

Spirituality and spiritual care from a Careful Nursing perspective

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Aim To provide a brief historical background of spirituality in nursing and describe spiritual care from the perspective of the Careful Nursing philosophy and professional practice model.

Background The previously overshadowed role of spirituality in modern nursing has re-emerged and been widely debated. Less attention has been given to how spiritual care is implemented in practice.

Evaluation Findings from historical research. Elaboration of a previously derived Careful Nursing concept and dimensions as a model of spiritual nursing practice values.

Key issues In spite of the diversity of nurses' philosophical beliefs about spirituality, common ground can be found when these are translated into spiritual nursing practice values. Spiritual care in nursing is primarily expressed in the attitudes and actions of nursing practice guided by spiritual nursing values, particularly recognition of human dignity, kindness, compassion, calmness, tenderness, and nurses' caring for themselves and one another.

Conclusions Spirituality is timelessly interwoven with nursing and health. Careful Nursing suggests a spiritual values model that could be useful in assisting nurses to reach a shared understanding of spirituality and a spiritual approach to nursing practice.

Implications for Nursing Management Spiritual nursing values can be shared and developed in practical ways so that they become truly integrated into everyday nursing practice.

Keywords: Careful Nursing, history, Irish, philosophy, spirituality, values

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Introduction

In the nursing profession, as in society at large, the field of meaning given to the word spirituality is very far reaching, perhaps as far reaching as the human search for meaning itself. The meaning of spirituality in nursing practice has deep roots, for in the Western world spirituality, nursing and health have been interwoven in the human mind since the earliest times.

Some of the oldest Indo-European prototype nurse images, from about 7000 years ago, symbolized the nourishment and protection of human life as it was continuously regenerated (Gimbutas 1974). Similar nurse images from Greek mythology, from about 5000 years ago, personified nourishment of the human spirit and healing of the injured and infirm. The goddess Hygieia was viewed as a compassionate bearer of life's transforming power (Jobes 1962, Connell 1983).

In the Orphic Hymns she was addressed as 'gentle-handed' (Athanasakis 1977, p.35), emphasizing the special influence of nurses' gentleness in fostering health.

With the founding of Christianity about 2000 years ago, recognition of the intrinsic dignity of all persons emerged (Lebech 2009) and spirituality as 'compassionate accompaniment', especially of the poor or dispossessed (Donley 1991, p. 179), became the driving force of nursing as it developed and flourished across Europe. Notwithstanding natural disasters and political and theological disputes, history records that many notable nursing groups such as the Béguines and John of God Brothers Hospitallers persevered (Nutting & Dock 1907/2000). Across 70 centuries and very different cultures, the underlying nursing impulse was always spiritual, prompted by vulnerable humans' need for nourishment and protection and human aspiration to help and foster healing, reflected in nursing relationships.

About 150 years ago, in the mid-19th century, it was to Sisters of Charity at Alexandria (Sattin 1987), Dublin (Scanlan 1991) and Paris (Vicinus & Nergarrd 1989) that Florence Nightingale first turned to learn about nursing and hospitals. However, in spite of their reputation as nurses, nursing in many parts of northern Europe, particularly in the United Kingdom of Britain and Ireland, had entered 'the darkest known period in the history of nursing' (Nutting & Dock 1907/2000, p.499). Beginning in the mid-16th century with the Reformation and Henry VIII's dissolution of the monasteries and their nursing services, the fabric of skilled nursing in these countries was shattered. Although the living conditions of poor people continued to be hard and oppressive, society became blind to the importance of skilled nursing as a public service. Most lay nurses were poor and uneducated. Many sunk under the harsh conditions of their lives and employment and became infamous for their incompetence and insensitive, abusive manner towards those in their care. In 1854, when the call was made for nurses to assist Nightingale at the Crimean war hospitals, only 14 suitable lay nurses could be found.

But for all this, skilled nursing was in the process of re-emerging, impelled once again by its spiritual impulse. Unobtrusively, nursing sisterhoods had been founded a few years earlier and between them they contributed the further 24 nurses needed for Nightingale's Crimean war group (Nutting & Dock 1907/2000). However, although British society at this time was deeply religious, religion as it was mostly understood had shed its former union with philosophy and

mystical contemplation on the possibility of human union with a loving God and its meaning in human relationships (Williams 1997). Religious conflict pervaded the British Crimean war hospitals. Although Nightingale and her closest nursing allies were deeply spiritual in their approach to nursing, Nightingale determined that nursing must be developed as a secular occupation.

