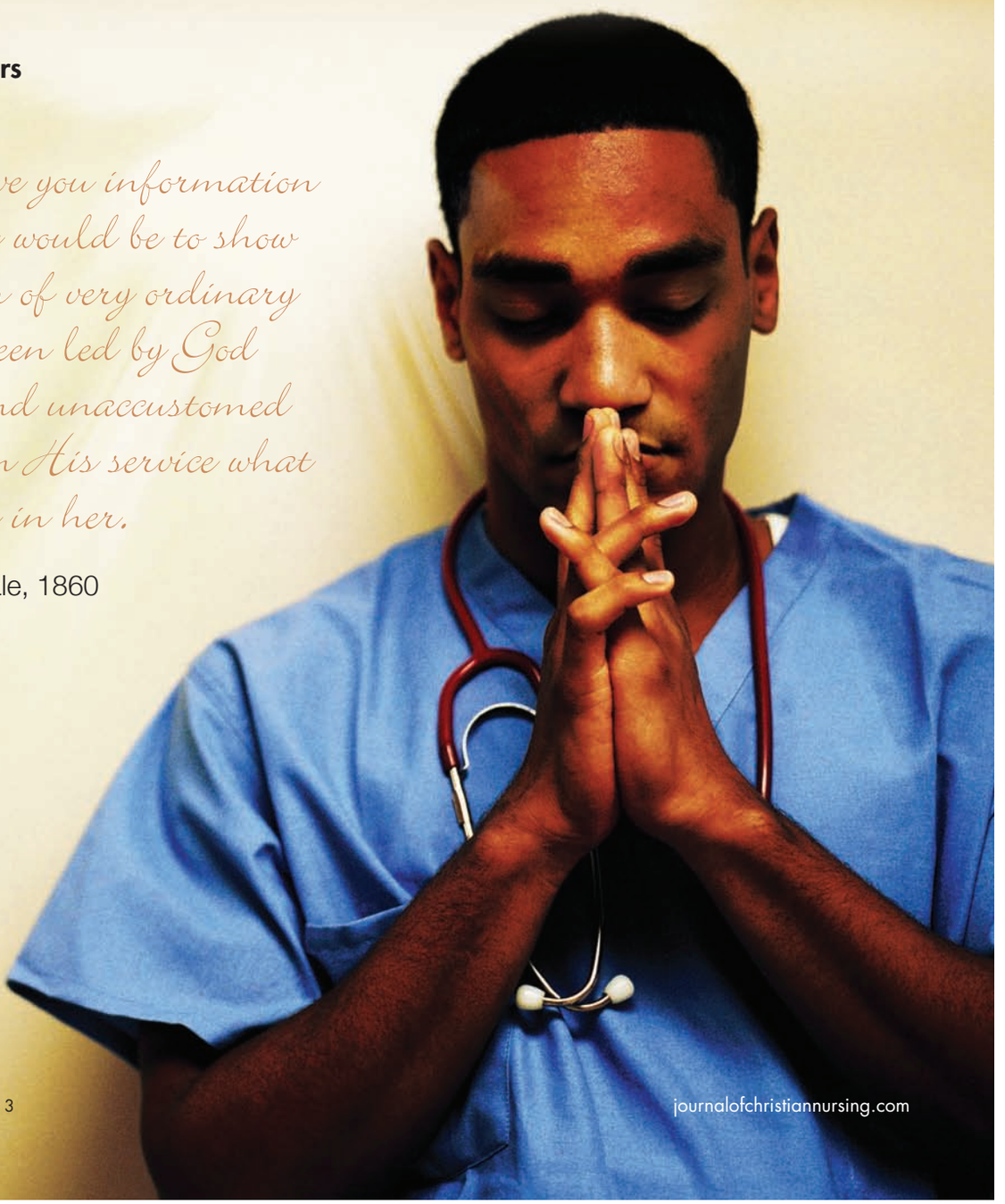
Spirit-Guided Care: Christian Nursing for the Whole Person

By Lyn S. Murphy and Mark S. Walker

CE 3.0 ANCC contact hours

If I could give you information of my life, it would be to show how a woman of very ordinary ability has been led by God in strange and unaccustomed paths to do in His service what He has done in her.

