

Nursing: A Whole Being Endeavor
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Nursing is a whole being endeavor. The work nurses provide requires an attention and compassion that can help another person heal and recover or can help a person and their family go through the dying process with dignity and grace. It is also a creative work, requiring intellectual and physical skills, and emotional intelligence. When provided well, the benefit is not only to the patient; there is a satisfaction and meaning for the nurse that comes from providing excellent care.

For many years, there has been a growing emphasis on holistic care. Some might argue that this is simply a return to the origins of nursing before technology both expanded and limited our knowledge and understanding. Many Western healthcare providers have returned to an understanding that a worldview describing the human mind, body, and spirit as distinct entities places health and well-being at risk. Alongside this emphasis is the understanding that nurses who cultivate spiritual health themselves are both better able to provide quality care and find sustained satisfaction in their work over time. But cultivating this spiritual health can be a tricky business, as David Whyte points out in *The Three Marriages: Reimagining Work, Self, and Relationship*.

The mystery deepens when we realize that this self seems to have two conflicting core competencies: one, the ability to find its way home by sheer instinct, to what is good and nourishing for it; and the other, just as well developed, to sabotage both itself and what it loves the most, to destroy not only the home, but everyone who lives in it and for good measure, the carefully constructed path it followed to get there. (Whyte, 2010, p. 81)

Over the past few decades, a workplace spirituality movement has developed in an effort to humanize the work of business, recognizing concerns including “environmental concerns, workforce dignity, aging populations, ethical and economic problems...and a search for meaning.” (Marie, 2011, p. 55) This movement recognizes that work has the potential for being both life-giving and excellent insofar as that work is done in a way that validates human dignity and moral yearning. This yearning for coherence between one’s internal self and the work one does could be seen, in part, as a yearning for spiritual health.

Spirituality and spiritual health are terms with diverse and perhaps elusive meanings. Either can be defined in many ways, depending on an individual’s culture, religious background, life experience and developmental stage. For some who come from a particular scientific viewpoint, without a tangible “thing” to measure, spirituality is more of a mirage than a reality. Others espouse models and theories about spiritual health that fill volumes and germinate study and exploration to connect neurobiology with spirituality. Wendy Greenstreet, in her 2006 book *Integrating Spirituality in Health and Social Care*, is specifically drawing attention to spirituality for healthcare providers. She underscores spirituality as a vital part of what it is to be a person, an aspect that is inseparable from the physical body we inhabit. Nurses, often working at the crossroads between life and death, readily recognize this link between the body and the spirit. They often accompany their patients through these moments with grace and compassion. At this intersection of the physical, social, and psychological being, spirituality dwells. Its recognition and cultivation are central to an integrated life. Many nurses recognize that attention to their own interior life is vital to their overall health.

The nursing literature has a vast body of knowledge reflecting many aspects of providing spiritual care for patients and families. The opportunity to provide spiritual care can be a rich and

profound experience, sometimes drawing from the nurse's own experiences, sometimes simply listening to a patient as they talk about their concerns, fears, and experience of illness. At the same time, many nurses report uncertainty about how to address the spiritual needs of patients. International nursing literature notes the importance of spiritual care in the provision of quality nursing care, while at the same time noting that discussion of spiritual care is limited in textbooks, difficult to teach in school, and remains a source of discomfort for many bedside nurses.

Spirituality is complex subject, difficult to define, filled with ambiguity and often elusive in individuals' lives. Why should it be surprising, then, that nurses, students, and faculty find challenges in providing and teaching spiritual care? If it's a personal challenge in most of our lives, that dissonance will not disappear at a patient's bedside.

Popular and online sources recognize the need for attention to the nurse's own spiritual well-being with discussions about stress management, spirituality, and ways for nurses to find meaning in the ways they provide care, despite stressful working conditions. On the surface, this appears as a disconnect between work being done in research and the concerns of nurses in practice. Deeper down, though, the literature is replete with conversations about resilience in nursing, with extensive lists about the qualities and characteristics that make a nurse resilient. Alongside these lists are the real concerns of nurses to have the necessary external support, as well as internal resources to flourish in a difficult work environment.

21st century nursing creates challenges for any one that has chosen this profession. The news provides frequent reminders that the availability and affordability of healthcare is under unprecedented pressure. Within this complex healthcare environment are concerns reported in the literature about issues like burnout, compassion fatigue, as well as lateral and vertical violence. Some practitioners, weary of facing all these things, are deciding to leave the nursing profession altogether. Research concludes that these concerns are attributable to many causes, including staffing deficiencies, high-pressure work environments, increased patient acuity and patient load, and pressure throughout the system to cut costs and increase efficiency.

Some may relate to the story told by a social worker who has just scaled a Caribbean peak with family. On reaching the breathtaking vista at the top, she accidentally verbalizes her initial assessment wondering how many people have thrown themselves off this mountain. As her family takes in this incongruous and concerning question, one relative suggests that maybe her work has taken too great a toll. This realization, along with the confession to her readers that she managed not to verbalize her ponderings about air evacuation helicopters and proximity to trauma centers, led to a book that examines how people who continuously see suffering are affected. In *Trauma Stewardship*, the author explores the nature of such work and practices that can help the practitioner keep short accounts on their thoughts and feelings about what they encounter in daily experience. (Lipsky, L. van D., & Burk, C., 2009).

