Spiritual Care

Introduction

2 Hours

■ Description

This module focuses on the intentional care of the spirit in the practice of faith community nursing. It explores spirituality along with various spiritual assessment tools and options for provision of spiritual care for individuals, families, and communities. Because spiritual care flows from the provider, the module also emphasizes the need for faith community nurses (FCNs) to understand their own spirits and the importance of tending to their own spiritual journeys.

■ Research

According to Koenig, King, and Carson (2012), spirituality is distinguished from other ultimate human concerns, such as morality and ethics, by its connection to the transcendent. The transcendent is commonly called the *spirit*, which is outside the self, but inside the self as well. Individual spirituality is intimately connected to the supernatural, the metaphysical, and to ritual. The life of the spirit begins before a person understands the concept. Koenig, King, and Carson (2012) caution us to remember that research is not the ultimate truth and that within the world of religion, spirituality, and health, there are more gray areas than black and white.

Research on religion and health has grown into a thriving field. Medical journals have embraced this topic for over 100 years within religiously and demographically diverse study populations. Published findings have found a striking connection between religiosity and health, consistent with psychosocial theories and confirmed by comprehensive reviews and expert panels (Levin, 2017). Much recent research has been conducted on spirituality as it relates to quality of life and rehabilitation, often revealing the benefits of spiritual assessment of patients as a way to support healing and whole-person care. Research affirms the work of FCNs in affecting healthy outcomes for individuals, families, and communities through spiritual care. As VanderWeele et al. have stated (2017), "Future research should examine health and spirituality within broader ethnic and religious contexts."

■ Faith Tradition

All major faith traditions speak to the human need for love, healing, and wholeness. Many have prayers and rituals for times of illness or difficulty like the *Mi She-Berakh* (prayer of healing) in the Jewish tradition or the use of smudge pots and sacred smoke bowls in Native American culture.

In the Christian tradition, the gift of salvation relating to the whole person may be referred to as healing, wellness, peace, forgiveness, or *shalom*. The Scriptures encourage Christians in the practices of prayer, worship, care of others, and of the earth. The spiritual care an FCN might offer in relation to Christian tradition includes prayer, presence, encouragement through Scripture, and the support of the broader faith community. The Psalms are a great resource, as they relate to human struggles and emotion through prayers, laments, and praise.

Nurses are spiritual care generalists. It is not necessary that FCNs be experts on all religions and spiritual practices, yet as professional nurses providing intentional care of the spirit, FCNs need to be open to different religious beliefs and spiritual practices within the diverse culture of their ministry. In fact, understanding other religious beliefs, traditions, and spiritual practices often helps to deepen understanding of our own faith.

■ Key Terms

Religion: an organized system of beliefs, ceremonies, and rules used to worship a god, a group of gods, or ultimate concern

Spiritual care: the practical expression of presence, guidance, and interventions, individual or communal, to support, nurture, or encourage an individual's or group's ability to achieve wholeness; health; personal, spiritual, religious, and social well-being; integration of body, mind, and spirit; and a sense of connection to self, others, and a higher power (ANA/HMA, 2017)

Spiritual literacy: the ability to recognize God or transcendence in the self and others, including those of other faiths. It can be an intuition, much like the nursing intuition, that nurses learn to trust over time (http://jungiancenter.org/wp/spiritual-literacy/)

Spirituality: a universal dimension about relationships and meaning within every person—religious, atheist, or humanist (Carson & Koenig, 2008)

Reflection

Take a deep breath; encourage a moment of silence or prayer. Read aloud this English translation of a Japanese version of Psalm 23, and read the Muslim prayer for healing that follows.

The Lord is my Pace-setter, I shall not rush;
He makes me stop and rest for quiet intervals.
He provides me with images of stillness, which
restore my serenity.
He leads me in ways of efficiency
through calmness of mind,
and His guidance is peace.
Even though I have a great many things
to accomplish each day,
I will not fret, for His presence is here;
His timelessness, His all importance,
will keep me in balance.
He prepares refreshment and renewal
in the midst of my activity,
By anointing my mind with His oils of tranquility.
My cup of joyous energy overflows;
surely harmony and effectiveness
shall be the fruits of my hours,
for I shall walk in the pace of my Lord
and dwell in His house forever.