Florence Nightingale, 1860



ABSTRACT: *Healthcare today is challenged to provide care that goes beyond the medical model of meeting physical needs. Despite a strong historical foundation in spiritual whole person care, nurses struggle with holistic caring. We propose that for the Christian nurse, holistic nursing can be described as Spirit-guided care—removing oneself as the motivating force and allowing Christ, in the form of the Holy Spirit, to flow through and guide the nurse in care of patients and families.*

KEY WORDS: *Christian worldview, holistic care, medical model, nursing, spiritual care*

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*Names have been changed to protect patient privacy.

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TIRED NURSING?

Maya tiredly walked to the Surgical ICU for her third 12-hour night shift in a row. "All I do is care for others. Who cares for me?" she thinks.

One of Maya's patients is a fresh post-operative coronary artery bypass graft (CABG) patient. Maya knows her night will be directed toward extubation, removing central lines, and getting the patient ready to move out of the ICU. Her other patient is Mr. Henry who has been in the ICU for weeks.

Mr. Henry suffered a massive stroke following mitral valve replacement surgery and is paralyzed on one side, unable to follow simple commands. He remains ventilator dependent and is being tube fed. Nursing staff are frustrated with the family, especially Mrs. Henry whom staff members feel is anxious and demanding.

What can help Maya show compassion as she crosses the threshold of her patients' rooms during the next 12 hours? How can she attend to pressing physical needs while integrating spirituality into her care? How can she care for the whole person?

MEDICAL MODEL CARE

The Institute of Medicine (IOM, 2001; IOM, 2010) reports the U.S. healthcare delivery system is challenged to provide consistent, high-quality care to all people. In their sentential report, *Crossing the Quality Chasm,* the IOM (2001) outlined strong evidence that the healthcare system frequently harms patients and routinely fails to deliver its potential benefits. Researchers have cited various contributing factors such as rapid medical science and technology advancements, growing complexity of care, and changing patient needs. Healthcare organizations are challenged to work more efficiently and effectively while reducing costs and maintaining high standards of quality and safe care. Nurses, who are at the forefront of healthcare, are charged with offering safe, patient-centered care and practicing to the full extent of their education and training (IOM, 2010).

Much of today's healthcare continues to be based on a "medical model"

where providers are most focused on and comfortable with diagnosing and treating physical conditions. However, care should be "patient-centered, customized according to patient needs, values, choices, and preferences," where the "system should anticipate patient needs, rather than reacting to events" (IOM, 2001, p. 3). From this perspective, nurses are challenged to deliver care that goes beyond the diagnosis and treatment of physical illness. Rather, care should incorporate "the spiritual dimension in nursing's tradition which cannot be separated from the science of nursing" (Bradshaw, 1994, p. 169).

Spiritual care "involves serving the whole person – the physical, emotional, social, and spiritual" (Puchalski, 2001, p. 352). Spiritual nursing care consists of the activities of care that bring quality of life, well-being, and function to patients (Taylor, 2002). Note that spiritual care may include the transcendent, meaning making, and religion. Researchers have repeatedly demonstrated that patients and families are particularly inclined to engage in religious or spiritual guidance during stressful life events such as healthcare crises, illness, or death (Koenig, King, & Carson, 2012). Moreover, 70% of the U.S. population identifies with a personal God and an additional 12% believe in a higher power (Kosmin & Keysar, 2008). Undoubtedly spiritual care is important, yet these core values and principles that "differentiate nursing from other professions may have been eroded in contemporary practice" (Timmins & McSherry, 2012, p. 953).

