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Faith Integration and Spiritual Care in Nursing: A Pragmatic Utility Analysis

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Abstract

Although the nursing profession in the West is founded on Judeo-Christian religious principles, the evolution of nursing scholarship has led to the separation of religion from patient-centered spiritual care. This raises two key questions, 1. What is spiritual care from a Christian nursing worldview? and 2. How is spiritual care demonstrated in practice from the faith-based perspective of Christian nurses? This study uses a Pragmatic Utility Analysis to explore these questions. A systematic search of academic databases yielded a sample of literature specifically focused on integrating and applying the Christian faith to spiritual care. These data were synthesized to identify definitions, descriptions, antecedents, attributes, and outcomes related to spiritual care from a faith-based nursing perspective. Findings revealed that spiritual care for the Christian nurse is predicated on a vital faith and prerequisite knowledge of God as the creator of the universe. Integration of faith into the task of doing spiritual care is embodied by the nurse, evidenced by authentic relationships, prayer, and modeling faith, hope, and love empowered by the Holy Spirit. Christian nurses aim to build therapeutic relationships with patients that exemplify Christ in the temporal realm while trusting by faith that God alone can effect ultimate healing and wholeness through eternal salvation.

Key words: faith; Christian; spiritual care; nursing

Introduction

The nursing profession in the Western world is founded on long-standing traditions associated with Christianity and the church. Premedieval monasteries and catholic nursing orders provided care to the infirm predicated on a divine calling, a sense of duty, and, ultimately, to bring glory to God (Sawatzky & Pesut, 2005). The deaconess movement, for example, began as a service to God, providing altruistic care for the sick and establishing hospitals and schools of nursing (Shelly & Miller, 2006). Esteemed pioneer of the profession, and devout Christian, Florence Nightingale also embraced a personal call from God and modeled nursing as an expression of Christian ministry (Fowler, 2019). Nightingale believed in God as the perfect creator and that by working to intervene for good, people could become God's co-workers (MacDonald, 2014).

Despite Judeo-Christian foundations, the scholarly evolution of concepts in nursing, such as faith, caring, and spirituality, contributed to the separation of religion from the spiritual, leading to a secularized view of spiritual care. According to Blasdell (2015), this paradigm shift promotes the idea that one's spirituality is personal to each individual and can be expressed outside the boundaries of formal religion. Religion in nursing literature is therefore associated with traditional beliefs and practices and is widely accepted to be a subset of spirituality, according to McEwen (2005).

Spirituality is considered an inherent human quality, which fits with the secular holistic nursing paradigm in which nurses seek to promote the healing of the whole person, including their spiritual well-being (Delgado, 2005; Victor & Treschuck, 2020). However, a lack of conceptual clarity and multiplicity of interpretation has created uncertainty about how spiritual care should be practiced (Cooper et al., 2020). For example, MacLaren (2004) surmised that a variety of spiritual realities exist in a multi-faith society, and understanding these concepts should embrace a "mess of ideas" (p. 461). Furthermore, Weathers et al. (2016) acknowledged that the essence of secular spirituality is highly subjective and potentially unmeasurable. Many nurses are conflicted between the need to provide spiritual care while maintaining professional and ethical boundaries. For example, prayer is a legitimate complementary treatment, yet this could be interpreted as unprofessional conduct if offered unsolicited to a patient or their family (Green, 2018).

There is a plethora of literature on religion, spirituality, and spiritual care in nursing; however, the evolution of these concepts has led to a dichotomy of religion and spirituality in contrast to historic foundations based on Christian faith traditions. This raises questions about how Christian nurses today can integrate their faith within a profession that advocates spiritual care predominantly from a secular humanist worldview. This study uses Pragmatic Utility Analysis to explore and clarify the broad concept of spiritual care in nursing from a Christian-nurse faith perspective.

What is Pragmatic Utility Analysis?

A Pragmatic Utility Analysis (PUA) (Morse, 2016) was chosen as a suitable method to achieve the purpose of this study. PUA enables examination of how concepts have been developed and utilized in nursing, particularly those considered partially mature. Characteristics of partially mature concepts are elusive definitions and ambiguous meanings, which need to be clarified when applied to practice or research (Chen et al., 2019). After clarifying the level of concept maturity, the PUA method involves systematically selecting appropriate literature, developing analytic questions, analyzing and interpreting data using a literature matrix, and synthesizing the findings (Weaver & Morse, 2006).

Methods

After an initial review of faith integration in the nursing literature, "spiritual care" emerged as the predominant nomenclature within the profession, encompassing a broad range of terms, including spirituality, religion, and faith integration. In addition, spiritual care met the criteria of a partially mature concept, which made it suitable for further analysis.

