

ESSENTIALS OF NURSING PRACTICE

3RD EDITION

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VALUE-BASED, PERSON- OR FAMILY- CENTRED CARE

12

CATHERINE DELVES-YATES

THIS CHAPTER COVERS

- What is value-based, person- or family-centred care?
- Compassion
- Caring
- Dignity
- Person-centred care
- Family-centred care
- Value-based practice
- Spirituality
- What to do if care is not value-based, person- or family-centred

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The NHS belongs to the people ... It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS Constitution (DH, 2021)

When I look back over my 94 years of life I have done many things – being part of the Fire Service during World War II; spending many years in Africa with my young family, who now have families of their own; welcoming both my mother and mother-in-law into my home to care for them when they couldn't care for themselves; and deciding at the age of 74 I was still young enough to be a blushing bride for the second time.

Having moved from my own home to my son's when I came to be in need of extra help, and now relying on the care of others for many of my needs, what makes that care easier to accept is if it comes from those who don't just see me as an elderly lady but are able to appreciate me as a person. I am not just someone who needs help with a bath.

Joan Earley, patient

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In my experience as a nurse, care, compassion and dignity are fundamental. These values help create a safe environment and reduce fear and anxiety at one of the most vulnerable times of a person's life.

Delivering the nursing care I provide with compassion and dignity makes all the difference between working with humanity in partnership with those I care for and just completing a series of tasks.

Trish Mayes, adult nurse

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INTRODUCTION

As identified by Joan, it is fundamentally important to deliver care with that special extra ingredient which makes it easily acceptable. That special extra ingredient is being compassionate and caring, delivering dignified care which is person- or family-centred and value-based. However, as we discuss in this chapter, it can be difficult to define exactly what we mean by these terms. This is made even more complex by the fact that every person you will nurse is an individual with unique needs and expectations regarding how they want values to be expressed. It is very much easier to identify when compassion, care and dignity are missing, and it is to our professional shame that there have historically been, and continue to be, instances when we have failed those who depend on us.

At the start of the chapter Trish clearly highlights the importance of care, compassion and dignity in making people feel safe at times at which they are most vulnerable. As she explains, the essence of nursing is not in completing a series of tasks, but in delivering care with humanity.

This chapter will discuss fundamentally important values in nursing practice. We will consider what compassion, caring, dignity, person- or family-centred care and value-based nursing practice are; how you can ensure your care upholds and promotes these values; and what to do if you observe care in which they are missing. We will also address the topic of spiritual care, deliberating its importance in **holistic** care and how you can deliver care designed to meet all of the needs of those you care for.

WHAT IS VALUE-BASED, PERSON- OR FAMILY-CENTRED CARE?

ACTIVITY 12.1: REFLECTIVE PRACTICE

If you were asked, 'What is value-based, person- or family-centred care and why is this important in nursing?' what would you say?

ANSWER AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

As you may have found in Activity 12.1, explaining value-based, person- or family-centred care is a monumental task. This is made more difficult because not only will nurses have differing views on what it is, but so will those we care for. It could be that we are setting ourselves an impossible task not only in trying to define this, but also in trying to deliver care based on these values. However, if we review our Code (NMC, 2018a), the fundamental role which values hold in all aspects of nursing care becomes clearly evident.

So our quest, not only to define values, but also to find ways to ensure we deliver them as an everyday part of our nursing practice, continues.

The second part of Activity 12.1 – why is it important? – is actually much simpler. As Joan tells us at the very start of the chapter, people we care for are not just someone who needs, for example, a bath; they have life histories and experiences that have made them unique individuals, which, in order to provide the care they find acceptable, we need to take into account. While pinning down exactly what compassion, caring and dignity mean to each of the individuals we care for may be difficult, understanding their fundamental importance in every aspect of nursing care is not.

If we think of them as the different coloured balls of wool used for knitting, the fundamental values of compassion, caring, dignity, person- or family-centred and value-based care are all different strands of nursing care which need to be intertwined. However, as nurses, the end result we desire is not a jumper, but effective care that meets all of an individual's unique needs.

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Compassion, caring and dignity are the most important things in nursing because they help individuals to feel valued as a person. I always treat those I care for with compassion, care and dignity because I would expect that if I was ill and in hospital. I was doing the observations on placement and a lady asked me if it would be OK if she could have a shower before she went home. I said that it was fine and went to help her. She said that I treated her so well and she felt loved. This made me realise that it only takes a small amount of time to treat people with compassion and respect and it makes all the difference to them.