Supported by Enlightenment thinking, Britain's position as a global power and the rise of modern science, secular nursing became widely accepted and served as the foundation for the development of nursing as a professional discipline. But, nursing's spiritual impulse was again consigned to the shadows, this time by nurse academics (Henry 1995, Oldnall 1995). However, it continued unobtrusively in the practice of many nurses, particularly in the faith-based health systems across North America. In reality, it was a small step for the spiritual impulse to re-emerge in the 1980s literature (Brittain & Boozer 1987, Labun 1988) and nursing models (Watson 1985, Neuman 1989). Subsequent debates examined the meaning of spirituality and spiritual care in nursing in a now diverse and predominantly secular global society (Lane 1987, Burnard 1988, Bradshaw 1994, Van Dover & Bacon 2001, McSherry *et al.* 2004, Chan *et al.* 2006, Paley 2008, Pesut 2009). However, an inclusive, acceptable definition of spirituality in nursing has become elusive (Clarke 2009, Ellis & Narayanasamy 2009), leading to lack of clarity about how to provide spiritual care (McSherry & Jamieson 2011, Pike 2011).

There is now an urgent need for clarification of how nurses can implement spiritual care in practice. Reports are re-appearing of nurses acting in incompetent, insensitive and abusive ways towards the sick and vulnerable (Abraham 2011, Milton 2011). If spiritual care in nursing promotes recognition of the innate dignity of all persons and the vital importance of sensitive, compassionate practice (Sawatzky & Pesut 2005, Burkhart & Hogan 2008,), then emphasis on spiritual care in nursing could help eradicate this problem. Nurses also report that prevailing concerns with technology and economics in some healthcare systems militate against sensitive, compassionate practice (MacKusick & Minick 2010, Georges 2011). However, history cannot be permitted to repeat itself. Black (2005) argues that nurses have reformed such healthcare settings in the past and can do so again.

The purpose of this paper is to present an understanding of spiritual care in nursing from the perspective of the historically-based Careful Nursing

philosophy and professional practice model. A brief overview of Careful Nursing indicates that spiritual care is expressed primarily in how nurses view the human being and how they practice. While Careful Nursing is guided by a Christian worldview, it is proposed that its concepts and dimensions can be related to the diverse ideas that contemporary nurses draw on to describe spirituality. Careful Nursing is used to suggest a group of spiritual values that most nurses could accept as a model for sharing understandings about spiritual care in nursing practice. Implications for nursing management are elaborated.

Careful Nursing

Background

Careful Nursing has been formulated from historical research and content analysis of primary source historical documents which describe a nursing system developed in Ireland by mainly privileged, well-educated women in the early 19th century (Meehan 2003, 2007, 2012). As was the custom at the time, they formed organisations of religious sisters, Irish Sisters of Charity led by Mary Aikenhead and Sisters of Mercy led by Catherine McAuley. Beginning in the 1820s, they went out daily to nurse the sick, injured and vulnerable in their homes, providing physical, emotional and spiritual care, advice about coping with prevalent diseases and social conditions, and comfort and consolation (Atkinson 1879, Carroll 1883).

During the great cholera epidemic of 1832 they worked closely with doctors and apothecaries in hospitals, developing acute care skills. In 1835, after a year's specialized training by three sisters in Paris, Aikenhead opened St. Vincent's Hospital in Dublin, the first major hospital to be established and governed by nurses in Britain and Ireland. By the time of the Crimean war of 1853–1856 they had developed a 'system' of nursing principles and activities and had attained 'brilliant prestige in nursing' (Nutting & Dock 1907/2000, p.86). Twelve Sisters of Mercy worked alongside Nightingale at the war hospitals. Mary Clare Moore, who had 'trained' with McAuley during the cholera epidemic, worked closely with Nightingale (Meehan 2010) and she became one of her greatest nursing influences (Baly 1997) and helped shape her spiritual development (Widerquist 1992, Sullivan 1999). Strained political relations between Britain and Ireland prevented public recognition of the Irish nurses' practice, but Nightingale wrote privately to Moore, 'You were far above me in fitness for the

General Superintendency...what you have done for the work no one can ever say' (Letter, 29 April 1856), and in a later reflection 'how I should have failed without your help' (Letter, 21 October 1863).

Philosophy

The practice of Careful Nursing in its most developed formulation (Meehan 2012) is supported by philosophical assumptions derived from the historical data which address the nature of the human being, the existence of an infinite transcendent reality and the nature of health. The historical data were noticeably consistent with the thinking of Thomas Aquinas (1265–1274/1948) as he drew on and expanded the thinking of Aristotle (Ross 1915), thus the ideas of Aquinas are used to explain the philosophy.

