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In the nursing profession, religious traditions are complex because it is not easy to predict the understanding of family members and patients regarding their application in healthcare context. Healthcare providers ought to be conversant with the information regarding various religious groups. Often, understanding practical items likely to affect Patients or their families in connection to their hospitalization is crucial. Essentially, Buddhist practice aims at developing the mind to the maximum potential that provides for wisdom and compassion. Spiritual welfare under Buddhism involves development of a compassionate mind in order to work with the suffering or the death in an acceptably optimal manner. In essence, Buddhists are against any form of abortion. However, birth control aimed at preventing conception is acceptable. Additionally, Buddhists view death a transition to the next stage of life, a belief that makes them pray for the dying individuals. Ultimately, when Buddhist clergy and medical practitioners work together, patients have a sense of acceptance, get encouraged to focus on the mind and body, thus transcend suffering and pain.
Buddhism follows the lessons and life of Gautama Buddha. Essentially, Buddhism is commonly described as a nontheistic religion that does not attest to the existence of a supreme creator called God. Notably, Buddhism is a blend of Dharmic and Hinduism religion. In Buddhism, the second coming of Jesus is irrelevant because traditions reject such ideas or concepts. in contrast, Christianity believes on the presence of a supreme being called God. Ultimately, Christianity is a monotheistic religion. Originally, the values of Christianity are an offshoot of Abrahamic religion and Judaism. However, both Christianity and Buddhism observe principles of love for others; a practice regarded as a bliss.
Certainly, spiritual insensitivity is never intentional. Obviously, diverse religious beliefs are the source of spiritual conflicts in healthcare. The Native Americans comprise of the Indians who have various spiritual concerns that have been neglected. However, the nursing care can be tailored to meet the spiritual needs of the Indians. Notably, the Medicaid programs should be revised to accommodate the spiritual concerns of the Indians in order to make patients comfortable. In addition, nursing care should be streamlined to provide an avenue for families and patients to be educated on the some of the care practices opposed to their religion in order to make such procedures acceptable. For instance, initiatives to educate on the need for abortion as a measure to protect life are inevitable.
In conclusion, spiritual needs vary across different religions. Therefore, medical practitioners should be flexible and accommodating for all faiths in order to address their spiritual needs.

## References

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