Hannah Boyd, adult nursing student

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ACTIVITY 12.2: REFLECTIVE PRACTICE

Undertake a search of news headlines, either from your local area or from the national news. Find a news report highlighting an instance where people were delivered nursing care that was not compassionate, caring, dignified, person- or family-centred or value-based:

- Read the report and reflect on the details.
- What do you think was the cause of the fundamental lapse in care?
- What would you have done if you had seen this inadequate care being delivered?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

Just as we would all choose different colours of wool and different knitting patterns to suit not only a person's needs but also our knitting ability, all of these values will be woven into the care that you deliver in a unique manner. As identified in the news headlines in Activity 12.2, it is often easier to realise what you *haven't* got – it is far more noticeable when a stitch is missing or a knitting pattern is incorrect than when all is perfect. However, as those we care for have the right to expect the care they receive to be of the highest standard, delivered by professionals (DH, 2021; NMC, 2018a), our professional 'knitting' must be perfect.

To enable us to understand what is meant by the terms compassion, caring, dignity, person- or family-centred care and value-based nursing practice, and how we can ensure they are promoted in our everyday nursing practice, we will now consider each term individually, starting with compassion.

COMPASSION

Essentially, compassion in nursing has three components (Bramley and Matiti, 2014):

1. Knowing the person you are caring for and giving them your time.
2. Appreciating 'how it feels' from the perspective of the person you are caring for.
3. Ensuring that, in all behaviours, knowing the person and appreciating 'how it feels' from their perspective is evident.

Compassion has been a value central to nursing since the profession was established, but it seems to be the one thing that the profession has been charged with losing, diluting and undervaluing as other priorities take its place.

As you will see discussed in many other chapters, there have been a number of reports on occasions when individuals were not treated with the compassion they deserved, along with a number of other serious

failings. The *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013), the report into the abuse of people with a learning disability at Winterbourne Hospital (DH, 2012b), and the report into deaths at the Gosport War Memorial Hospital (Gosport Independent Panel, 2018) are notable examples.

CASE STUDY 12.1: HECTOR

Hector is 9 years old, and while playing in the garden tripped and fell through a pane of glass in his grandfather's greenhouse. Luckily for Hector, he sustained only minor injuries, but he did need four sutures in a deep wound in his hand. When Hector was at his local hospital having the wound sutured, he was very scared and crying, because 'it hurt' and he 'didn't like seeing the blood'. The nurse suturing Hector's hand told him to 'stop being a baby' and as he was a 'big boy now he was not to cry', and said that 'the more he cried, the longer it would take, so the more it would hurt'.

Hector has arrived for an appointment to have his wound dressed at his GP's surgery, where you are on placement. The receptionist comes to find you and your practice educator to tell you that Hector has arrived, but he is hiding behind a chair in the waiting room, because he doesn't want to come and see 'the nasty nurses who hurt'.

- What do you think might be the reason why Hector associates nurses with things that hurt?
- How are you and your practice supervisor going to deliver effective and compassionate care to Hector in order to help him realise that not all nurses are nasty and hurt?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

Although the report from the Gosport War Memorial Hospital (Gosport Independent Panel, 2018) is the most recent example of failings in care, numerous other reports have repeatedly demonstrated similar inadequacies, ever since the unacceptable conditions experienced by elderly people receiving care in the 1960s were reported by Robb (1967). Learning from such appalling evidence is crucial. Promises that nothing like this will happen again are made repeatedly, but conscious effort is required to guarantee change. It is our responsibility to ensure this is the case.

Compassion, in a similar manner to caring, is directly derived from the ethical principle of beneficence. Beneficence is the ethical principle which requires that we seek to do or produce good for others. While the role of the nurse is diverse and multifaceted, all nursing practice shares the same ultimate aim to improve the lives of those receiving care.

Let us consider a nursing activity – assisting an individual with a bath, for example, as Joan mentioned at the start of the chapter. The good done through this act is not just that of the direct effect of the person being clean; it also depends on how the bath is given.

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In my ward placement I worked with individuals that had had a stroke; some of these people had temporarily lost the use of their voice and their ability to complete tasks of daily living. I had to try to understand what they needed and were trying to say as they were relying on me for their care. I could only try to understand how frustrating it must be to be unable to communicate their needs to me and others, and when they got irritated I accepted that and tried to make things better.

Sarah Parkes, LD nursing student

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Hector's experience with the nurse at the hospital is a clear demonstration that effective nursing involves far more than just carrying out tasks. The nurse sutured Hector's cut, so she successfully completed the task, but did so in a way that made a bad situation worse. She most certainly failed in her duty to make Hector's life better. Having a wound sutured in a compassionate or a non-compassionate manner can result in two very different experiences. Even if the amount of pain and discomfort for Hector had been the same, if the nurse had acted in a compassionate manner she would have done Hector's 'inner being' far more good, showing him that nurses help when things are bad. She would also have gained Hector's trust, and so his experience of healthcare, including having his wound redressed by you and your practice supervisor, would have been far less stressful.