A systematic literature search was undertaken using the databases of OneSearch, CINAHL, Medline, and Christian Periodical Index. Boolean operators were used in the search combinations of keywords, including Nurse, Faith, Integration, Spirituality, Religion, Christian, and Spiritual Care in the English language during 2002-2022. Abstracts were reviewed, and articles included if their foci primarily related to Christian faith and demonstration of spiritual care in nursing practice. Articles were excluded if they emphasized comprehensive health programs, vaguely defined religion or spirituality, patients' perspectives, psychometrics, or nursing education about spiritual health or well-being. Hand searches were carried out using the bibliographic information associated with each article. Seventeen articles met the criteria for final review.

The sample was read initially to "get inside the literature," a procedure of reading attentively and interpreting definitions and attributions for the concept. Consistent with PUA, this process led to the development of two analytic questions: 1. What is spiritual care from a Christian nursing worldview? And 2. How is spiritual care demonstrated in practice from the faith-based perspective of Christian nurses? The literature sample was then summarized on a matrix to facilitate an in-depth analysis of definitions/descriptions, antecedents, attributes, and outcomes related to the core concept of spiritual care.

Findings

Definitions and Descriptions

Few direct definitions of spiritual care were found in the sample literature. Instead, most authors chose to rely on the work of others to elaborate on characteristics of spiritual care or related concepts. Spiritual care was most explicitly defined in two articles. Taylor (2011) defined spiritual care primarily as "grounded in 'love and dialogue' and may lead to interventions that 'take direction' from patients' religiosity or spirituality" (p. 198). Further elaboration also explained what spiritual care was not, including efforts to fix spiritual pain, prescribe spiritual therapy, or manipulate, control, or manage spiritual outcomes. Eight years later, Taylor and colleagues conducted an online survey with 445 nurses, of whom 96% identified as Christian. Results led to a revised definition of spiritual care as "ways of being and doing that support a patient's connectedness, meaningfulness, and transcendence" (Taylor et al., 2019, p. 243).

Other authors emphasized spiritual care from a Christian faith perspective is about being with patients in a relationship. For example, Groenhout et al. (2005) described this as "embodied action," highlighting a sacramental component of nurse-patient interactions as a reflection of the relational nature of God. Furthermore, spiritual care in a nursing relationship is guided by the Holy Spirit (Murphy & Walker, 2013) and spiritually focused on promoting faith, hope, and love through compassionate care, listening, respect, and support of patients' values (Christman & Mueller, 2017; Janzen et al., 2019).

Antecedents

Christian Worldview

To provide spiritual care from a Christian worldview, nurses must do so with a prerequisite knowledge and belief that God is the creator of the universe (Fawcett & Noble, 2004). Therefore, biblical values should characterize Christian

nurses, and behaviors should be integrated into professional practice as therapeutic, spiritual strategies (Long, 2020; Rogers et al., 2020; Stegmeir, 2002). Van Dover and Pfeiffer (2005) added that spiritual care is predicated on a foundation of trust in God. In a grounded theory methodology study, these authors identified that the practice of spiritual disciplines such as personal Bible study, connection to faith communities, and integration of faith into nursing as a partnership with God and the Holy Spirit are evidence of nurses' trust in God. Murphy and Walker (2013) describe this nursing expression as "spirit-guided care" in which Christian nurses submit to the leading of the Holy Spirit and exhibit the fruits of the Spirit when attending to the whole person.

Centrality of Prayer

Understanding the power of prayer is also an antecedent to spiritual care when prayer is central to one's faith (Cavendish et al., 2004). However, Christian prayer should be differentiated from non-Christian prayer. Christian prayer includes petitions for ourselves and others in the name of Christ mediated through the indwelling Holy Spirit (Dameron, 2018). Furthermore, Simon et al. (2020) used case studies of emergency nurses' experiences to illustrate supernatural events as antecedents of prayer in the workplace, each prompted by significant events or crises. One nurse, for example, sustained a needle stick injury while caring for a patient with Acquired Immunodeficiency Syndrome (AIDS). In each case study, nurses reflected on the sovereignty of God and trusted Him to intervene in their nursing practice.

Workplace Environment

Workplace culture and context may also be an antecedent to the facilitation of spiritual care. A narrative analysis of 14 nurses in various practice settings revealed that the work environment affects their ability to provide spiritual care. Nurses who perceived a lack of support and experienced vague protocols described confusion and a cautious approach to spiritual care. The authors described spiritual care as more acceptable in high morbidity and mortality settings, such as critical and palliative care (Janzen et al., 2019).