Human being

The human being is defined as a unitary, rational person (Aquinas 1265–1274/1948, I Q76).¹ A unitary person means that a person is one substance, an inseparable whole with no parts. Traditionally, nurses have sought to care for the whole person and as formal nursing knowledge was developed, this intention was conceptualized as holistic nursing (Levine 1971). The term holism (Smuts 1926) was coined to mean an inseparable whole with no parts. However, in practice the natural human tendency is to perceive a person in parts; such as body, mind and spirit; added together (Stiles 2011), thus holistic practice in nursing has become widely misunderstood and reinterpreted as a focus on interrelated parts (Tjale & Bruce 2007, McEvoy & Duffy 2008). Although the science of the unitary human beings model (Rogers 1970) has retained the true meaning of unitary, it is not widely used in practice because it appears conceptually inconsistent with the necessity that nurses' focus, for example, on the body of a person.

Aquinas offers insight into this quandary in his argument that the unitary person encompasses two explicit realities, a psycho-spiritual reality of mind and spirit and a bio-physical reality of body and senses (1265–1274/1948, I Q76). He emphasizes that these realities are not parts of the person but realities which are distinguishable within the unitary person. In nurse-patient relationships, attentive nurses are disposed to experience the unitary nature of themselves and

¹The standard method of referencing works of Aquinas is by parts (I, II, II II or III), questions (Q) and articles (Art.).

patients and the special therapeutic bond that is created. While being aware of this unitary therapeutic bond, nurses can attend simultaneously to patients' critically important distinguishable bio-physical and psycho-spiritual realities such as monitoring vital signs, maintaining skin integrity, coping with fear or fostering hope. Thus, with practice nurses can develop the habit of being simultaneously mindful of their unitary relationships with patients and the distinguishable realities of clinical care, and of modulating their focus between them appropriately.

Likewise, the unitary person experiences life as twofold; an inward life of the mind, spirit and communion with an infinite transcendent reality and, simultaneously, an outward life of the bio-physical body with its capacity for sensory perception (Aquinas 1265–1274/1948, II, II Q23). Usually the person is most aware of the outward life of the physical world and sense experience and less aware of the inward life of mind and spirit. But the inward life comes to the fore during times of silence, contemplation, meditation or prayer. It encompasses the person's awareness, or capacity for awareness, of the love, purposefulness and healing presence of an infinite transcendent reality, which the person has an actual or potential desire to search for and know (Aquinas 1265–1274/1948, I Q12). The spiritual form of the inward life is fundamental and gives rise to the inherent unity of the person as a unique individual. At the same time it is emphasized that the inseparable outward life of the sensate bio-physical body is vitally important (Aquinas 1265–1274/1948, I Q81).

Each person possesses intrinsic order and beauty, dignity and worth, distinctive creative potential and a meaningful purpose in life. Human dignity is recognized as inherent in every person rather than resulting from the person's achievements in society or social status (Lebech 2009). Persons are inherently imbued with goodness, however, if they neglect to recognize and cultivate expressions of goodness it can become eclipsed by inconsiderate and malevolent forces which can, in turn, find expression in them as inconsiderate and malevolent ideas and intentions, and attitudes and actions (Aquinas 1265–1274/1948, I Q49).

An infinite transcendent reality

In keeping with this understanding of the human person, it is argued that there exists an infinite transcendent reality which is the source of all creation, goodness and healing in the universe. The 19th century Irish nurses and Nightingale were profoundly influenced in their nursing practice by their experience

of this reality (Sullivan 1999). Aquinas uses natural reason and reflection on the data of sense experiences of familiar features of the world to support his argument for this reality. In keeping with Aristotle, he refers to it as the 'first mover' or 'first efficient cause, to which everyone gives the name of God' (1265–1274/1948, I Q2, Art.3). Intimations of this reality can be apprehended as an ineffable spiritual experience of beauty and goodness during times of silence, contemplation, meditation or prayer, or during the sensitive perception of utmost splendour such as that of a flower, ocean sunrise or musical symphony. Aquinas argues further that this reality is immensely loving, infusing all persons abundantly with a spiritual love and goodness which draw all persons to it. All persons have the capacity to respond to this love and goodness, within themselves and in their interactions with one another.

