

The Meaning of Spirituality and Spiritual Care Within  
Nursing and Health Care Practice

**Note**

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# **The Meaning of Spirituality and Spiritual Care Within Nursing and Health Care Practice**

A study of the perceptions of health care professionals,  
patients and the public

*Wilfred McSherry*



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## Foreword – John Swinton

Wilf McSherry has been and continues to be one of the leading lights in the development of spiritual care within the United Kingdom and beyond. Consistently, over an extended period of time and often in the face of opposition, he has pushed the boundaries with his determination to allow all of us to see more clearly the importance of recognising the centrality of spirituality for health care practices. Time and again he has reminded us that health care has a heart, and at the centre of that heart is a spiritual core. Recognising and responding to that spiritual core is vital for the development of forms of caring which remember the fullness of human persons. In this book McSherry takes us yet another step down the road of spiritual discovery and urges us to move even further into this mysterious yet vital realm of contemporary health care practice.

I like this book. I like it because it is honest, rigorous, thoughtful and potentially transformative. With a fine eye for detail and the importance of method for the development of practical knowledge, McSherry opens up the field of spirituality and health care to new understandings and perspectives. He is not prepared simply to deal with pat answers or slogans: ‘spirituality is good for your health’. Whilst recognising the significance of the essence of spirituality for peaceful living and healing practices, he at the same time takes seriously the lack of clarity surrounding precisely what spirituality is and what it is intended to do within the practice of health care. His approach is theoretically thorough and practically grounded and his conclusions are challenging and at times, surprising. My sense is that this piece of work will fill a gap in the literature which very much requires to be filled. Within these pages the reader will find the fruits of many years of thought, reflection and practice. They will encounter a health-oriented model based on practical wisdom that focuses on the role of spirituality in defining modes of care which truly respect what it means to be human and to practice humanely.

Books are meant to do something. They are meant to take us into new worlds and open up fresh horizons which change the way we see the world. When we begin to see the world differently, so also we begin to practice differently. I look forward to seeing what difference this book will make as, through its pages, it allows us to see some things just that little bit more clearly, and

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in so doing helps us to act in ways that are a little more compassionate and a little more caring.

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## Foreword – Peter Draper

I first met Wilf McSherry when he was an undergraduate student nurse at the University of Hull, in the academic department in which we both now work as Senior Lecturers. I was one of the supervisors for Wilf's MPhil dissertation, and I examined his PhD thesis. I have thus been privileged to observe Wilf's academic and professional development, and also to observe his commitment to the development of spirituality research and spiritually informed practice in nursing. That spirituality is now recognised as an important dimension to health care practice is in no small part due to Wilf's persistence and determination.

This book, which is Wilf's latest contribution to the literature, is based on his PhD thesis. The book addresses some fundamentally important questions. It is easy to assume, given the volume of current literature, that the meaning of spirituality is agreed by all, but in this book Wilf uncovers some important and unexpected differences in understanding, and his work represents an important contribution to scholarship in this area.

The book will be of interest, first of all, to those who are interested in the spirituality in nursing and health care practice more widely. Secondly, however, it will be of considerable interest to anyone who is interested in grounded theory methodology, and it represents an excellent example of rigorous research using a qualitative approach.

If this is the first book you have read on spirituality and health it will give you an excellent overview of scholarship in the field. If you have already read many books on this topic, then you will find things here to surprise and challenge you.

I recommend this volume to you most warmly.

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## Preface

This book presents the findings of my PhD (Doctor of Philosophy) thesis investigating the meaning of spirituality within health care. In effect the book is a culmination of 12 years' thinking and researching into this area. The pages reveal my thoughts and various questions that I have engaged and at times struggled with as I delved deeper into the spiritual dimension. The completion of this thesis was in itself a spiritual journey and the obstacles and hardships I faced are described and documented within.

Every step has been taken to remain true to the original submission (thesis). Therefore I have not tampered with the structure and content. I am very conscious that a great deal of 'new material' has been published since the submission of my work (August 2004). However, I have made negligible alterations to the original literature and text only to add clarity or to be more inclusive for a wider health care audience.