Attributes

Personal Values

In a phenomenological study with nurse practitioners in the United Kingdom, Rogers et al. (2020) explored how spirituality could be operationalized in practice. Two concepts emerged: availability and vulnerability, emphasizing the importance of authenticity in the nurse-patient relationship. Salladay (2008) focused on spiritual care from a Christian nurse's perspective in the context of spiritual distress characterized by intense suffering and despair. Christian nurses who have experienced spiritual distress are uniquely positioned to offer assurance and comfort to their patients in combination with biblical wisdom. Furthermore, a nurse should model Christ during patient care as a natural demonstration of faith permeating all aspects of life, including professional practice (Fowler, 2019).

Several authors offered a more in-depth description of the personal attributes of Christian nurses to facilitate and enhance relationships through spiritual care. For example, Taylor et al. (2019) described how being present, listening attentively, and responding empathetically promotes spiritual uplifting. In addition, Groenhout et al. (2005) highlight that a sense of humor in nursing interactions celebrates the goodness of creation and enhances relaxation and enjoyment. Long (2020) conducted research with nurses who trained in a faith community or who practiced in church congregations to determine the most common spiritual interventions they used to support self-care for people living with diabetes. A two-round Delphi Survey identified eight spiritual interventions: active listening, emotional support, forgiveness facilitation, touch, hope and inspiration, humor, spiritual/sacramental, and prayer. Further analysis revealed that prayer, active listening, and emotional support were the top three interventions attributed to all faith-based nurses.

Prayer in Action

Prayer for and with patients is also recognized as a core attribute of spiritual care nursing from a Christian perspective. Cavendish et al. (2004) conducted a study with 1000 nurses to explore their use of prayer to enhance professional performance in practice settings. Most participants (88%) described their faith as Christian. Findings revealed that petitionary and preparatory prayer was most commonly practiced. Through petitionary prayer, nurses sought guidance for patient interactions, and preparatory prayer was used primarily to enhance decision-making confidence and protect patients from harm. Taylor and Madrid (2020) advocate prayer walking, described as silent or spoken prayer for those immediately encountered in daily nursing practice. Furthermore, prayer walking is a practical method of intercessory prayer that may be integrated into the workplace privately or in groups while being sensitive to the appropriateness and receptivity of patients and professional colleagues.

Outcomes

Ultimate Healing Through Salvation

Fawcett and Noble (2004) argue that the ultimate outcome of spiritual care is to bring about complete spiritual health through a relationship with Jesus Christ. This raises the question about the nurse's role in promoting complete healing by sharing the path to salvation. Christman and Mueller (2017) agree that the ideal outcome is complete and eternal spiritual healing and suggest that nurses can contribute to this goal by modeling faith, hope, and love in the temporal realm. Fowler (2019) notes that evangelism is not the responsibility of nurses engaging in spiritual care. Their aim, instead, should be to build relationships in a Christ-like manner as an offering that patients may choose to accept or reject, but nurses should ultimately trust God to do the work of salvation.

Discussion

This study explored the broad and often confusing concept of spiritual care in nursing to determine what spiritual care is from a Christian worldview and how it is demonstrated in practice from a faith-based perspective of Christian nurses. Pragmatic Utility Analysis was used to synthesize a literature sample to clarify the concept's definitions/descriptions, antecedents, attributes, and outcomes.

Definitions and Descriptions of Spiritual Care

Numerous descriptions of spirituality, spiritual care, and religion have emerged from the nursing literature over several decades. However, more consensus and clarity regarding these concepts still need to be addressed. For example, Murgia et al. (2020) recently described spirituality as amorphous, fluid, and still under construction. Their concept analysis exemplified the complexity of characteristics germane to spirituality, including a search for transcendence, acknowledgment of a higher power, and a journey of transformation.

The abstract nature and practical application of spiritual care are similarly complex. For example, Ghorbani et al. (2022) described spiritual care as subjective, dynamic, and interactive, which includes dimensions of intuitive perception, healing presence, and therapeutic use of the self to address the unique needs of patients. Furthermore, Hoseini et al. (2019) differentiated spiritual health from spirituality, identifying transcendence as its ultimate consequence.