Having gained an understanding of the importance of compassion in nursing practice and ways to ensure you promote this value, we shall now consider caring.

WHAT'S THE EVIDENCE?

Su, J.J., Masika, G.M., Paguio, J.T. and Redding, S.R. (2020) 'Defining compassionate nursing care', *Nursing Ethics*, 27(2): 480-93. doi: 10.1177/0969733019851546.

- The article by Su et al. (2020) explores how nursing students define and characterise compassionate care.
- Reflect on your experiences of nursing: How would you define and characterise compassionate care?
- Now read the article and consider if the views expressed are similar to your own.

CARING

Caring is frequently described as being at the heart of nursing, but perceptions of what exactly that means appear to differ between nurses. Some nurses focus on attaining the skills which enable them to deliver care based on a range of specialist technical interventions, as they feel this is the most important aspect of care; others feel that caring means their ability to relate to those they care for and 'be there for them'. Thus, there is disagreement between nurses as to which 'type' of caring is effective, which raises an interesting further question – who should be the judge of what is important about care? People we care for, their relatives and their carers may all have a very different perception. In a study that is now over 10 years old, but remains highly relevant, Baughan and Smith (2008: 53) highlight behaviours that are indicators of care, which can be integrated into your actions. These are:

- carrying out simple acts of kindness
- promoting dignity
- using and developing skills of empathy by 'tuning in' to the individual
- being able to move our gaze from the body (as an object of intervention) to the person (living a life)
- developing trust
- giving effective reassurance by giving the other person confidence in our ability to listen and to help them
- being proactive – asking people what they need – not waiting to be asked
- recognising the limitations of one's own skills
- entering into a partnership with those we care for and their families to gain knowledge and share the 'power'
- engaging in anti-discriminatory practice by respecting another human being, irrespective of their age, gender, cultural origins, class, status or the condition from which they suffer.

These 'caring indicators' need to underpin all of the nursing actions you undertake. Having considered compassion and caring, we will now move on to consider dignity, the last of the three values fundamental to nursing.

ACTIVITY 12.3: REFLECTIVE PRACTICE

Reflect on an experience when you have been involved in delivering care:

- How many of the 'caring indicators' in the list above can you identify in your practice?
- Which of the 'caring indicators' do you think you need to develop further?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

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When people are in hospital, they are more vulnerable than when they are well at home due to being in an unfamiliar environment and being with unfamiliar people. It is therefore important that nurses show compassion to those they care for to make them feel at ease and promote recovery. It is also vital to observe someone's dignity; nurses may require people to unveil more of themselves than they would usually feel comfortable with, especially to a stranger. Nurses need to understand people's preferences regarding personal hygiene so they know how best to respect people's privacy.

Michelle Hill, NQ RN LD

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DIGNITY

Dignity has been identified as important by people in a wide range of settings, with individuals who perceived their care as respectful and dignified reporting the highest levels of satisfaction. Further to this, healthcare professionals worldwide agree that promoting dignity is a fundamental element of their practice (Simões and Sapeta, 2019). It is possible to conclude, therefore, that there is a shared view between not only nurses but also all healthcare professionals and those they care for that dignity is important, with such a view enshrined in both legislation and professional guidance (see Table 12.1).

Table 12.1 Professional guidance and legislation identifying the importance of dignity

The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC, 2018a)

The International Council of Nurses' *Code of Ethics for Nurses* (ICN, 2012)

Article 3 of the UK Human Rights Act (1998)

Article 1 of the United Nations International Bill of Rights (1996)

Amsterdam Declaration on the Promotion of Patients' Rights (WHO, 1994)

General Medical Council guidance (GMC, 2019)

Despite this agreement, however, the practicalities of promoting dignity within healthcare settings remain problematic, and it is not always achieved (Francis, 2013; Gosport Independent Panel, 2018). Potential reasons suggested for this are that the ‘notion’ of dignity is not clearly understood (Matiti and Baillie, 2020) and there is a need to aid healthcare professionals to identify practical ways of promoting dignity.

ACTIVITY 12.4: REFLECTIVE PRACTICE

- Look up dignity in three different dictionaries – either online or hard copy.
- Can you relate these definitions to the care you deliver?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

It is frequently stated that the word dignity comes from two Latin roots – *dignus* and *dignitas*. Both of these Latin roots have very similar meanings: *dignus* means ‘worth’ and *dignitas* means ‘merit’. Hereby we meet our first problem. It is possible that when looking for definitions of dignity, the words you find need explanation themselves, and may not necessarily translate easily to the care you deliver.

