

Editorial

THE IMPORTANCE OF SPIRITUALITY IN PATIENT-CENTERED CARE

By Richard H. Savel, MD, and Cindy L. Munro, RN, PhD, ANP



As critical care clinicians, we are appropriately preoccupied with the physical well-being of our patients. Much of the time, our patients are unable to interact with us due either to primary neurological dysfunction or to the medications they require to be comfortable on a ventilator.

The condition of our patients can be so critical that we remain singularly focused on issues related to the body: making sure the airway is properly secured, that a central line has been quickly and properly placed, that antibiotics and cultures have been obtained, and that we are compliant with national guidelines regarding prevention of iatrogenic complications of being critically ill. And it goes without saying that these interventions are of the utmost importance. Our patients deserve care that is devoted to every detail of their lived experience as human beings as well as to their physiological selves. But they deserve more.

Considered from a holistic perspective, critical care is not just about the body. As important as the body is, the holistic triad of body-mind-spirit cannot be overemphasized. As many have pointed out, the focus on body and mind is quite good, particularly in

the intensive care unit (ICU). Nevertheless, an area that is often left unmanaged—much as it maintains great significance—is that of the patient's spirit.

Spirituality can be an intimidating topic for nurses and other clinicians; for many of us this is unexplored territory, and we simply are not trained well to talk about it. Be that as it may, we owe it to our patients and their families to become more comfortable in this area. One might argue that we are too busy with care decisions at the bedside to make time for venturing into the spiritual, but if spiritual health is as important as bodily health, perhaps the opposite is true and we cannot afford to ignore it.

The first problem is with defining spirituality. There are many definitions, but a particularly good one is the notion that spirituality is "the connection that people make to something beyond themselves as a means of reaching self-actualization."¹ Along similar lines, spiritual nursing care might be defined as "an intuitive, interpersonal, altruistic and integrative expression that is contingent on the nurse's awareness of the transcendent dimension of life, but that reflects the patient's reality."² Spirituality can also be defined as the characteristics by which a person relates to questions of transcendence—how he or she seeks the ultimate answers to questions of meaning, value, and relationship. It is important to distinguish between spirituality and

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religion.³ Religion is “a community of persons who share a particular set of beliefs about the transcendent along with shared practices, texts, rituals, and teaching.”³ We should address spirituality for all of our patients, even if they state they are not affiliated with a particular religion.⁴

Knowing One’s Own Spiritual View

As a first step in embracing the spirituality of others, we must first understand our own spirituality.⁵ For those who have a religious affiliation, doing so may be straightforward; for those who do not have a formal affiliation, however, it could take some time, effort, and genuine introspection.

On the one hand, we all share a common value system: we take pride in helping others, otherwise we probably would not have entered into health care in the first place. Knowing that we critical care clinicians have taken on the supremely challenging (some might say impossible) task of caring for patients when they are at their sickest, and using a combination of technology and compassion to help these patients, we must also find time to nourish our own spiritual lives. If we become overworked or exceedingly stressed—neither of which is unusual in our line of work—we might forget what a privilege it is to care for patients at their most vulnerable.

“Intentionality” Is Important

From a nursing perspective, many of the terms associated with spirituality may already be integrated into usual care: examples include active listening, therapeutic touch, and humor.⁶ In addition to being aware of and nurturing their own spirituality, nurses must practice “intentionality,” or focused consciousness.⁷ For example, it is important to enter a patient’s room with a clear mind—to be truly present. It could be as simple as taking a moment to breathe deeply before entering the room. The idea is to clear your mind and allow

yourself to focus in a more singular fashion on the problem at hand. What are the concerns of the patient or his or her family? This process is not easy. There are many obstacles and interruptions, and it seems time is always of the essence. The patient may be hypotensive or in pain, the family may be filled with anger or anxiety. Focusing the mind and being present can make it easier for caregivers to drill down to the patient or family’s true concerns, and may help clinicians find more meaning in our daily lives.

Nurses can help determine whether the patient needs more spiritual care than can reasonably be provided, perhaps obtaining a clergy member to assist at that point. Really, though, it should not be an either-or situation. As nurses and doctors we ought to take a few moments to ponder the spiritual aspects of any patient interaction; doing so empowers all parties involved and has the potential to promote serenity, tranquility, understanding, and a sense of completeness.⁸

Embracing Spirituality While Representing Science

Many of us have trouble balancing spirituality and science, as we may not feel we are particularly spiritual people. There are those of us who embrace science as a primary life paradigm; such caregivers may become confused or conflicted when patients prefer alternative or complementary treatments in their approach to illness.⁹ A contemporary example would be that of Steve Jobs, the late cofounder, chairman, and CEO of Apple Inc, who chose alternative medicine to treat his pancreatic cancer rather than receiving evidence-based Western therapy, thereby potentially decreasing his lifespan. As treating clinicians, we often hear the patient say “I want [this or that] treatment” or “I absolutely refuse [this or that] treatment,” but we do not really understand why. Many times this request will have a spiritual or cultural background that informs it.

If we take the time to evaluate our own spiritual issues, even those of us who look at life primarily from a scientific perspective, it seems we will have a better ability to work with patients on many levels and determine why they want or do not want a particular form of therapy or path of treatment. It goes without saying that cultural, religious, and spiritual issues are relevant when dealing with end-of-

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life care, but all patients benefit if we broaden our cultural and spiritual perspective when we encounter situations whose context we might not normally think of as spiritual.¹⁰

To be successful in the ICU, we all must have a grasp of human anatomy, physiology, pathology, and pathophysiology. We must be stellar clinicians. To serve the patient and family unit in a comprehensive way, however, we must understand more than that. We must come to terms with and embrace the fact that until we fully understand the holistic perspective of each patient (and perhaps each family member), we will be unable to forge the necessary and crucial bonds of trust that are required to take our patients successfully through their stay in the ICU.

Conclusion

At a fundamental level, then, we seek to provide comprehensive care to critically ill patients and their families. Clearly, our most important responsibility is to rapidly recognize and treat our patients' life-threatening disease or injury.

But there's more. If we are to truly care for the whole patient—body, mind, and spirit—then we must venture outside our comfort zone.¹¹ We must remind ourselves that nourishing our own spiritual needs will only allow us to become more powerful advocates for patients. Doing so will help us see further and do more when our patients and their families need us the most. As challenging as our jobs are in caring for patients in the ICU, if we take the necessary time to explore the spiritual dimension of our patients and their families, we develop the potential for a greater appreciation and understanding of those we care for—as well as ourselves.

The statements and opinions contained in this editorial are solely those of the coeditors in chief.

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None reported.

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