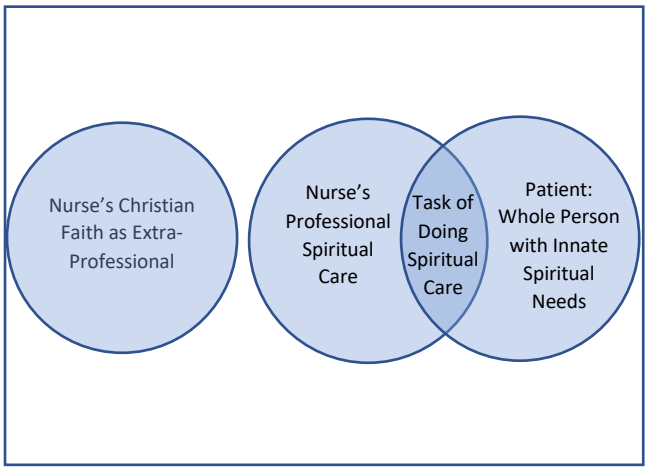
Compared to a Christian biblical worldview, Fawcett and Noble (2004) argued that defining spirituality as subjective and all-inclusive is primarily motivated by tolerance toward diverse orientations, which will inevitably cause confusion because the outcome assumes the absence of universal truth. Salladay (2008) concurred, recognizing that value-neutral definitions of human spirituality attempt to reduce the God of the Bible to a higher power, universal principle, or life force.

The concept of spirituality is firmly located in the holistic health paradigm in the nursing profession; however, the secularization of the concept has resulted in a continuation of confusion and generalized discordance about the provision of spiritual care (Dobrowolska et al., 2022). The separation of religion from spirituality and spiritual care has led to professional misunderstandings about how it is defined, interpreted, and operationalized in practice. For the Christian nurse, there may also be a tension between practicing one's call to share the Good News according to scripture and a professional ethic that objects to evangelism at the bedside (Taylor, 2011).

Whole Patient Spiritual Care

The findings in this study revealed a general acceptance of the professional and secular definitions of spirituality; however, the practice of secularized spiritual care reveals two interrelated assumptions about the nursing domain of "person" and implications for the nurse-patient relationship. If a patient self-identifies as a spiritual being, the first assumption is that they are a whole person with innate and subjectively defined spiritual beliefs and care needs. This view assumes that spiritual care is exclusively patient-centered, which dichotomizes the religious from the spiritual in the nurse-patient relationship, effectively relegating the Christian faith of the nurse to the realm of extra-professional. By implication, a Christian nurse is not recognized as a whole person in the practice setting in the same way as a patient, as shown in Figure 1. The therapeutic role of the nurse then becomes a task to be performed, a way of doing, which also ensures that spiritual care is a professional competency that can be taught and measured (van Leeuwen et al., 2020). For example, Dobrowolska et al. (2022) advocate measuring nurses' awareness and engagement with a person's spirituality and implementing education initiatives to help nurses assess, plan, and provide responsive spiritual care interventions. In an audit of spiritual care practices across five countries, Timmins et al. (2022) found that nurses intentionally supported patients' spiritual needs; however, the authors suggested that the Christian framework for doing so may not be suitable in contemporary health settings. In response, they concluded that there is an urgent need to educate nursing students on how to address the spiritual care of diverse and non-faith populations.

Figure 1: Patient-Centered Task of Doing Spiritual Care

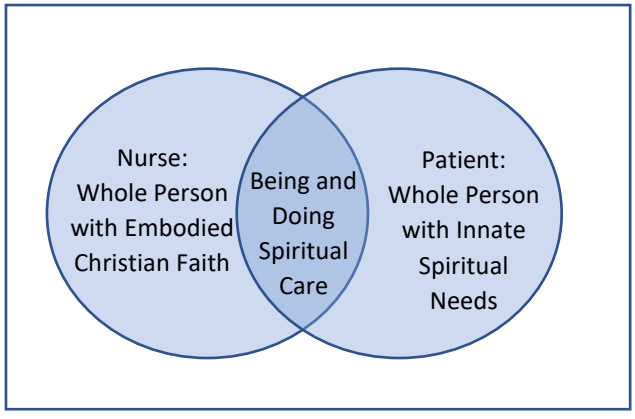


Whole Nurse Spiritual Care

A counter-argument proposes that a nurse's faith and the praxis of spiritual care are not mutually exclusive. Lalani (2020) advocates that spirituality and religion are inseparable and should be considered mutual constructs. Taylor (2005) suggested that spiritual care is as much about being as doing, recognizing that care delivery depends on a nurse's personal spiritual well-being. Nurses ought to be regarded as people who are also practitioners. (Fowler, 2017) observed that faith in the private life of nurses is inseparable from their professional lives, so nurses naturally bring their whole selves and moral identity to professional therapeutic relationships.

When the nurse and the patient are each recognized as whole persons, the Christian nurse's faith in God is recognized as a legitimate and integral part of professional practice (Cooper et al., 2021; Fawcett & Noble, 2004; Van Dover & Pfeiffer, 2005). Spiritual care is then conceptualized as embodied in the whole person of the nurse and is as much about being as it is about doing, as shown in Figure 2.

