

Nightingale's spirituality in practice

[Literature](#), [Books](#)



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Spirituality is an abstract concept, however may be encountered on a daily basis. The first time when I came across the meaning of spirituality was in a survey to choose a most spiritual person among students at high school. As English is my second language, I did not fully understand the concept.

Therefore, before integrating spiritual care to patient, what spirituality is shall be defined first. In a conference for spiritual care, spirituality is defined as " an aspect of humanity, the search for the significant or sacred, and being inclusive of philosophical, religious, spiritual, and existential issues that arise in the clinical" (Puchalski, et al., 2009, p. 886-887).

Furthermore, Ruth Beckmann Murray and Judith Proctor Zenter described spirituality as " trying to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness, or death" (1989). The definition the I concur the most is that " the core of a person's being and usually is conceptualized as a 'higher' experience or a transcendence of oneself" (Maul & Schmidt, 2004, p. 2).

Thus, how is physical health related with spirituality?

According to the survey that presented by Maddox, most people believe in prayer and God would intervene the disease. However, the principles behind are not clearly revealed (2002). Mauk and Schmidt suggested that " suffering is an ongoing state that affects a person's sense of well-being" (2004).

It usually causes the person to become low in spirit if they are physically ill. Just as Nightingale defined health as " not only to be well, but to be able to use well every power we have to use" CITATION Mas12 | 2052 (Masters, 2012). Nightingale stress to not limit nursing to administration of medications and other procedural care, but care for patients holistically with the spiritual care as well. Her 13 canons revolutionized nursing, and stayed applicable for current nursing.

Nightingale's philosophy of nursing could be inferred from her theory that even an ill person shall not be treated as an object. Nightingale perceived the care needed to be delivered from the patients' point of view.

Nightingale's theory was not invented by herself just sitting and writing about nursing, she took good care of the sick and wounded, even at late night, she made rounds to check on patients' condition.

Nightingale's parents opposed her calling to care for the suffering, poor, and physically ill people. She convinced her parents in the end and became a nurse. While Nightingale was working as a nurse in the battlefield, she was distrusted by the other healthcare team. Nightingale was not discouraged; on the other hand, she strived to improve the care for the patient at that time.

Nightingale went the extra mile for her regular job responsibilities. The effort, care, and love that Nightingale gave helped her to earn the other healthcare team and even soldiers' respect. Nightingale was intelligent and well-educated, moreover, her passion and her spirituality drove her to accomplish all the changes not only in nursing but in the entire healthcare system. One outstanding quality she had was the scrutiny with the patients' point view.

As the little details and signs that were missed by most nurses, Nightingale discerned those clues, subsequently figured out the root cause of the phenomenon. A good patient scenario where Nightingale's theory could be applied both to the physical and spiritual will be hospice patient. Mr. M is a 52-year-old Chinese who was recently admitted for hospice due to end-stage liver cancer.

His wife passed away 5 years ago due to heart attack, they did not have any child. (Mr. M lives by himself in a one-bedroom house in a safe community. He used to keep things that were even broken and expired in the living room. Newspapers and magazines are lying on the dining table chaotically, dirty laundry piled up on a broken massage chair.

However, the bed is always made, and a picture of his wife is on the bed dresser. The window blinds are closed most of the time, and there is only one lamp in living room and another one in bedroom. The house is not well lit normally. There is no paintings or photos on the wall. The house in general feels gloomy.) Mr. M expressed that he misses his wife in addition to the symptoms of side effects from chemotherapy and deteriorating condition.

Mr. M is a Christian, he has not been to a church since his wife's death, his niece and brother are the only people visits him weekly. Mr. M usually watches news on TV during daytime, and goes to bed early in the evening. Both nursing care and spiritual care could be applied for Mr. M's scenario using Nightingale's nursing theory. Using her 1st canon " Ventilation and warmth" CITATION Mas12 I 1033 (Masters, 2012).