My initial proposal was to investigate 'only' nurses' and patients' perceptions of spirituality. However, as the research unfolded it became apparent that I would need to include a wider group of health care professions. The factors that led to this are presented. This point needs to be raised because it explains why the book in parts does have a nursing focus.

The book reveals my commitment to delivering holistic care and improving the quality of 'spiritual care' that we as practitioners provide to our patients or clients by ensuring that our care is research-based. With this point in mind every step has been taken to handle sensitively the issues arising from the participants' transcripts and involvement in the investigation.

Finally, I hope that this book will shed a little more light on how the concepts of spirituality and spiritual care are understood by health care professionals and patients. This understanding is essential if we are to provide spiritual and health care that is relevant and appropriate to all in a society that is ethnically, religiously, and culturally diverse.

Wilfred McSherry  
May 2007



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# Acknowledgements

I would like to thank Professor Keith Cash for his patience and support throughout this research study, especially when times were difficult and the going was tough. His motivation and encouragement were very much appreciated. Gratitude is also extended to my supervisors, Professor Alan White and Dr Linda Ross, for their support and the constructive feedback they provided during this research study. Again, their inspirational guidance provided encouragement throughout the project.

I thank all the managers and charge nurses who assisted in the distribution and collection of questionnaires, allowing me access to and use of their facilities. A special thank you must also be extended to all of the participants, who provided me with a rich insight into the meaning of spirituality. This insight was the most humbling of experiences and I feel privileged to have shared their understanding. Without their generosity this study would never have been possible.



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## List of abbreviations

DOH	Department of Health
GT	Grounded Theory
HCPs	Health Care Professionals
HDL	Health Department Letter
LREC	Local Research Ethics Committee
NAHAT	National Association of Health Authorities and Trusts
NMC	Nursing and Midwifery Council
QAA	Quality Assurance Agency
SEHD	Scottish Executive Health Department
SSCRS	Spirituality and Spiritual Care Rating Scale
UK	United Kingdom
UKCC	United Kingdom Central Council for Nurses, Midwives and Health Visitors
USA	United States of America





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# Introduction

Historically, it is recognised that nursing and indeed health care have held a strong association with religious traditions, predominantly Christianity. Tracing the antecedents of the nursing and health care professions reveals how they possessed a rich religious and (it could be said) spiritual heritage (Swaffield, 1988; Bradshaw, 1994; Cobb and Robshaw, 1998; Narayanasamy, 1999; McSherry, 2001; Koenig, 2002; Cook, 2004). Koenig (2002, p. 15) writes:

Although addressing spiritual needs of patients as part of medical care is seen today as something new and different, this practice is actually a very old one.... Indeed, throughout most of recorded human history, religion and medicine walked quite closely together.

Koenig *et al.* (2001) suggest that in the past a variety of religious orders of monks, brothers, priests and nuns, whilst caring for the 'soul', ministered to the physical and psychological needs of the sick. The idea of vocation and service of God through self-sacrifice and performing works of charity and mercy resulted in integrated care being provided to the marginalised, vulnerable and destitute within communities.

There was a realisation that ministry and caring were harmonious and that the sick required holistic care. There was an innate consciousness of the importance of balance while attending to the physical, psychological, social and spiritual needs of those in receipt of care. Spirituality infiltrated and permeated every aspect of the caring relationship. It was not isolated or fragmented since it was the force that motivated the religious in their desire to fulfil the Christian beatitudes, which emphasised service. Carson (1989), Bradshaw (1994, 1996) and Narayanasamy (1999) inform us that this approach to the organisation of care existed until the 19th century, when economic and political change resulted in the separation of religious communities from state-controlled welfare and health care systems. Bradshaw (1994) describes this in terms of secularisation, which manifested itself as a loss of the vocational aspect of care and the institution of a contractual model of care. These factors, in conjunction with the technological and scientific advances that have occurred during the 20th century, have led to a preoccupation with the physical and medical aspects of care. Koenig *et al.* (2001) indicate that due to the dominance of scientific thought and practice a schism occurred between religion and science.