Figure 2: Whole Person Embodiment of Being and Doing Spiritual Care



The literature synthesis in this study identified that a Christian faith perspective is compatible with professionally defined and practiced spiritual care. Groenhout et al. (2005) describe the nurse-patient relationship as embodied nursing, a series of encounters in which physical acts of care interconnect with spiritual renewal. This understanding of spiritual care recognizes both nurse and patient as whole beings, including their combined religious and spiritual beliefs, which influence the giving and receiving of care. In this way, a Christian nurse bears the image of God in the relationship, and in doing so, both can experience a sense of sacredness.

Embodied nursing is consistent with antecedents found in this study that identified spiritual care underpinned by a vital and living Christian faith (Van Dover & Pfeiffer, 2005). Scriptures and the Holy Spirit may lead Christian nurses to share their faith sensitively and without imposition on patients (Green, 2018; Schoonover-Shoffner, 2005).

Embodied nursing is also consistent with the scholarship of Fowler (2017), who points out that practicing with the belief that all persons are created in the image of God does not conflict with the American Nurses Association Code of Ethics when spirituality is reconceptualized as religiously-informed spiritual care. Furthermore, Fowler (2020) addresses the variability of one's Christian faith relative to spiritual care and within the scope of professional practice. She uses an illustration of the layers of an onion as a guide to engaging in spiritual care commensurate with a nurse's maturity of faith. The outer layers represent spiritual care associated with a profession of faith that is not deeply rooted. The successive layers represent nurses led by God and, ultimately, the intimate center, which requires competent pastoral care, a maturity of spiritual commitment, and a call to ministry.

Spiritual Care Outcomes

In this study, spiritual care outcomes are focused on the temporal actions of nurses modeled through authentic Christ-like relationships and ultimate healing through eternal salvation. Integration of embodied nursing in the workplace may vary depending on the actual or perceived support for Christian witness. Seminal work by Hasker (1992) describes faith-learning integration as a means to develop integral relationships between the Christian faith and various academic and applied disciplines. The compatibilist, transformationalist, and reconstructionist strategies may help Christian nurses to assess their professional environment and to examine the extent to which they are enabled or challenged to embody faith in

spiritual care while maintaining personal integrity and honoring disciplinary boundaries.

A compatibilist strategy is possible when there are no tensions between the Christian faith and disciplinary assumptions or procedures. This situation enables a natural integration of faith in practice for which the two are already compatible. When disciplinary practice is underpinned by integrity but in conflict with a Christian worldview, a transformationist strategy may be adopted. A Christian response acknowledges the foundational disciplinary assumptions and contributes to the discipline's transformation by integrating a Christian perspective. The reconstructionist strategy is necessary when anti-Christian influences lead to the separation of the secular and sacred, resulting in a need to assess the extent to which it is possible to integrate one's faith. Hasker (1992) acknowledges that no one pattern but a variety of approaches may be necessary and that efforts to promote *shalom* are commendable pursuits in applied disciplines. This view is echoed by Fowler (2019) and Shelly and Miller (2006), who describe shalom as a sense of peace, prosperity, rest, safety, security, justice, happiness, health, welfare, and completeness, which is a worthy goal for the practice of spiritual care in nursing.

Conclusion

This study used Pragmatic Utility Analysis to explore and clarify the partially mature concept of spiritual care in nursing. A sample of literature was synthesized to answer two analytic questions: What is spiritual care from a Christian nursing worldview? And how is spiritual care demonstrated in practice from the faith-based perspective of Christian nurses?

Spiritual care from a Christian nursing worldview contrasts with secular perspectives; however, this synthesis identified the compatibility of Christian nurses' faith and spiritual care through demonstrating Christ-like attributes in the workplace. Understanding that both nurse and patient are whole persons legitimizes Christian faith integration in nurse-patient relationships, evidenced by authenticity and modeling faith, hope, and love empowered by the Holy Spirit. When exercised with sensitivity to individual patient needs, Christian nurses can confidently embody their "being" as a complement to "doing" spiritual care within their professional scopes of practice.

Spiritual care was once founded on religious traditions and sacrificial service in response to a calling from God. Although the profession has shifted in its priorities over time, God continues to call many men and women by faith to embody spiritual care in the workplace. For Christian nurses, spiritual care may be naturally and supernaturally integrated into practice. Spiritual care is, therefore, more than a task to be completed; it is an act of being in a relationship that exemplifies Christ while trusting in God to achieve ultimate healing and wholeness through eternal salvation.

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