Health

Health is defined as the person's unitary experience of inherent personal dignity, harmony, relative autonomy, contentedness and sense of purpose in life, assumptions which are consistent with Aquinas's view of human flourishing (De Young *et al.* 2009). Health includes the ability, or potential, to experience a personal relationship with an infinite transcendent reality. It also includes the ability, or potential, to express this experience in loving relationships with others and to seek to fulfil a perceived purpose in life. Ideally, health is associated with the relative absence of disease but can still be fully experienced in states of disability or chronic illness. Healing is a natural restorative process which has its source in an infinite transcendent reality and in nature (Aquinas 1256–1259/1953, Q11; Nightingale 1859/1970). It can be fostered through psycho-spiritual and bio-physical realities and influences in the human person's environment. Health also includes the ability to accept with equanimity circumstances which are seemingly unjust but may be very difficult to alter.

Use of the philosophy in contemporary health systems

Because of its particular spiritual foundation the Careful Nursing philosophy is likely to be acceptable in faith-based health systems but not acceptable in secular-based health systems. At the same time, most health systems aim to employ, welcome and serve people of all philosophical beliefs, whether faith based or secular based. Nurses with their diverse spiritual philosophies are called on to share their beliefs, grow together in knowledge of their own and other's beliefs and support one another in a broad spiritual approach

to nursing practice. At a philosophical level, it is possible for nurses to consider how particular spiritual philosophical beliefs are similar to, or different from, one another. In doing so they are more likely to be able to identify and understand differing philosophical beliefs of colleagues and patients. Table 1 shows broadly constructed groups representing different philosophical beliefs about spirituality in nursing based on discussions by Bradshaw (1994), Paley (2008), Pesut (2008), Barnum (2010) and Hussey (2010), organised according to the Careful Nursing philosophical concepts. To some extent nurses' beliefs may be shared across some groups or they may vary within groups. For example, nursing's disciplinary claim to knowledge of the human being as a whole is most prominent in the monist/cosmic consciousness group but is implied in the monotheist group and, arguably, exists in the atheist/humanist/naturalist group within the parameters of its view. Many monotheist Christians would probably concur with assumptions underlying Careful Nursing but some would not share its association with philosophy, metaphysics and the use of reasoned argument to examine assumptions. Some nurses who embrace the principle of a cosmic consciousness may consider the infinite transcendent reality of Careful Nursing similar to a universal healing power. But nurses who embrace the atheist/humanist/naturalist philosophy would find themselves entirely at odds with such assumptions, other than to perhaps think of them as positive illusions.

However, in spite of the diversity of nurses' spirituality-related philosophical assumptions and beliefs and the fact that those which underlie Careful Nursing

would not be widely accepted, a broadly consistent approach to spirituality in nursing can be found in the translation of spiritual assumptions and beliefs into what is of value in nursing practice. Nursing's values concern its professional mandate to foster human health (Curtin 2001) and are expressed in the practice behaviours that the profession considers important and worth striving for (Horton *et al.* 2007). These include spiritual values such as compassion, loving kindness, patience, recognition of the sacred, peacefulness (Cameron 2003) and the related core nursing value of human dignity (Fahrenwald *et al.* 2005). If the assumption of intrinsic human dignity underlying Careful Nursing and the spirituality-related dimensions of the professional practice model are considered as values, they can suggest a values-based model for a broadly acceptable spiritual approach to nursing practice. If atheist/humanist/naturalist nurses do not acknowledge values (Hussey (2010), they could accept the proposed 'values' as genuine statements of professional practice expectations.

Professional practice model

The Careful Nursing professional practice model is composed of four interrelated concepts: the therapeutic milieu, practice competence and excellence, nursing management and influence in health systems, and professional authority; each of which has a number of interrelated dimensions (Meehan 2012). Overall, it balances a spiritual approach to practice with clinical competence and excellence. But only its spirituality-related dimensions will be addressed here.

Table 1

Philosophical assumptions or beliefs related to spirituality in nursing structured according to Careful Nursing philosophical assumptions

<i>Spiritual philosophical assumptions or beliefs</i>			
<i>Careful Nursing</i>	<i>Monotheist</i>	<i>Monist/Cosmic Consciousness</i>	<i>Atheist/Humanist/Naturalist</i>
<i>Human being</i>			
A unitary rational person possessing intrinsic dignity and distinguished within the universe	Bio-psycho-social-spiritual being possessing intrinsic dignity and distinguished within the universe	Unitary or holistic* being or cosmic energy field merged with cosmic consciousness whose dignity is respected	Bio-psycho-social being whose dignity is respected
<i>Infinite transcendent reality</i>			
Term used to mean a personal, immensely loving God who is the source of all creation, goodness and healing	Personal god Supreme being Allah	Cosmic energy field Universal healing power Multiple gods/Goddesses	Nonexistent A positive illusion
<i>Health</i>			
Human flourishing	Health or well-being	Health, well-being or human flourishing	Health

*Holistic is used to mean a whole composed of inter-related parts, as it is mostly used in nursing literature, but may also mean a unitary whole as is sometimes used in the literature.