Matiti and Baillie (2020: 21) helpfully outline the meaning of dignity:

- Everyone has a unique and dynamic concept of dignity.
- Although there is no universal definition of dignity, there are commonly identified **attributes** of dignity through which it is maintained and promoted.
- Each individual perceives these attributes differently, depending on how they perceive the influencing factors.
- Perceptions of dignity are influenced by experiences in healthcare; the care environment procedures and healthcare workers’ behaviour can all affect perceptions of dignity.

Thus, not only can dignity often mean different things to different people, but it can vary depending on the context. Although this increases our understanding of the numerous aspects of practice where dignity is important, and of its **subjectivity**, we still do not have a concrete understanding of exactly what dignity is, or ways in which we can translate it to our care. If a **concept** such as dignity proves difficult to define, pointers to its meaning can be gained from identifying its attributes (Delves-Yates et al., 2018), as identified in Table 12.2, which we can then ensure feature in the care we deliver.

Table 12.2 The attributes of dignity

General attributes nurses must attain	Attributes felt to be important by individuals receiving care
Respect	Self-respect and self-esteem
Effective communication	Independence
Autonomy	Personal standards are appreciated
Privacy	Control over surroundings and how others treat them
Worth	Able to make choices
Empowerment	Self-confidence and self-identity

So while we have to accept that it is difficult to define exactly what is meant by dignity, it is possible, by focusing on its attributes and turning these into practical actions, to understand the fundamental importance of dignity and ensure it is evident in our everyday nursing. In addition to focusing on the attributes, further assistance is offered by Matiti and Baillie (2020: 13), who suggest a definition of dignity that can be applied to nursing practice: ‘feeling and being treated as being important and valuable when in situations that are considered threatening’.

If we expand this definition to cover not only situations that are considered threatening, but also everyday activities, it is possible to demystify the concept of dignity and find a way to ensure it is always promoted in our care.

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I always try to involve people in their own care. I feel it can be quite undignified having someone making assumptions and doing everything for you – if a person wants a shower rather than a wash by the bed, why not? And if they want to get dressed into their normal clothes rather than a hospital gown (circumstances permitting), surely that is a lot more dignified.

Charlie Clisby, NQN

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ACTIVITY 12.5: REFLECTIVE PRACTICE

Reflect on your most recent experience of providing care:

- How many of the attributes of dignity in Table 12.2 were present in the care you were involved in delivering?
- Would the people whose care you were involved in say that they were ‘feeling and being treated as being important and valuable when in situations that are considered threatening’ and in everyday activities?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

Effective nursing practice, although based on fundamental values, requires further structuring in order to ensure it can meet all of a person’s needs. To consider the structures within which we deliver care, we will now consider person-centred care, family-centred care and value-based nursing practice to identify the guiding features.

PERSON-CENTRED CARE

The ‘person’ is a frequently used foundation of many nursing theories and models. Person-centred care is an approach originating from the work of Carl Rogers and client-centred psychotherapy (Rogers, 1970) and Tom Kitwood (1937–1998), an English **gerontologist**, which respects and values the

uniqueness of every individual and seeks to maintain their **personhood**. This is done by creating an environment in which personal worth, individuality, respect, independence and hope are all evident. The term ‘person-centred care’ is sometimes used interchangeably with ‘patient-centred care’; however, if this change in terminology is unaccompanied by an understanding of the foundations of person-centred care, there is a danger of misunderstanding its true importance. Person-centred care was devised as an approach that moved the provision of care away from a position in which personhood did not factor, as could be the case in the use of the label ‘patient’.

The features of person-centred care are:

- knowing the individual receiving care as a person
- enabling them to make decisions based on informed choices about what is available
- shared decision-making rather than the nurse exerting control
- providing information that meets the individual needs of people
- supporting the person to express their choices
- ongoing evaluation to ensure that care remains appropriate for the individual.

ACTIVITY 12.6: CRITICAL THINKING

Over a period of 20 years, Professor Brendan McCormack and Professor Tanya McCance have developed the Person-Centred Nursing and Person-Centred Practice Frameworks, both of which identify the key elements of person-centred nursing.

- Go to www.cpcpr.org/resources to view these frameworks.
- Considering these frameworks and the information in this chapter, how can you ensure your care is person-centred?

ANSWER AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

FAMILY-CENTRED CARE

Family-centred care enables parents and other family members to be involved in the healthcare of their child, with care being planned around the whole family, not just the individual child. In this way, all of the family members are recognised as recipients of care.

This approach is beneficial because it reduces anxiety and the negative effects of hospitalisation on both the child and the family, promotes the bond between parent and child and improves satisfaction with care. Family-centred care is delivered by children’s nurses worldwide, recommended by children’s nursing organisations and is formally recognised in current governmental policy in Ireland (DHC, 2019) and has been in England (DH, 2003c).

