be viewed as a specific set of beliefs and practices associated with a recognized religion or denomination. Spirituality is generally recognized as encompassing experiential aspects, whether related to engaging in these practices, or to a general sense of peace and connectedness. The concept of spirituality is found in all cultures and is often considered to encompass a search for ultimate meaning through religion or other paths. Religion is highly culturally determined; spirituality is considered a universal human capacity, usually - but not necessarily - associated with and expressed in religious practice. Most individuals consider themselves both spiritual and religious; some may consider themselves religious but not spiritual. Others, including some atheists (people who do not believe in the existence of God) or agnostics (people who believe that God cannot be shown to exist), may consider themselves spiritual but not religious. One effort to characterize individuals by types of spiritual and religious experience identified the following groups, using cluster analytic techniques: religious individuals who highly value religious faith, spiritual well-being, and the meaning of life; existential individuals who highly value spiritual well-being but not religious faith; nonspiritual individuals who have little value for religiousness, spirituality, or a sense of the meaning of life. The last group 'failed' in all wellness scores. Allow me to repeat the last line of that study: The last group 'failed' in all wellness scores.

## **SPIRITUALITY**

A recent medical journal article lists key words and phrases in spirituality literature: Meaning - making sense of life situation; deriving purpose from existence; Existential - searching for personal meaning within one's life, death, and concerns about freedom and isolation; Value - cherished beliefs and standards of, for example, truth, beauty, behaviour, or thoughts; Transcendence - appreciation of a dimension beyond self; creating ability to rise above 'here and now' experience; Connecting - relationships and communication with self, others, environment, higher power, the sacred; Becoming - links to identity, personal growth, through reflection on life experience; Coping - means of using or developing strategies in critical life events, achieving inner peace; Spirituality - the search for existential or ultimate meaning within a life experience, such as illness. (This belief usually refers to a power other than the self, which people may or may not describe as God, higher power, or forces with nature, and with which they communicate. The power helps the person to transcend the here and now, re-establish hope and the ability to cope); Religion - is an expression of spiritual belief through a framework of rituals, codes, and practices; the sense of otherness or a power being a deity or supreme being; Philosophical - relates to the same searching, but with a rejection of any influential power external to the self." [P. Speck, I. Higginson & J. Addington-Hall. "Spiritual needs in health care," *BMJ* July 2004:123-4.]

I heartily encourage the latest (6th) edition of the huge resource text, *Cancer Nursing*, which has just been published. The new edition has a fine section on Spirituality, and one appreciates the centrality given to this area in critical nursing.

## **WHAT IS SPIRITUALITY?**

There are scores, perhaps hundreds of definitions of spirituality. At the Cancer Treatment Centre, we use a brochure which is descriptive. It may or may not fit in with your usage or understanding...

Spirituality is an integral component of healing. It is a source of strength in the presence of distress. It is at the heart of our well-being. It enriches all aspects of our life: physical, mental, emotional and community.

Spirituality is a life force that promotes hope, encourages healing, helps us to embrace ourselves and others. Spirituality is expressed in the attitudes, beliefs, and practices that influence people's lives. Spirituality enables us to experience the transcendent or higher power.

Spirituality involves family and friends. It embraces fullness, meaning, love and hope in the journey.

What are Spiritual Needs?: MEANING - Who am I? Why is this happening? PURPOSE - When do I feel most alive? COMMUNICATION - With whom and how can I be open and honest? BELONGING - Who cares for me? HOPE - Where does my hope lie? VALUES - What are my guiding principles? CREATIVITY - Do I feel free to shape my own path? RELATIONSHIPS - How do I see myself now in relationship to myself and others? FORGIVENESS - Am I forgiving and forgiven?

What are Symptoms of Spiritual Distress?

\* fear \* pain \* anxiety \* confusion \* depression \* anger \* hopelessness \* loss \* apathy \* shame \* guilt \* grief \* withdrawal \* isolation \* resentment \* disbelief \* conflict \* regret \* loneliness \* powerlessness

In the medical setting, one could also refer to Sparks & Taylor, Nursing Diagnosis Reference Manual, 2000, "Spiritual Distress," pp. 308 - 311.

## **SPIRITUAL CARE.**

You know well that anxiety and denial are common in the early phases of hemodialysis for example. Doubts about the future and emotional stability are a normal reaction during the early months of renal failure (Gregory, Way, Hutchinson, Barrett & Parfrey, 1998) and you probably can attest that "...sadness, disappointment, anger, and regret are common feelings following diagnosis of renal failure." [Joni Walton, NNJ, Oct 2002] There is a dialysis "community" no doubt, and Walton points out that in her study, each participant was deeply affected by tragic events that occurred within the dialysis community. Participants face their mortality each time a patient in the dialysis community dies.