It is in the therapeutic milieu that the spiritual approach to nursing practice is created and developed. This is the distinctively nursing surrounding and atmosphere that nurses and their assistants create for patients. It is more than just an environment (Mahoney *et al.* 2009). It is a ward or unit culture that is rich in healing interpersonal relationships, cooperative attentiveness to patients, and physical features which are protective, calming and restful. It is designed to foster patients' optimal safety and healing but it also influences and engages everyone who enters a ward or unit. Its therapeutic influence is proposed to be primarily a result of nurses' recognition of the intrinsic dignity of persons; patients, themselves and others; and the spirituality-related therapeutic qualities of nurses' practice attitudes and actions, together with those of their assistants. These are expressed in its five dimensions: caritas and contagious calmness which are primarily spiritual; nurses' care for themselves and one another which is partly spiritual; and intellectual engagement and a safe, restorative physical surrounding which have spiritual qualities that are less obvious. In addition, one primarily spiritual dimension of the practice competence and excellence concept, great tenderness in all things, serves to link spirituality into the other seven dimensions of practice competence and excellence, which are not addressed in the present paper.

Implementation of these six spirituality-related dimensions and recognition of intrinsic human dignity comprise the foundation for spiritual care from a Careful Nursing perspective. When these are considered as values, or genuine statements of practice expectations, they are proposed to be analogous to what is commonly considered to be of value in nursing practice from a spiritual perspective.

Careful Nursing spiritual values model

The seven Careful Nursing spiritual values are presented in Figure 1 as a model for a spiritual values-based approach to nursing practice. Some Careful Nursing terms would be acceptable across nurses' range of philosophical beliefs shown in Table 1. For terms that would not be acceptable, an analogous generic term is shown in brackets. Nurses can choose to implement the values from a Careful Nursing perspective or from another perspective. Table 2 provides descriptions of the values as Careful Nursing practice values and as analogous broadly acceptable nursing practice values. Some values are more deeply related to spirituality than others, for example those

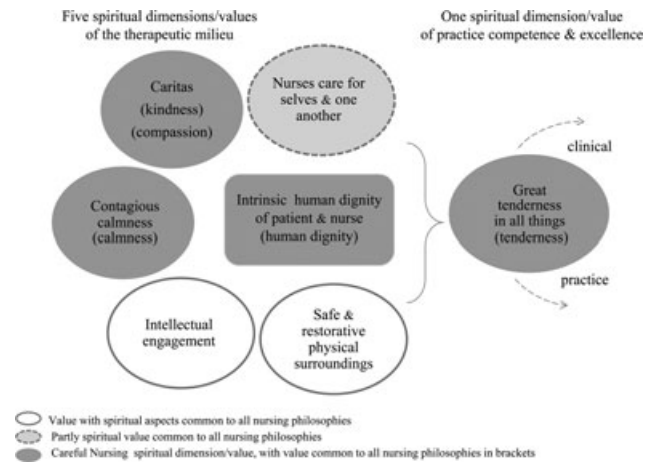


Figure 1
Careful Nursing spiritual values model.

stemming from caritas, but for this model all are referred to as spiritual values.

'Intrinsic human dignity' is central to Careful Nursing. Human dignity, as such, is also a central value in professional practice generally. It may not necessarily be considered a spiritual value, but as long as it is described in sufficiently general terms, it is broadly acceptable (Donnelly 2003).

'Caritas' is the 1st century Christian Latin translation of the Greek term 'agapē', meaning unconditional love in modern language (Taliaferro & Marty 2010). Its English translation as charity lost its original meaning over time, thus the Latin term is used. Caritas is not separate from other types of love but is viewed uniquely as the love that empowers human helping relationships. Caritas has become a recognized spiritual nursing value mainly through the work of Erikson (2002) and Watson (2006), although Watson appears to have redefined the term in line with a monist/cosmic consciousness approach. While caritas, as such, would be unacceptable to atheist/humanist/naturalist nurses, benevolence, kindness and compassion understood as psychological behaviours would be acceptable as professional practice expectations.