At the core, I propose that nursing is itself a spiritual practice. By this, I mean that in order to provide nursing care that is patient-centered, safe, effective, and sustainable over decades of a nursing career, nurses need to develop certain habits and practices. These habits are ones that can address the consequences of being present with people who are facing questions and decisions about healthcare, who may lack resources for adequate housing or food, who face the reality of death, their own or a loved one's, or who experience pain and other kinds of suffering. Clearly, nursing also has many moments of joy and celebration: birth, recovery from surgery or illness, discharge home after rehabilitation, and witnessing love and kindness between family members in moments of difficulty.

Being present to all these aspects of patient care requires being there and giving of oneself, followed by a process of self-care to replenish what has been freely given away. It requires the nurse to come to each new patient interaction with a recognition that for this person, this is possibly a life-altering interaction, even though for the nurse, it is the eighth time this information has been taught today. To do this, nurses need resources that will maintain their own heart, soul, and mind. A floor nurse with multiple patients cares for a different person and family in each room. The nurse carries the narrative of the patient's response to their illness, treatment, and recovery of wellness, knowing that for some the level of wellness recovered is in the context of living fully while dying. A school nurse working in district where many students live below the poverty line carries a different kind of knowledge where perhaps the forces working against their students seem insurmountable. Many nurses recognize and then carry the intensity of what their patients experience, both positively and negatively.

For many nurses, the response to this suffering is in providing physical, spiritual, and emotional care that attends to each individual's unique cultural, physical, intellectual, and emotional attributes. Nurses work to relieve pain, heal wounds, provide healing medication and vigilant assessment, all the while watching for subtle changes that may indicate a looming crisis. Nurses listen to their patients, sometimes absorbing their anger or their sadness, sometimes receiving their kindness and thanks, sometimes navigating manipulation, sometimes offering information in answer to complex questions about difficult diagnoses. They may coordinate care, keeping in mind the innumerable facets that need to be in place for a transplant patient to be admitted to the hospital, or for a hospice patient to stay out of the hospital. They may manage nursing units with complex staffing and financial pressures and delicate interpersonal relationships among people who are deeply conflict averse, or who have thinly masked aggression.

Nurses are present to the wide spectrum of human experiences, joys and griefs, suffering and healing, life and death. And at the end of the day, most try to put all that on a psychological shelf, going home to family, roommates, social lives, and activities, and our own set of joys, sadness, griefs, and celebrations. This process works for a time, although over the period of months and years, it can lead to feelings of burnout and resignation to the attitude that working as a nurse is unsustainable, requiring a grim determination to make it through the work day, and for some, a return home feeling numb, overwhelmed, and barely able to be present to lives outside work.

I propose that there are practices and habits that we as individual nurses and groups of nurses can develop that can equip us to be present with our patients and help to create the resilience to accompany those who are suffering. Such practices are needed over the long term of a nursing career. Nursing requires a predisposition to caring. That caring is often and easily directed towards clients and patients and less easily directed towards the nurses themselves or to nurse colleagues who may bear the brunt of our cumulative frustrations in a way that is similar to the way our family and friends outside work experience them.

Perhaps more fundamentally, developing practices to sustain our work as nurses helps provide coherence and meaning to the work we do. This can bring a greater integration between our internal and external selves, from each thread that runs through our lives. These threads, when woven into the fabric of being over time, create a beautiful tapestry, complete with the learning, mistakes, and growth that make up our life story. Like every kind of artistry, weaving requires persistence, creativity, and learning. Weaving is forming a thing by intertwining smaller parts into a beautiful and coherent whole. This is one vision for nurses' spiritual practices--taking

the many parts of an interior life and weaving them into a flourishing whole that stands up to the wear of caring for those who suffer.

These practices include individual activities like cultivating mindfulness, and group endeavors like receiving hospitality from one another while breaking bread and dreaming aloud about why we first entered the profession. It includes cultivating spiritual practices into nursing education that set a formative precedent about how nurses care for themselves and one another. Identifying nursing itself as a spiritual practice establishes a pattern of intentionality and meaning that can be one means to help the profession meet the continued demands of the rapidly changing healthcare industry. Being healers requires a posture of seeking healing. Seeking healing requires practices to sustain the body, mind, and spirit. Developing those practices takes thoughtful intention sustained over time. In these ways, seeds of healing hope are sown.

Resources

Greenstreet, W. (2006). *Integrating Spirituality in Health and Social Care: Perspectives and Practical Approaches*. Radcliffe Publishing. Abingdon, Oxfordshire, U.K.

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About the author



Patty Peebles, MSN, is from Chicago, Illinois, and currently splits her time between there and Goshen, Indiana where she teaches nursing and is a DNP student at Goshen College. In her nursing life before teaching, she has worked in ICU, labor and delivery, home and inpatient hospice, and peri-operative nursing. Classes at Anabaptist Mennonite Biblical Seminary (AMBS) have reinforced a desire to understand the connections of spiritual care and care for healthcare providers as a means of sustaining well-being throughout a person's career. When in Chicago, she lives with her husband Tim, a transitional pastor and martial arts educator. They've been learning tap dancing together for the last four years. They have a son who works in theater. She's an avid gardener, reads voraciously, and is learning how to knit.