VALUE-BASED PRACTICE

We all hold values and beliefs which have been formed by our individual experiences throughout our lives so far. Our values and beliefs shape our attitudes, and so the ways that we think, feel and behave. As nurses, the values and beliefs we hold can have an impact on the care we deliver.

ACTIVITY 12.7: REFLECTIVE PRACTICE

- Reflect on what you have read so far in this chapter.
- What do you think is the relationship between the fundamental values of compassion, care and dignity and person- or family-centred care?

ANSWER AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

CASE STUDY 12.2: VALERY

Valery is 52 and has a long history of intravenous drug and alcohol dependency. She has 'lived' in a bus shelter for the past 3 weeks because she was asked to leave the hostel where she was staying after punching another resident and causing £1,584 of damage because she was in a 'rage'. Valery often has mood swings, one moment appearing to be calm and the next becoming angry, provocative and rude for no reason. She is frequently late or completely misses appointments. Today she walks into your clinic, shouting, 3 hours late.

When you see Valery, she is very dishevelled; her hygiene is poor and she smells overpoweringly of stale body odour and cigarettes. When she greets you, her speech is slurred, but you can just make out that she is saying: 'You! I have been waiting ages for you. There you are - wasting my time again. Just give me my drugs, you idiot, and get out of my way'.

- As you read the case story of Valery and imagined yourself as the nurse who she had come to see, what were your thoughts?
- Would your thoughts alter if you were to learn that Valery had been clean from drugs and alcohol for 6 months, and that the reason for this visit was to collect antibiotics for a recurrent chest infection and her slurred speech, forgetfulness, mood swings and poor hygiene were all due to pre-senile dementia?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

There are no right or wrong answers in Case study 12.2. The values you hold are your values and make you the person you are. However, you must remember that your values may not be the same as those you care for. Inflicting your values on a person you care for may be seen by them as judgemental and unprofessional (NMC, 2018a), resulting in a negative effect on the care they receive from you.

As has been outlined so far in this chapter, the provision of healthcare is inseparable from values such as compassion, care and dignity. Considering the person's or the family's values within this also plays a crucial role. At times, this can be challenging, as values can be complex and conflicting. This is particularly so when a person's or family's values seem to be at odds with the evidence-based practice we wish to provide or the ethical principles most people uphold, or if a nurse's personal values have the potential to compromise the care delivered.

ACTIVITY 12.8: REFLECTIVE PRACTICE

- Watch the video case study on values and difficult personal choices at <https://study.sagepub.com/essentialnursing3e>.
- Reflect on how this enables you to better understand how to support people who need to make tough personal choices which may bring their values into question.

ANSWER AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

Value-based practice, a framework developed originally in mental healthcare, identifies the values we hold as being pervasive and powerful influences on the decisions made relating to care, and highlights that their impact is often underestimated. Value-based practice suggests that some approaches to care enable us to ignore important displays of values because unless there is evidence of conflicting values, we presume they are shared. Value-based practice is an approach to supporting care that provides practical skills and tools for discovering an individual's values and negotiating ways in which these can be upheld in care delivery. It aims to introduce a wide range of views and enable the recognition of specific values that may be held by certain cultures, small groups, or those held only by certain individuals.

As we have previously discussed, in person-centred care, it is the values of the individual receiving care that dominate. However, one of the features of value-based practice is that the focus on a person's values is supplemented by paying attention to a wider range of values, including those of the family, carers, healthcare professionals and society, as well as the values embedded in research, the organisation of services and policy documents. Awareness of such a range of values is important; although we may like to think it is possible to 'hold back' our personal values, this is far from simple. Recognition of our own values is a necessary step in understanding those of the individuals we care for. The more aware we are of our own values and personal beliefs, the more likely it becomes that the values that enhance effective relationships will be strengthened.

Throughout the chapter so far, we have considered fundamental nursing values, how we can promote them in practice and the wider frameworks or structures of care that enable us to provide effective nursing care. We will now move on to the topic of spirituality: an aspect of care that we need to deliver in order to work holistically, but that is frequently overlooked.

SPIRITUALITY

It has been recognised for a very long time that nurses are aware those they care for have spiritual needs; but they don't deliver spiritual care. This is because there is a lack of spiritual education within nursing education and because nurses think spiritual care is something only dealt with by chaplains and other religious groups (Oldnall, 1996).

ACTIVITY 12.9: REFLECTIVE PRACTICE

Reflect on your most recent experience of caring for someone. Can you identify any care you delivered that could be described as spiritual?