Translation by Toki Miyashina in K. H. Strange and R. G. E. Sandbach, eds. (1969). *Psalm 23: An Anthology*. Edinburgh: St. Andrew's Press.

A Muslim prayer for healing:
Take away the sickness, O Lord, of all people and restore to health. Thou art the Healer; there is no healing but the healing which Thou givest; grant recovery which leaves no ailment behind.

Ali, Maulana Muhammad. (1998). *The Muslim Prayer-Book*. Columbus, OH: Ahmadiyya Anjuman Isha'at Islam Lahore

Learning Outcomes

Upon completion of this module, the participant will be able to:

1. Distinguish between spirituality and religion.
2. Use a framework for spiritual assessment to discern spiritual needs.
3. Integrate faith and health to provide spiritual care to individuals, families, groups, and communities.
4. Identify resources for continuous personal spiritual growth and self-care.

Content Outline

Faculty should model providing spiritual care in the delivery of this module with presence, a slower pace, active listening, reflection, and openness to struggle, discomfort, and pain. This module would be appropriate for a retreat center setting, where participants can spend time in reflection, prayer, and spiritual self-discovery.

Outcome 1

Distinguish between spirituality and religion.

Religion and spirituality are two related, yet distinct, terms associated with faith.

Key Term: Spirituality is a universal dimension about relationships and meaning within every person—religious, atheist, or humanist (Carson and Koenig, 2008). As MacKinlay and Trevitt (2007) have noted, "The concept of spirituality is about core meaning and connectedness, and it is from this that we respond to all of life. Anger, hate, love, forgiveness, and hope come from this core."

There are many definitions and descriptions of spirituality.

- Spirituality is the umbrella concept with "religion being one way to express spirituality" (MacKinlay and Trevitt, 2007).
- Spirituality is "about relationships and meaning, whereas religion reflects our attempts to structure and codify spirituality" (Carson & Koenig, 2008).
- Spirituality is "intangible" and "highly personal" (Taylor, 2001).
- Spirituality is found in that part of oneself where hope, meaning, and passion reside.

O'Brien (2018) suggests three characteristics of spirituality:

- unfolding mystery
- harmonious interconnectedness
- inner strength

Martinson (2001) has argued that spirituality may relate to the following concerns:

- the mystery of being human—the awe of experiencing life
- the core of our being—deep, basic values and commitments being lived out
- meaning-making—seeking the significant
- sense of purpose—pursuing what matters
- transcendence—looking beyond or outside of self
- openness to God—seeking and receiving truth from a higher power
- faith—believing or a gift of grace
- hope—looking forward with anticipation

- peacefulness—living with serenity
- vitality—peak existence, in which life is exciting, meaningful

Key Term: Religion is an organized system of beliefs, ceremonies, and rules used to worship a god, a group of gods, or ultimate concern.

A religious person usually accepts a certain moral code and a specific set of beliefs and rituals. For instance, a Christian believes Jesus is God's Son and historically observes baptism and communion. A Muslim observes Ramadan and bows to Mecca five times daily (*salat*).

Based on these definitions, the major difference between religion and spirituality is one of *believing* versus *being*. Religion's focus is the content of one's belief and the outward expression of that belief; spirituality's focus is the process of becoming more attuned to unworldly affairs. It is possible to be religious without being spiritual and spiritual without being religious (Schreiber and Brockopp, 2012).

Critical Thinking

What is your understanding of spirituality?

What are some of your most valued religious or spiritual practices?

How are spirituality and religion related?

Can an individual be spiritual and not religious? Religious and not spiritual?

Outcome 2

Use a framework for spiritual assessment to discern spiritual needs.

Key term: Spiritual literacy is the ability to recognize God or transcendence in the self and others, including those of other faiths. It can be an intuition, much like the nursing intuition, that nurses learn to trust over time (http://jungiancenter.org/wp/spiritual-literacy/).