Attendance to spiritual care has salutary effects. Spiritual well-being and meaning serve as a buffer zone against depression, hopelessness and desire for hastened death.

Spiritual care has been shown to:

- reduce the demand for pain medication
- shorten hospital stays
- ease conflict situations
- help bridge gap between hospital experience and the rest of a person's life

Apart from these functional benefits of greater compliance with health care, research reports that acutely and chronically ill people reporting higher levels of spiritual health (and religious commitment) also report higher levels of physical and mental well-being, more hope, less depression, less loneliness, and improved coping and quality of life.

Providing spiritual care is much more than recognizing or spotting a patient's religious beliefs or feelings and incorporating those tendencies into our interventions. At a very basic level, Spiritual Care can be anything which touches the Spirit of another.

- It can be shared laughter or tears, or remembering a patient's birthday.
- It can be keeping vigil with a family as a loved one struggles to recover.
- It can be crying with that same family when that patient dies,
- It can be supporting a chronically ill individual as she struggles to redefine her worth and personal meaning in the light of illness and its demands.
- It can be a gentle back rub coupled with soothing words that allow the client to sleep.
- It can be a shared prayer or religious reading that has special meaning to the patient.

How do we best offer spiritual care? As we enter the world of the patient it gives them an opportunity to reflect on what is happening to them and how they feel about the ultimate changes they face. I found the following in the U.K. in a booklet on spiritual aspects of nursing care:

- a willingness to leave our preoccupations aside.
- giving focused time and attention, even for a short while.
- being sensitive to whether the person wants to make use of us; maybe for them it's not the right time or we're not the right person. (Saying 'No' can be a very empowering experience.)
- helping to create the space for people to connect with their own reality.
- non-judgmental listening, in which our own 'stuff' does not get in the way.
- active listening, in which our concern is on what is being said or not being said rather than how we can respond.
- 'staying with' strong feelings rather than trying to close them down.
- 'staying with' the hard questions rather than resorting to easy answers.

Have you thought of having an 'informal' spiritual care team in your workplace?

Spiritual care cannot be boxed in nor narrowly defined. Spiritual care is provided not only for those who believe in a certain way. Spiritual care is for everyone. Spiritual care includes whatever gives a person meaning, worth and value. People may express their spirituality in unique ways, but everyone has a spiritual nature that can be touched through the ministrations of another. (This insight reaches back several years and is adapted from the Preface of *Spiritual Dimensions of Nursing Practice*, ed. by Verna Benner Carson. W.B. Saunders Co. USA, 1989) Spiritual care involves other mediums, such as the healing power of music.

Practical suggestions for how to discuss spiritual needs with clients are available in nursing literature. (Cancer Nursing, Vol 26, No 4, 2003. P. 266). We do know that the hesitancy of entering into the spiritual or religious realm of patients is certainly shown by a very high percentage of physicians. This has serious ramifications for the promotion of well-being. We know that care givers have spiritual needs similar to those of patients. Yet, in contrast with the importance patients attach to spirituality, clinical care and clinical research often omit attention to this area. The patient is usually not reluctant to enter this search for meaning. Appropriate and sensitive discussions with seriously ill patients regarding medical, psychosocial, and spiritual needs are both an obligation and a privilege for every nurse and caregiver. Many of us can be guilty of participating in a conspiracy of silence - and not adding quality to a life which may be at its most important stage. The hands-on practitioner or caregiver has an absolutely critical role.

The growth pattern of the seriously ill person has been noted in research. The patient (and also the caregiver I would surmise), is not only better able to face the critical moments of the health/illness journey through spiritual care, but goes beyond that to a positive growth: "Spirituality initially serves as a support mechanism to help the person cope with the many challenges of being ill. Gradually, however, the person discovers that their illness is a vehicle which promotes their spiritual growth. This was an unexpected but very rewarding finding for the subjects themselves." [Samson, Andre & Zerter, Barbara, "The Experience of Spirituality in the Psycho-social Adaptation of Cancer Survivors," The Journal of Pastoral Care & Counseling, Fall 2003, Vol 57, No. 3, p 343.]

[SPIRITUAL ASSESSMENTS] - Very important, but we'd need another chapter for this!!!!