'Contagious calmness' was coined by Proudfoot in 1983 as a term to describe the important quality and influence of calmness in nurses in stressful acute care settings. She observed that just as a person's nervousness or anxiety tends to spread to others, so does a person's calmness spread to others. The term was adopted for Careful Nursing because it captured the nature and importance of nurses' calmness evident in the historical data. Its development through meditative practices suggests its association with spirituality. But calmness, as such, can also be understood as a

Table 2

Careful Nursing spiritual values and their proposed analogous broadly acceptable nursing spiritual values

<i>Careful Nursing spiritual values</i>	<i>Analogous broadly acceptable nursing spiritual values</i>
<p>Intrinsic human dignity The fundamental value of the human person which derives from the person's relationship with an infinite transcendent reality (Lebech 2009)</p>	<p>Human dignity The fundamental value of the human being widely accepted to underlie justice and human rights (United Nations 1948, Lebech 2009) and internationally accepted as a nursing value (ICN 2006)</p>
<p>Caritas A person's expression of unreserved benevolence and kindness to another that arises through a deeply held awareness of the love of an infinite transcendent reality which they share (Aquinas 1265–1274/1948, II, II, Qs 27–31) It encompasses compassion; misericordia; that is, the heartfelt experience of the other's misery which, thereby, impels the person to provide succour if possible (Q 30). It also encompasses graciousness (Q 27), joyfulness (Q 28) and peacefulness (Q 29) These qualities arise in the inward life and reside in the will, not in transient emotions. They are expressed impartially, unbiased by personal interest or desire for personal advantage and irrespective of the personal or situation-related characteristics of the person who is loved (Q 27)</p>	<p>Kindness and compassion Unconditional Christian love (Bradshaw 1994, Stickley & Freshwater 2002) Caritas as caring Christian love (Eriksson 2002) Caritas as caring and loving kindness emerging from experience of cosmic consciousness (Watson 2006) Humanist unconditional positive regard (Stickley & Freshwater 2002) Behaviourist positive reinforcement (Stickley & Freshwater 2002) Kindness and compassion widely accepted as nursing values (Straughair 2012)</p>
<p>Contagious calmness A calm disposition, a component of magnanimity and associated with peacefulness (Aquinas 1265–1274/1948, II, II, Q 129), which is constantly maintained, even under the most stressful circumstances, and communicated naturally to patients and others in the therapeutic milieu Is closely related to caritas and expressed in measured actions, a soothing voice and an impression of quiet dependability. It engenders in nurses an attitude of composed self-confidence and alertness to the ever-changing needs of patients and practice situations</p>	<p>Calmness Calmness historically portrayed as an enduring spiritual quality of nursing as the finest art (Donahue 1985) Calmness identified as characteristic of a good nurse (Napoli <i>et al.</i> 2011) Creating calm in stressful settings is identified as important nursing role (Bazuin & Cardon 2011, Pittman & Kridli 2011) associated with positive outcomes in labour and delivery (Huber & Sandall 2009), more effective nursing management (Borgatti 2003) and effective nurse-physician communication in hospitals (Robinson <i>et al.</i> 2010) Widely implied as a nursing value</p>
<p>Great tenderness in all things An attitude of sensitivity, gentleness and patience in attending to all experiences and clinical needs of patients. As an extension of caritas and contagious calmness, it has a spiritual source Essential in clinical practice, permeating all attitudes and actions, from feeding or washing a patient to the most detailed physical assessment or complex procedure. Proposed to infuse all nurses' clinical attitudes and actions with the healing love of an infinite transcendent reality</p>	<p>Tenderness Although attributed to Nightingale it became overlooked in nursing by the mid-20th century but requires reintegration as a necessary counterpoint to technical competence in nursing (Meyer 1960) In psychology literature it is conceptualised as an empathic feeling experienced as an emotional surge that corresponds to the love of care-giving (Kalawski 2010). It is associated with empathy and elicited in caregivers by their perception of vulnerability in recipients of care (Lishner <i>et al.</i> 2011) Remains mainly overlooked as a nursing value</p>
<p>Nurses' care for selves and one another Nourishment of themselves and one another in relation to both their inward psycho-spiritual lives and outward bio-physical lives Founded in love of self as a unified, rational creation of an infinite transcendent reality which is, in turn, the model for philia, or the love of friendship (Aquinas 1265-1274/1948, Q 25). 'Our friendship for others consists precisely in the fact that our attitude to them is the same as to ourselves' (Art. 4) Includes nurses nourishing the creativity of their minds, spending short time each day in silence, meditation or prayer, meeting needs for good nutrition, rest, exercise and enjoyment of social activities</p>	<p>Nurses' care for selves and one another Provision of safe, supportive opportunities for nurses to discuss practice-related feelings of grief, burnout and need for self-healing due to exposure to stress and suffering (Lally 2005, Brady 2007) and need to respect and care for themselves and one another as holistic beings (Birn 2003, Cleary <i>et al.</i> 2010) Importance of nurse leaders' need to care for selves and one another (O'Connor 2002) Follows from Aristotle's idea of self-love and friendship as willing for oneself and others what is good for them (Aristotle 350BCE/1908) Widely accepted as a core nursing value (Cleary <i>et al.</i> 2005)</p>
<p>Intellectual engagement The life of the mind and its creativity derives from the influence of an infinite transcendent reality (Aquinas 1265-1274/1948, I Q76). It includes using contemplation, empathy, natural reason, logical analysis and scientific research as ways of knowing patients' condition and attending to their needs effectively</p>	<p>Intellectual engagement Widely recognised as central to the development of nursing as a professional discipline and provision of the most effective possible nursing service in society. All forms of knowing are drawn on, including knowledge arising from contemplation and silent reflection Widely accepted as a core nursing value</p>