■ Preparing to Provide Spiritual Care

Some ways to prepare include the following:

- Use personal prayer or centering prayer before an encounter.
- Reflect on who is steering the tandem prayers that open a space for God's service.
- Consider potential resources for each encounter—what might you need to bring with you?
  - √ Scripture, holy texts
  - √ devotional or other pertinent reading
  - √ questions or thoughts
  - √ prayer shawl, care basket, holding cross, or another tangible item

■ Assessing for Spiritual Care

Remember that assessing for spiritual care is completed over time—not by one encounter with checks on a clipboard, but by discovering pieces of a puzzle during each encounter.

Spiritual assessment tools can offer a framework for listening. The FCN should resist viewing them as forms to be completed.

There are many spiritual assessment tools. We will briefly mention some but will not practice them due to time constraints. It is important to investigate the ones that best fit your practice and then learn more about them. They are all similar but take various approaches. Prepare by using the tools you choose on yourself and friends or colleagues *before* using them in practice. Familiarity with the tools you choose is vital to your success.

Acronyms such as FICA or HOPE can guide listening and help frame questions for discerning needs. (See full explanations of Spiritual Assessment Acronyms FICA and HOPE available in Digital Tools for FCNs on the faculty flash drive.)

- While an FCN may assume some of the answers while interacting with members of the faith community, it is helpful to be aware of these assumptions and to keep an open mind about a person's particular beliefs, values, and practices.

- The determination of spiritual needs and resources, evaluation of the impact of beliefs on health care outcomes and decisions, and discovery of barriers to using spiritual resources are all outcomes of a thorough spiritual assessment. (See Assessment module for additional spiritual assessment tools.)

Acronyms at a Glance

FICA

F—faith and belief
I—importance
C—community
A—address in care

HOPE

H—sources of hope, strength, comfort, meaning, peace, love, and connection
O—the role of organized religion for the patient
P—personal spirituality and practices
E—effects on medical care and end-of-life decisions

Good questions that invite reflection and discovery are particularly helpful. The Hodge Brief Spiritual Assessment includes the following questions:

- I was wondering if spirituality, or religion, is important to you?
- Do you happen to attend a church, mosque, temple, or belong to some other type of spiritual community?
- Are there certain spiritual beliefs or practices that help you cope with problems?
- I was also wondering if there are any needs or concerns I can help you address?

(Hodge, 2015)

Additional education related to spiritual assessment and care is available to FCNs through the partnership between the Westberg Institute and the Spiritual Care Association/Healthcare Chaplaincy Network. FCNs who have completed the Foundations of Faith Community Nursing course are eligible to attend courses for three levels of recognition at a significantly discounted rate: Spiritual Care Generalist, Certified Chaplain, or Board Certified Chaplain. In addition, FCNs are eligible to attend Clinical Pastoral Education (CPE) courses focused on nursing and spiritual care. Visit www.spiritualcareassociation.org/westberg for more information.

Through listening and observation, FCNs can identify **nursing diagnoses** related to spiritual needs. (See Documenting Practice module.)

- Basic **universal spiritual needs** include meaning and purpose, love and belonging, forgiveness and reconciliation, sense of community, connection to the holy, and hope (Bauer, 2012).
- **Terminology** for specific spiritual needs from North American Nursing Diagnosis Association (NANDA) include these words:
  - √ anxiety
  - √ fear
  - √ loneliness
  - √ caregiver role strain
  - √ spiritual distress
  - √ spiritual well-being
  - √ decisional conflict
  - √ hopelessness

Critical Thinking

What challenges might you have in assessing spiritual needs of individuals, families, or communities?

What are your concerns about providing spiritual care to individuals, groups, and your faith community?

Outcome 3

Integrate faith and health to provide spiritual care to individuals, families, groups, and communities.

Key Term: Spiritual care is the practical expression of presence, guidance, and interventions, individual or communal, to support, nurture, or encourage an individual's or group's ability to achieve wholeness; health; personal, spiritual, religious, and social well-being; integration of body, mind, and spirit; and a sense of connection to self, others, and a higher power (ANA/HMA, 2017).