- \* Many medical schools now teach spiritual assessments
- \* Several models used - H.O.P.E. etc
- \* Nurses, technicians, secretaries
- \* Can staff assess spiritual levels of "clients"?
- \* Referrals to spiritual care specialists
- \* Care givers have spiritual needs similar to those of patients

## **WHAT ABOUT US? WHAT ABOUT TOUGH NURSING?**

- OR -

Who heals the healers?

People in health organizations are wounded. They (we) need healing and health. The non-personal (meaninglessness) in structures results in low self-esteem, and even alienation. The opposite is equally true. A great deal of research and writing over the past two decades attests to the link between spirituality and health. Medically, there is a positive correlation between self-esteem and health. [Michael Marmot, British Medical Journal (Sept. 13/2003)]. We know from research and hard data [see Jeff Levin's God, Faith and Health: Exploring the spirituality-healing Connection (2001)] that there is a strong data based correlation between spirituality and wellness. The statistics for those who are on sick leave, from our healing institutions, is profound. Amidst the medication, there is room for meditation. The bottom line: we can heal each other, even in places of healing.

The first stage of healing is one of recognition. (Spiritual distress has similar characteristics to work stress and ethical conflict.) Just as I (surprisingly) found precious little in the literature regarding spirituality and nephrology nursing, so there is a paucity of research concerning stress in nephrology nursing, even though the stress level must be extremely high. (Is this the result of a biologic emphasis in the field?) One small study concludes with these comments: "Nursing is recognized as a demanding profession, and nurses need both proper support and resources to enable them to give a good quality patient service. However, if the issues concerning stress are not addressed properly, nurses will become further disillusioned which could lead to a major crisis within the [nephrology nursing] profession." Fiona Murphy, "Stress Among Nephrology Nurses in Northern Ireland," *Nephrology Nursing Journal*, July-August 2004, p. 430.

The ethical pressures can be very stress producing. A study done by Redman, Hill and Fry (1997) examined the ethical conflicts reported by certified nephrology nurses practicing in dialysis settings. The nurse participants reported being involved in a variety of serious conflicts about patient care, the most common related to the discontinuation or initiation of dialysis. The most important finding of this research was not that the caregivers experienced ethical conflicts in their practice, but rather that two-thirds of these conflicts were left unsolved! (Carla Shapiero "Emerging ethical issues in nephrology nursing - Part I" *CANNT Journal*, Fall 1999, pp 21 -24)

As caregivers, we do not escape the human grief which surrounds us. Those of you who have been around a while know that it can have a cumulative effect. Often it is not recognized, by ourselves or the institutions, which can have tragic consequences for us, and therefore for our patients: "Hospitals and other medical centres are beginning to address the need to recognize grief experienced by staff.... There is a consensus that patient death and the subsequent grief experienced by health professionals is a significant issue and the importance of addressing it is increasingly being recognized." [ "When Patients Die: Grief Amongst Health Care Professionals," Jill Macaulay, *The Canadian Journal of Medical Radiation Technology*, Vol 36 Number 1, Spring, 2005, P 17.] Glen Hurst, quoted in the same article, emphasized the importance of a spiritual relationship, in whatever context you feel that to mean.

Prof B.J.G. Pereira Professor of Medicine, TUSM Tufts-New England Medical Center Boston, and certainly very well known in the nephrology field, recently stated in an interview that "...religion and spirituality have a strong role in healing. While the scientific basis is being studied, there is no doubt that religion and spirituality [have an important role to play]" (29 Sep 2004).

As Joni Walton points out in her concluding remarks - and it is a sentiment that best practice would reinforce: "Dialysis staff play a powerful role in enhancing spirituality when they develop trusting relationships, exhibit a sense of humour, and individualize nursing interventions to meet the needs of their patients."

Finally, I ask that we consider ways in which a team approach can accelerate best practice in quality of life care. The Integrated Palliative Care Team at our Cancer Treatment Centre is the model I know. It's impact is tremendous. With membership drawn from home-care nursing, grief counselor, palliative care worker, nurse practitioner, social worker, pharmacist, physician, spiritual care provider, there is a very real sense in which a whole spiritual dimension is present in our weekly rounds, as we work together as a team for the well-being of those patients under our care.

Spirituality is becoming front and centre, and we are learning that while spirituality may become sharper when faced with ultimate moments - ours or our patients, its development begins and belongs in our work, home life and play.

We are engaged in best practices. We are called to give and live life in its fulness - to put meaning into living, hope into a future, life into dying, love into caring, and Spirit into all that we do and are!

Thank you.

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