ANSWER AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

It is possible that your reaction after reading Activity 12.9 could be ‘Spiritual care? Is that really up to me?’, or even ‘Spiritual care – what exactly is that?’

First, let’s answer the question as to whether spiritual care is a feature of nursing care. Throughout the whole of this book, a holistic approach has been emphasised and has been described as an important aspect of nursing care. In many chapters, it has been highlighted that:

- no matter where or with whom they practise, nurses always work in a holistic way
- when it is said that nurses deliver holistic care, this means that they consider the individual’s physical, psychological, social, emotional, intellectual and spiritual needs.

From this we can see that spiritual care is an important aspect of a holistic approach, making this an area that, as a nursing student and then a registered nurse, you will need to incorporate within your care.

Second, we must actually answer the question of what spiritual care is – this is necessary before being able to consider the importance of spirituality in nursing care any further. If you ask many people what they understand by the word ‘spirituality’, they may well tell you that it ‘relates to connecting with God, or is ‘a search for the sacred’ or ‘religiousness’. But is this a truly contemporary understanding of the meaning?

ACTIVITY 12.10: REFLECTIVE PRACTICE

- Reflect on what the word ‘spirituality’ means to you. Do you see it as having a religious association or is your understanding more secular? Does spirituality have any links to other aspects of your everyday life?
- Make a note of your thoughts and compare them with the information presented in the rest of the chapter.

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

You may have found, in the thoughts you had when undertaking Activity 12.10, that the concept of spirituality is both broad and subjective, and maybe that you could write a very long piece explaining what spirituality means to you. This may be true for some people; others may have given it very little previous thought. Despite this, it is possible to identify common features of most individuals’ answers when they are asked the same question, such as:

- hope
- meaning and purpose
- forgiveness
- beliefs and values
- spiritual care
- relationships
- belief in God or a deity
- morality
- creativity and self-expression.

(McSherry, 2008)

When we consider these features, it becomes clear that spirituality can be seen to be associated with more than just religion. Spirituality can be viewed as an integral aspect of everyday life which can be relevant

to all individuals – although we must take care to always remember that each individual will have their own unique view of spirituality, just as you noted down when you completed Activity 12.10. It also becomes evident that a formal association with religion may or may not be a feature in an individual's personal description of spirituality. An illness or crisis of any sort may be the catalyst that leads an individual to consider or re-evaluate their spirituality.

So, although we have to conclude that each individual's understanding of spirituality is complex, subjective and highly personal, we can view spirituality as relating to all activities that bring value and meaning to our everyday life and relationships. In addition to this, spirituality can be seen as a constant feature within our past, present and future. Thus, as nurses care for people while they experience a range of challenging situations, spirituality clearly becomes a fundamentally important aspect of the nursing care we provide.

How can I deliver spiritual care?

ACTIVITY 12.11: CRITICAL THINKING

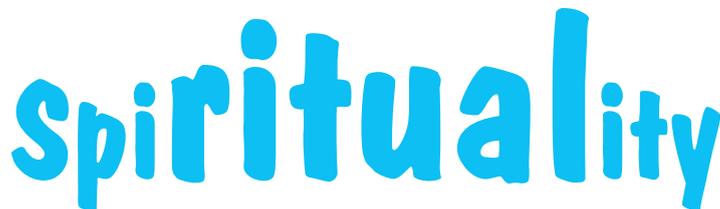
Imagine the scene. You are at a wedding reception and have been seated at a table between two people you don't know. The conversation is becoming very stilted, so in an attempt to get everyone talking you say, 'Well, what shall we talk about – religion or politics?'

- What do you think their responses will be?
- Is your attempt to enliven the conversation likely to be successful?

ANSWERS AVAILABLE ONLINE: <https://study.sagepub.com/essentialnursing3e>

As we have already mentioned, spirituality is complex, subjective and highly personal. In the same way that you are unlikely to ask people about sensitive or intimate issues until you know them very well, if spirituality is mentioned it is possible that people will either stop talking or will feel they are being called to account for their personal views and become argumentative. So how can you manage to avoid reactions such as these and incorporate the spiritual dimension within the care you deliver?

If you study Figure 12.1, what do you see hidden in the middle of the word 'spirituality' (McSherry, 2008)?



spirituality

Figure 12.1 Spirituality contains...

While it also has other meanings, ritual can be considered to relate to 'often repeated actions' which are concerned with the ordinary events and routines of everyday life. You may well have experienced some rituals during your experiences of delivering care so far – nursing procedures that have been undertaken without consideration as to whether they are truly necessary, such as temperature, pulse and blood pressure being recorded at certain times of the day. Although the necessity of ritualistic nursing actions should be questioned, the structure and security provided by rituals can be positive. So, when considering the delivery of spiritual care, it can be very helpful to view it as an integral aspect of the rituals involved in the ordinary events and routines of everyday life.