Table 2
(Continued)

<i>Careful Nursing spiritual values</i>	<i>Analogous broadly acceptable nursing spiritual values</i>
<p>Safe and restorative physical surroundings Concerns physical factors specifically because the total surrounding of patients is considered to be the therapeutic milieu itself. As well as physical safety which is paramount, it includes healing elements such as light, colour, fresh air and sound, which can have spiritual associations and can add supportive value to nursing practice</p>	<p>Safe and restorative environment Patient safety is a principle concept of nursing as a professional discipline and widely recognised as a distinctive nursing practice responsibility. Physical factors such as music, paintings, sculpture and gardens have been proposed to bring a restorative spiritual dimension to patient environments (Biley & Freshwater 1998, Schweitzer <i>et al.</i> 2004) Widely accepted as a core nursing value</p>

psychological attribute. Contagious calmness may sometimes seem an impossible ideal because of the often demanding and stressful work pressures in healthcare systems. Nightingale herself lamented her difficulty maintaining a sense of calm, 'I am not like my dear Revd Mother who is never ruffled', she wrote to Moore (Letter 22 July, 1865). Nurses in stressful practice settings have highlighted the advantages of developing calmness (Banyard 2010, Lester 2011). While some nurses may naturally have a calmer disposition than others, Proudfoot proposes that contagious calmness can be learned and developed, as suggested below.

'Great Tenderness in all things' as a spiritual behaviour is especially emphasized in the historical data. In a study of the important role of tenderness in modern nursing, Meyer (1960) alludes to it having a spiritual quality, but it could also be understood in psychological terms. It appears to have received little scholarly attention from nurses, but its importance in practice is suggested beautifully in a description of an unexpected encounter of a nurse with her own tenderness in a highly pressured acute care setting and its deep appreciation by a dying patient (Galland 2008).

'Nurses' care for themselves and one another' speaks for itself and naturally includes a spiritual dimension. It reminds nurses to treat themselves and one another with respect, kindness, compassion and thoughtfulness, and that attention to this value is essential to augmenting their therapeutic capacity. Considering the prevalence of burnout and bullying in nursing, such a reminder seems pertinent. The nursing literature appears to be crying out for its implementation as a matter of professional survival. It has been identified as an important prerequisite for implementing Careful Nursing (Goedken & Rocklage 2010).

'Intellectual engagement' concerns not only objective knowledge and the accuracy of clinical judgements in

everyday practice, but is also a value in the personal professional development of every nurse. Following Aquinas, Sertillanges (1946) proposes that intellectual engagement is a sacred calling, part of the unity of life and search for truth. Just as love is the beginning of everything in the person, questions about what a nurse loves in practice and thinking those things out, comprise intellectual engagement for every practicing nurse: 'Truth visits those who love her' (p. 19).

For patients, 'safe and restorative physical surroundings' are a value that also speaks for itself, especially with regard to protecting patients from physical harm. As part of the therapeutic milieu in Careful Nursing, this value has a spiritual dimension and contributes to the therapeutic quality of the milieu.

This considered approximation of Careful Nursing spiritual practice values with broadly acceptable spirituality-related professional nursing values, shown in Table 2, underpins the model of how nurses could find ways to share understandings of spirituality with their nursing colleagues and with patients.