This definition shows the FCN's role in the process of spiritual care. **Practical expressions** of spiritual care include:

- presence
- guidance
- interventions

Spiritual care is offered to individuals or groups with the **purpose to enhance** their experience of:

- support
- nurture
- encouragement

Spiritual care increases the **ability to achieve hopeful outcomes** of:

- wholeness
- health
- personal, spiritual, and social well-being
- integration of body, mind, and spirit
- a sense of connection to self, others, and a higher power

Faith Community Nursing: Scope and Standards of Practice reminds us that the foundation of the practice of faith community nursing is the intentional care of the spirit (ANA/HMA, 2017). The FCN integrates faith and health, tending to the spirit in all areas of the FCN practice with individuals, families, groups, and communities.

The role of the FCN is about **healing rather than cure**. For the FCN coming out of acute care settings where the focus on the physical is so automatic, it may take effort to change the primary focus to the spiritual focus.

Dr. Alan Wolfelt's *Companioning* expresses the concept of presence and providing spiritual care.

- "Companioning" is Wolfelt's term for action that can facilitate healing.
- Companioning is the art of bringing comfort to individuals by becoming familiar with their stories, experiences, and needs.
- To companion others who are experiencing difficult situations is to "break bread" literally or figuratively. This process may involve give and take of stories: "I will tell you my story and then you tell me yours." Companioning involves sharing in a deep and profound way.
- *Jewish Spiritual Companion for Medical Treatments: Resources for Patients, Family Members, Friends, Clergy, and Health-Care Professionals* (2017). Twin Cities Jewish Healing Program and the National Center for Jewish Healing.

Conceptual Models for Spiritual Care

Conceptual models can serve as a guide for the FCN in the delivery of spiritual care. See Appendix A for the following selected conceptual models.

- Wholeness Wheel
- Model for Healthy Living from Church Health
- Model of Philosophy of Parish Nursing

The **provision of spiritual care** includes these points.

- Spiritual care **flows out of who we are**, what we believe, and where we are in our own spiritual journeys.
- The more we have addressed **our own struggles**, pain, and dark sides, the more open we are to hear and empathize with others in their times of difficulty and suffering.
- Life is messy. For example, the FCN may be visiting a woman in the hospital who spills out her confused relationships, some with men and some with women. The establishment of a therapeutic nurse-client relationship will facilitate the individual's disclosure of situations like this that might be causing guilt, regrets, pain, and sorrow. Spiritual care is about being **willing to be with someone** in the midst of muckiness.
- Ask yourself the question: **Am I willing to get dirty?**
- Our **willingness to be stretched**, to experience discomfort, opens us to growth and greater ability to care for whomever God places in our path.
- Spiritual care is about taking our shoes off. We are **standing on holy ground** because God is present. We need to prepare, pray, and let God take the lead.
- Making a referral or consulting with clergy, chaplains, or other spiritual leaders is always acceptable. They have much wisdom to share with FCNs.

Critical Thinking

What are the concepts involved in preparing to provide spiritual care?

What thought processes lead you to recognize spiritual needs?

What are your growing edges as you learn to provide spiritual care?

How might your personal spiritual journey be stretched by providing spiritual care to those from faith communities or cultures other than your own?

■ Forms of Spiritual Care

FCNs may offer spiritual care in many ways. They should be creative and discerning. Terminology from the Nursing Intervention Classification (NIC) below may generate thoughts about pertinent actions for FCNs as they provide spiritual care (Burkhart, 2002).

- presence
- active listening
- coping enhancement
- counseling
- decision-making support
- emotional support
- hope instillation
- spiritual support
- referral

Primary Spiritual Care Interventions

Ministry of presence includes these elements:

- **Presence** is the FCN's **primary tool** in providing spiritual care (Smucker, 2009).
- Presence is about **being with rather than doing for** or fixing; this may take some getting used to for many nurses, who are distracted by being busy, always assessing, and often preoccupied by what needs to be done. Presence is an art; it takes practice.
- Presence requires **letting go** of what we are used to and learning to value the art of simply being.
- Experience the moment with another and **allow room for the sacred**—ushered in from outside of you and within you.
- "Just to be is a blessing. **Just to live is holy**" (Abraham Joshua Heschel).
- Presence is about **open acceptance**, compassion, comfort, and holding no judgment.
- It comes with a **sense of humility**, understanding that this is about the other person, and it is a gift to be allowed to enter into another's journey.