If we take such an approach, it is not necessary to apply any specific additional models to enable us to deliver spiritual care. We can integrate it into the areas we already consider within the nursing process to assist us in delivering individualised, holistic, person- or family-centred, evidence-based care.

Spiritual care is sometimes considered to be the same as psychological support. It is true that the two share many similarities, as psychological and spiritual wellbeing are intertwined – but spiritual care differs from counselling, for example. In fact, it is not possible for spiritual care to be described as any particular activity; it is far more complex, and actually is more about 'being' than doing.

In effect, it is about being caring, genuine and open in your communication with those you care for, offering them the opportunity to discuss any issues they feel are relevant and responding appropriately.

Rieg et al. (2006) suggest the very practical approach of asking questions:

- Ask open questions, focusing on how the person is feeling. Good questions to get the conversation started are:
 - 'What do you find to be the most difficult part of your current situation?'
 - 'What hurts or angers you most at the moment?'
- Then find out what the person believes would be helpful, by asking them:
 - 'What has helped you the most when you have felt like this before?'
 - 'Do your friends, family or faith help you?'

Such an approach will give an adult the opportunity to express a need for spiritual support. When caring for children or individuals with a learning disability, you may need to modify the language; possibly, with a child, you may need to ask the questions of their favourite teddy bear.

Thus, as seen earlier, asking an individual about their spirituality can be seen as an 'often repeated action' or ritual. Once you have discovered what the person's needs are, just as with any other aspect of care, you can plan, implement and assess a range of actions to achieve the desired goal.

WHAT TO DO IF CARE IS NOT VALUE-BASED, PERSON- OR FAMILY-CENTRED

Throughout your nursing programme, you will see a wide range of care in a variety of settings. Your practice experiences will ensure you gain the experience of being involved in delivering care in acute areas, such as general hospitals or specialist ones, and community environments, such as GP surgeries, peoples' homes or residential care settings. The care you are involved in delivering will be emergency, long term and short term, and you will become an expert at assessing, planning, implementing and evaluating the care required. You will work with many nurses and be supported by a number of practice supervisors.

This experience is designed to ensure that when you become a registered nurse, you are capable of working without supervision to deliver competent care to the people for whom you are responsible. While a nursing student, you will find some of the nurses and practice supervisors you work with to be

inspirational. They will become your role models, whose standards and abilities you will aim to imitate throughout the rest of your career.

While you experience the delivery of care in this wide range of settings, you will observe nurses approaching the same tasks differently. Just because your current practice supervisor undertakes a nursing procedure in a different way from your previous practice supervisor, it doesn't necessarily make it wrong – it is just different. However, there may be times when you experience care that does not seem 'right' to you. As has been outlined throughout this chapter, and as you were asked to consider in Activity 12.2, not all care is good. Your role is to ensure that if at any time you feel the care you have seen is not 'right', not upholding the values of compassion, caring and dignity for example, you must:

- seek help and advice from a practice supervisor or lecturer when there is a need to protect people from harm
- seek help immediately from an appropriately qualified professional if someone for whom you are providing care has suffered harm for any reason
- seek help from your practice supervisor or lecturer if people indicate that they are unhappy about their care or treatment.

As nurses, we come into contact with vulnerable people on a daily basis. Their protection is central to your role. Care which does not uphold the fundamental nursing values outlined in this chapter is never acceptable.

CONCLUSION

Compassion, care and dignity are fundamental nursing values which must be upheld in all aspects of our practice. Their exact meaning may be difficult to define, especially as they can be subjective, thus differing depending on the situation and the person. However, it is possible to define certain features of nursing care which promote these values, and we must ensure they are evident in the care we deliver.

Person- or family-centred care and value-based nursing practice enable the nursing care we deliver to meet the unique needs of people, while setting care within the wider values of contemporary society. In order to understand another individual's values, we need to be able to recognise our own.

Spirituality plays an important role in the delivery of holistic care; thus, we need to be able to discuss spiritual needs with those we care for and meet the needs they identify. If we consider spirituality as an element of everyday ritual, it can provide structure and security, and we can address it in the same manner as any other aspect of care.

Throughout your nursing career, your primary role is, at all times, to protect those in your care. Any care that does not uphold the nursing values we consider to be fundamental can never be accepted.

CHAPTER SUMMARY

- Promoting compassion, care and dignity is fundamentally important in every aspect of nursing care.
- A number of serious failings of care can be identified within the history of nursing since the 1960s.
- Numerous nursing theories and models are based on person- or family-centred care, creating an environment where the uniqueness of each individual or family is recognised. While the terms 'person-centred care' and 'patient-centred care' are sometimes used interchangeably, it should be remembered that person-centred care was devised as an approach that moved care provision away from a position in which personhood did not factor, as could be the case in the use of the label 'patient'.