Conclusions

The timeless interweaving of spirituality, nursing and health in human life processes gives perspective to the resurgent desire of many nurses to include spiritual care in their practice. In drawing on a relatively recent example of nursing's historical legacy, the Careful Nursing philosophy and professional practice model calls attention to the idea that spirituality in nursing is expressed primarily in how nurses practice. While Careful Nursing itself preserves the Christian philosophy of its historical background, it can contribute to identifying spirituality-related practice values that contemporary nurses with diverse philosophical beliefs, practicing in a predominantly secular global world, can share. The Careful Nursing spiritual values model could be useful in helping nurses to strengthen and care for themselves, practice with sensitivity and

compassion, and continue to fulfil their age-old mandate to nurture human health.

Implications for nursing management

It is surely a privileged responsibility of nurse managers to lead and share with nurses and their assistants the implementation of a spiritual approach to nursing practice. What could be more engaging and invigorating for nurses than working to create their distinctive domain and responsibility; the ward or unit to which patients come to recover from illness, injury or vulnerability; as the most wonderful therapeutic milieu possible!

In considering the Careful Nursing spiritual values model, nurses' first decision would be whether to use the original values or the analogous generic values. This could be discussed and decided by comparing their healthcare system philosophy and nursing philosophy or a model already in place with the spiritual philosophical assumptions of different groups, shown in Table 1. This exercise could also have the important function of focusing nurses thinking and sharing of ideas about spirituality and the different assumptions about what it is. This process can be contentious, it may take time to work through and it needs to be managed effectively (Smith & Malcolm 2010).

Whichever set of values is decided on, it is recommended both generally (O'Connor 2002, Wright 2006) and in relation to Careful Nursing (Goedken & Rocklage 2010), that the priority value to be addressed is nurses' care for themselves and one another. In effect, in recognizing their own intrinsic human dignity and in experiencing and expressing kindness, compassion, calmness and tenderness; and related values such as sensitivity and patience; towards themselves and toward one another, nurses are already well on the way to developing or enhancing their expression of these values in their care of patients. Physical self-care and noticing physical needs in one another is fairly straightforward. However, recognizing human dignity, and its associated beauty, within oneself and others and learning to be consistently calm, kind, patient, compassionate and tender-hearted towards oneself and others are deeply felt and complex processes. But these values can be learned. Because values are also in a certain sense virtues, and because virtues are habits which can be learned (Sellman 2011), values can also be learned. Learning can be structured as an on-going programme of in-service education. It will have its own particular time-line according to what is possible in each healthcare

setting; the organisational support for, commitment, patience and perseverance of the nurse manager; and the depth of learning that the nurses and their assistants are willing to engage in.

Spirituality and spiritual values have traditionally been developed through contemplative and meditative practices, and in contemporary society different types of meditation, centring exercises, deep breathing-, imagery- and mindfulness-focused quieting exercises are preferred by nurses to reduce stress and promote relaxation (Kemper *et al.* 2011). These can, in turn, deepen spiritual experience. In developing the idea of contagious calmness, Proudfoot (1983) recommends meditation, guided imagery and breathing exercises to elicit a relaxation or quieting response and promote inner calmness, and offers practical descriptions of how to engage in these. Atheist/humanist/naturalist nurses can use silence to deepen their awareness of themselves (Caldwell-Harris *et al.* 2011). Another alternative can be to sit quietly in a still, calm place, for example in a natural setting or church, and focus on a sound or prayer. Spending as little as 5 minutes each day engaged in a meditative exercise can substantially deepen a nurse's spiritual sense over time. Previous studies have shown that nurses who practice such exercises experience decreased emotional exhaustion and develop a greater interest in self-care (Kravits *et al.* 2010). Even when such exercises are practiced briefly over time, nurses' report reduced work stress and a greater sense of health (Tsai & Crockett 1993).

In order to truly understand spiritual values and put them into practice, nurses need to make them their own. This can be accomplished by having them put their own words on each value (Clayton 2010), for example for tenderness 'respect and sensitivity' or for caritas 'out of love, not in love'. This can be followed by asking nurses to discuss and come to agreement on a group of action statements (MacDuff *et al.* 2010), or 'I will' statements, for each value (Roemer 2006), for example for contagious calmness 'I will communicate in a timely manner using a gentle, calm and professional tone'. Roemer has also described how 'I will' statements for each value can be written on laminated flip cards and retained on the ward or unit for brief reviews at report or change-of-shift times. In these ways spiritual values can become continuously discussed and truly integrated into practice.

These comments on using the Careful Nursing spiritual values model are at the crux of its implementation. The values of intellectual engagement and creating safe and restorative physical surroundings follow along naturally. On the weight of historical

and philosophical evidence, spirituality seems written into the human heart of nursing. It is for nurse managers and their nursing colleagues to draw it out for the benefit of those who they serve in the often pressing everyday reality of health care.

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