- It is an unanxious presence with a sense of inner peace and strength.
- Presence is not always easy. Sometimes the hardest thing is to show up, especially when you think you have nothing to offer. But the ministry of presence offers a great deal.

Active listening is being open, aware, and attentive to the individual, yourself, and God, or any higher power.

- "Listening is a precious gift that you give people and a powerful tool for change. Helping people to thoughtfully reflect on their situation may lead to life-changing insights" (Smucker, 2009).
- Real listening requires intentional focus on what is being said verbally and nonverbally; real listening resists focusing on your own response.
- Do not underestimate the power of presence as an element of listening.

Appropriate **therapeutic touch** can reduce the sense of aloneness.

- Therapeutic touch communicates **comfort** and compassion.
- It is important to ask for **permission** before offering touch.

Use **Scripture and sacred readings**.

- Ask, "What Scripture or sacred text might be meaningful?"
- One way to personalize a passage from Scripture is to insert the person's name. For example, using Deuteronomy 31:8: "It is the Lord who goes before you, (name). He will be with you, (name). He will not fail you or forsake you, (name). Do not fear or be dismayed."
- Choose passages for specific needs. (See Appendix B.)

Various faith traditions offer many resources of **prayers and rituals**. (See Prayer module for more information.) Here are some examples of simple rituals.

- Say a benediction before leaving a home visit.
- Make the sign of the cross (with or without oil) on the forehead or hands of the person you minister to.
- Use the words from baptism along with the sign of the cross. For instance, in the Lutheran tradition, "(Name), child of God, you have been sealed by the Holy Spirit and marked with the cross of Christ forever." This takes on new meaning in different situations; at the end of life, the word forever stands out with hope of eternal life.

We live in a noisy world of constant busyness and distraction. Therefore, it may take practice to grow in your ability to comfort with **silence**.

- Silence offers space for the client, for oneself, and for God.
- Sometimes just lingering a bit after a comment or question will invite deeper reflection, revelation, and sharing.

Acknowledge **lament**.

- In times of suffering, there is a time for complaining. Real life is not Disney World.
- Lamenting acknowledges the significance of the pain or difficulty.
- It offers permission to be sorrowful and not have to put on a happy face.
- It gives language for relating to God in times of suffering.
- The Psalms are a good source for prayers of lament. For example, in the case of chronic illness, the author of Psalm 13:1 laments: "How long, O LORD? Will you forget me forever?"

Scientific research has shown that laughter may have both preventive and therapeutic values. A good laugh can reduce stress levels and promote overall wellness. Scott (2018) describes the following benefits of laughter:

- **Hormones.** Laughter reduces the level of stress hormones and growth hormones. It also increases the level of health-enhancing hormones, like endorphins. Laughter increases the number of antibody-producing cells we have working for us and enhances the effectiveness of "T" cells. All this strengthens the immune system and reduces the number of physical effects of stress.

- **Physical release.** Laughter provides a physical and emotional release.
- **Internal workout.** A good belly laugh exercises the diaphragm, contracts the abs, and also works out the shoulders, leaving muscles more relaxed afterward. It even provides a good workout for the heart.
- **Distraction.** Laughter distracts from negative emotions.
- **Perspective.** Humor can give us a more lighthearted perspective and help us view events as less threatening.
- **Social benefits.** Laughter connects us with others. Most people find that laughter is just as contagious as smiling. By elevating the mood of those around you, you can reduce their stress levels.

Laughter is free, convenient, and beneficial in many ways. Scott (2018) states that you can get more laughter in your life with the following strategies:

- **Laugh with friends.** Going to a movie or a comedy club with friends is a great way to get more laughter in your life.
- **Find humor in your life.** Instead of complaining about life's frustrations, try to laugh about them. If something is so frustrating or depressing it's ridiculous, realize that you could look back on it and laugh.
- **Fake it until you make it.** Studies show the positive effects of faked laughter.
- **Media: Take time to watch** streaming movies and TV comedies.

Use **reminiscing, storytelling,** and **journaling**.

- FCNs can wander conversationally with those they care for and deepen their story by exploring feelings, attitudes, expectations, and thoughts.
- The FCN may help another share a story through journaling, painting, or storytelling.
- Stories reflect who people are, affirming their gifts and their value in being.