- We all hold values and beliefs which, because they shape the ways in which we think, feel and behave, can impact on the care we deliver.
- The more aware we are of our values and beliefs, the more likely it becomes that the values enhancing effective relationships with those we care for will be strengthened.
- Spirituality is both an integral aspect of daily life and a necessary consideration when delivering holistic nursing care. If it is considered as an everyday ritual which provides security and structure, it can be incorporated into the areas of care that we already consider within the nursing process.
- As a nurse, your primary function is to protect those in your care. Care which does not uphold and promote fundamental nursing values is never acceptable.

CRITICAL REFLECTION

Holistic care

This chapter has highlighted the importance of compassion, caring, dignity, spirituality, a person- or family-centred approach and value-based practice when providing holistic care. Review the chapter and note down all the instances in which you think delivering compassionate, caring, dignified, spiritual, person- or family-centred and value-based nursing care will help meet an individual's physical, psychological, social, economic and spiritual needs. Think of a variety of different individuals across the fields, not just those within your own field. You may find it helpful to make a list and refer back to it next time you are in practice, and then write your own reflection after your practice experience.

GO FURTHER

Books

- Westera, D. (2017) *Spirituality in Nursing Practice: The Basics and Beyond*. New York: Springer Publishing Company. Written as a practical resource for nurses and nursing students, this is an excellent text which explores how to best address spiritual assessment and care.
- Wright, K.M. and McKeown, M. (eds) (2018) *Essentials of Mental Health Nursing*. London: SAGE. An interesting and informative text which provides the essential knowledge needed to deliver truly person-centred and compassionate care for people with mental health needs.

Journal articles

- Gustafsson, L., Wigerblad, A. and Lindwall, L. (2014) 'Undignified care: Violation of patient dignity in involuntary psychiatric hospital care from a nurse's perspective', *Nursing Ethics*, 21: 176-86. A thought-provoking article identifying seven themes which describe nurses' experiences of violation of dignity.
- Holloway, M. (2006) 'Death the great leveller? Towards a transcultural spirituality of dying and bereavement', *Journal of Clinical Nursing*, 15(7): 833-9. Whilst this article is over 15 years old, it remains highly relevant to current practice, outlining four beliefs that overwhelmingly gave comfort to people who reported no religious affiliation at all.
- Kantek, F., Kaya, A. and Gezer, N. (2017) 'The effects of nursing education on professional values: A longitudinal study', *Nurse Education Today*, 58: 43-6. An interesting article that aims to investigate the effects of nursing education on development of professional values.
- McCormack, B. (2020) 'The person-centred nursing and person-centred practice frameworks: From conceptual development to programmatic impact', *Nursing Standard*, 35(10): 86-9. A very readable article providing an overview of the development and content of a person-centred nursing framework.

Weblinks

www.kairosforum.org - Kairos, a forum for people with intellectual or cognitive disabilities (KFICD), seeks to highlight and respond to the spiritual and religious needs of people with disabilities.

<http://allnurses.com/nursing-and-spirituality/religion-culture-nursing-517282.html> - a discussion board where views on spirituality and nursing are shared.

www.dignityincare.org.uk - website of the Dignity in Care network, which is led by the National Dignity Council. The website offers resources, support and a network of Dignity Champions: over 40,000 individuals and organisations who work to put dignity and respect at the heart of UK care services to enable a positive experience of care.

www.gov.uk/government/publications/the-nhs-constitution-for-england - the *NHS Constitution*, establishing the principles and values of the NHS in England.

www.scot.nhs.uk - NHS Scotland, highlighting the principles and values of the NHS in Scotland.

www.wales.nhs.uk - NHS Wales, highlighting the principles and values of the NHS in Wales.

<http://online.hscni.net> - the official gateway for Health and Social Care in Northern Ireland, highlighting its principles and values.

GLOSSARY

Attributes quality or feature regarded as a characteristic or inherent part of someone or something.

Autonomy An individual's capacity for self-determination or self-governance. The capacity to decide for oneself and pursue a course of action.

Concept General ideas about single things which can be defined.

Empowerment Giving an individual the power to take decisions in matters relating to themselves.

Gerontologist Studies the processes of growing old.

Holistic Considering all aspects of a person, their physical, psychological, social, emotional, intellectual and spiritual needs.

Personhood The quality or condition of being an individual person.

Subjectivity Perspective, experiences, feelings, beliefs, desires etc. that depend upon situation, perception, experience, expectation and personal or cultural understanding. The opposite to objectivity, which is based on facts.