Be ready with an **appropriate referral**. (See Assessment and Accessing Resources module.) It is important to have awareness of limitations and to use resources within the faith community and local area, such as:

- counselors
- spiritual leaders
- support groups

Just as there is ministry of presence, the **ministry of absence** allows for healthy boundaries and fosters confidence in the client's ability to cope. When FCNs leave, they are sending a message that individuals have strengths and abilities of their own.

Relaxation techniques include a number of practices, such as progressive relaxation, guided imagery, visualization, and deep breathing exercises. The goal is to consciously produce the body's natural relaxation response, which is characterized by slower breathing, lower blood pressure, and a feeling of calm and well-being.

Meditation can result in a state of greater calmness, physical relaxation, and psychological balance. Practicing meditation can change how a person relates to the flow of emotions and thoughts.

The arts can be a vehicle for providing spiritual care to those who are hurting. Music, poetry, visual arts, or icons may be nurturing to individuals and groups in unique ways that we cannot comprehend.

Three principles of spiritual care are:

- Be prepared to hear anger, confession, sorrow, and shame.
- The more we are aware of our own darkness, the more open we will be to stand with others in theirs.
- Pay attention to spiritual "nudges" to call or visit someone.

Spiritual Care in Specific Situations

FCNs are likely to encounter some specific needs among faith community members.

Homebound, dementia, and long-term care. Individuals who have dementia, are homebound, or are in long-term care have particular needs. In these situations, the FCN ministers to the family or caregivers as well as to the identified person. The FCN may be the only person coming to visit. For family who live at a distance, the FCN can bring great comfort.

- The FCN serves as a connection to the faith community.
- The FCN should involve others from the faith community, such as spiritual leaders and lay visitation ministers. Artwork created by children and prayer shawls made by ministry volunteers can be shared with clients and families to increase their connection with the faith community.

Crisis and tragedy. The FCN may or may not be involved in the immediate crisis, but often is the one to offer ongoing spiritual care during recovery. This can occur in communities where there are mass shootings or natural disasters such as tornadoes or mudslides, as well as during experiences of personal tragedy.

- A supportive community and trustworthy information are essential to recovering a sense of *normal.*
- FCN spiritual care interventions at the time of crisis may include presence, prayer, touch, and a prayer shawl—all expressive of God's love and comfort.
- Ongoing care includes assessing for elements of recovering from crisis and offering continued support as needed.

Other specific needs or situations include:

- divorce
- serious diagnosis
- grief
- loss of job
- caregiving

Importance of Forgiveness

Research supports that forgiveness is healthy for our whole being (Dorn et al., 2014). Even so, there are no quick fixes—forgiveness can take years, depending on the experience.

- Forgiveness is a process that begins by turning in the direction of healing. If needing to forgive, an individual may move from "I can't forgive" to "I want to forgive. Help me to forgive," to finally, "I forgive." An individual seeking forgiveness may move from "I can't be forgiven" to "I desire to be forgiven. Help me to receive forgiveness," to "I trust God, and I receive God's love and forgiveness."
- The practice of forgiveness is supported by the community of faith through such actions as corporate and individual confession and absolution.
- The FCN can support forgiveness by informally hearing confession and sharing God's love through Scripture and prayer.
- The FCN might encourage an individual to write a statement, such as "I wish to be forgiven for the times I have hurt my family, friends, and others, and I wish for my family, friends, and others to know that I forgive them for when they may have hurt me in life."
- Many resources on forgiveness are available through various faith traditions. Continuing education related to forgiveness is available.

■ Spiritual Care for Families, Groups, and Communities

Families sometimes need to process a situation together in order to move toward healing. For example:

- Moving out of a familiar home can be a very difficult transition. Rituals can help in facilitating a smooth transition.
- A special service of remembrance and healing can be effective; for example, a service of remembrance proved helpful for a family two years after the death of their youngest child. This child had been developmentally disabled but was a joy to the whole family, which included three teenage siblings.

It can be confusing for members of any faith community to know how to respond to issues they don't personally understand or experience. FCNs can help bring healing by promoting acceptance in our own faith communities and the greater community. Some of these groups are:

- veterans and their families
- people with physical disabilities and their families
- lesbian, gay, bisexual, and transgender individuals and their families
- people struggling with mental illness and their families

- people and families dealing with cancer, unemployment, dementia, obesity, or addiction
- couples experiencing infertility

Potential resources for offering healing to individuals with specific struggles include the following:

- Support groups that intentionally address spiritual concerns along with general support.
- Educational opportunities for individuals, families, staff, leadership, and the faith community about specific issues.
- Training for lay minsters (such as health promoters, Stephen Ministers or BeFrienders) with awareness and sensitivity to specific needs.
- Newsletter articles naming specific difficulties, as well as prayers offered during worship services (without identifying individuals). These raise awareness and let the individuals with specific struggles know that they are not alone, but rather part of a supportive, caring community.

Critical Thinking

How would you provide spiritual care to a terminally ill individual in your faith community?

What identifiable spiritual needs do you see in your community?

How might a team approach benefit spiritual care outcomes?

Who might become your spiritual care partner?

Just like individuals and families, **faith communities experience painful times** and need ways to heal. While FCNs may not be the ones to lead a healing response, they can initiate or support such efforts.

- Some of these difficult times may result from conflict and discord, changes in staff, unethical behavior, grief, or severing ties with a faith community.
- Possible interventions may include a prayer service or prayer vigil, guided small group conversations, or a large group meeting to hear and allow expression of feelings.

Spiritual needs might be evident in the **community surrounding the faith community**. The FCN can raise awareness and encourage the faith community to be a place of healing and hope. For example, in response to the tragic death of a nine-year-old child, one faith community opened its doors and held a community service with candle lighting for the family, school friends, teachers, and others.

Outcome 4

Identify resources for continuous personal spiritual growth and self-care.

The FCN must commit to lifelong learning in nursing, spiritual growth, and the beliefs and practices of the faith community.

- Nurturing one's own spirit is essential to being able to nurture another's. According to Hughes et al. (2017), "The difficulty comes when the FCN provides a higher level of care for those he/she serves than for himself/herself."
- Research supports that the spiritual care of nurses increases their sense of well-being and "improves the quality of services provided to their patients" (Batcheller, Davis, and Yoder-Wise, 2013).

Identifying personal need for renewal and refreshment is essential to faith community nursing. The FCN can use a process of self-spiritual assessment to recognize personal needs. The following may be signs of spiritual emptiness or exhaustion:

- crabbiness and irritability
- not wanting to make eye contact with others who might want a listening ear
- loss of sense of humor, especially about self
- self-absorption; not remaining open to feel concern for others with difficulties

- no zest for life
- feeling tired in the morning; insomnia
- difficulty committing to prayer time
- difficulty singing or praising God
- feeling critical or unforgiving
- difficulty concentrating

There are many resources for personal spiritual growth and renewal. All of the tools used in spiritual care of others are also helpful for your own spiritual care. (See Prayer and Self-care modules for more information.)

Take a moment to experience together the Daily Examen. The Examen comes from Ignatian Spirituality and provides a way to reflect on your day, focusing on God's presence. It is typically done each evening by giving thanks for the day (yes, sometimes you give thanks just for making it through the day). Take some time now. Ask God to help you look at the day's events from God's perspective as you think about what went well and what might have gone better. Then ask for assistance in the days to come (www.ignatianspirituality.com).

Some resources for your own spiritual growth to consider:

(You may also use several of these throughout the training for such times as morning devotions or closing of the day.)

- daily devotions and prayer
- lectio divina (divine reading)
- visio divina (divine seeing)
- art, music, poetry, icons
- labyrinth
- imagery, visualization
- spiritual retreat or reading
- theological reflection
- spiritual direction
- journaling, story writing
- walking, dancing
- spending time with a good friend
- laughter

Critical Thinking

What are the signs or symptoms of your personal need for spiritual care?

How do you meet your own spiritual needs?

Spiritual care is the gift you give out of who you are, making room for the other, making room for the Holy. Start where you are with your comfort level, tend to your own spiritual journey, and let God lead. God will bless whatever you offer!