Sadly, only 12% to 14% of nurses report receiving spiritual training as part of their nursing education (Balboni et al., 2013). Although numerous studies reveal religious or spiritual coping helps patients, spiritual care is not seen as a priority due to lack of time (Chan, 2010). Nurses also are reluctant to provide spiritual care to their patients for fear of "stirring things up that they will not know how to address" (Jackson, 2011, p. 4), crossing professional boundaries (Carr, 2010), or not having access to or knowing how to utilize spiritual care experts (Puchalski & Ferrell, 2010). So although nurses have a strong understanding of the importance of holistic care and agree that providing spiritual care is critical to patient care, not all nurses believe they can provide spiritual care. Nurses who do give spiritual care provide it infrequently and often feel inadequate (Cockell & McSherry, 2012; Wright, 2005).

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It's important to note that spirituality is a broader concept than religion. Smith (2006) defined spirituality as "the matter by which a person seeks meaning in their lives and experiences transcendence, the connectedness to that which is beyond" (p. 41). Similarly, Sulmasy (2009) summarized spirituality "as the way in which a person habitually conducts his or her life in relationship to the question of transcendence" (p. 1635). Spirituality embraces the understanding of one's place in the universe and the motivational and emotional foundation for the lifelong quest for hope and life's meaning. In other words, spirituality represents the "innate human search for the meaning and purpose of life" (Sadler & Biggs, 2006, p. 270).

Religion is defined by a set of beliefs, texts, rituals, and other practices that a particular community shares regarding its relationship with the transcendent. Religion is a unified system that is united into one moral community (Musick, Traphagan, Koenig, & Larson, 2000). Religion may be the means by which many express their spirituality. Similarly, there are very spirited individuals who do not follow a religion, and some religious practices may not be very spiritual for some people. Regardless of the term, the issue at hand is that for a major segment of the population, these constructs must be understood as part of the holistic perspective of the person's health.

WHOLE PERSON CARE

Spiritual care has been described as a distinct type of care defined by acts of listening, compassionate presence, open-ended questions, prayer, use of religious objectives, talking with clergy, guided visualization, contemplation, meditation, conveying a benevolent attitude, or instilling hope (Chan, 2010; Puchalski & Ferrell, 2010). Spiritual care is helping the patient make meaning out of his/her experience or find hope. It involves caring for the soul in a special kind of engagement that goes beyond seeing the physical patient in front of us; it is observation of the entire patient with the entire nurse. This has been described as holistic nursing (Dossey & Keegan, 2012; Quinn, 1981; Watson, 2009).

This begs the question of whether nurses separate their "physical caregiving" such as patient assessments, turning and positioning, and dressing changes from their "spiritual caregiving" such as holding a patient's hand, active listening, or offering presence. This depends greatly on the nurse and his or her focus, and how he or she thinks about and approaches the patient.

Christian nurses can look to Christ to understand whole person care. Jesus was a true whole person healer who

addressed all the needs of those he healed—physical and spiritual. For example, in Luke 5:17–26, Christ healed a lame man not only physically, but spiritually. For nurses with a foundation in Christianity, we strive to live a Christ-like life, treating others as Christ would (John 13:34-35). We strive to think and act like Christ because the Holy Spirit of God lives within us (John 14:16-17; 1 Corinthians 3:16).

We propose that for the Christian nurse, this type of whole person nursing can be described as *Spirit-guided care*. Spirit-guided care is the act of removing one's self as the motivating force and allowing Christ, in the form of the Holy Spirit, to flow through us and guide us in our care. It is entering into the sacred work of God, "standing on holy ground" (O'Brien, 2011, p. 2). In doing so, we are able to draw on God's strength through the Holy Spirit, and provide care that is truly holistic in the sense that Christ meant care to be. The foundation of Spirit-guided care is how the nurse uses him or herself as Christ's hands and presence as he or she engages in nursing care.

Spirit-guided care means simultaneously focusing on and caring for the whole patient and family. Rather than approaching care as a series of tasks or compartmentalizing aspects of care, Spirit-guided care conceptualizes the whole person in every caring act. Taking a blood pressure becomes an opportunity for presence and spiritual assessment; offering presence is seen as a way to impact blood pressure and pain levels. Instead of thinking "I'll think about spiritual care after I get meds passed" the nurse consciously thinks, "What are this patient's needs, fears, distresses, questions?" as she or he gives each medication, checks every pulse. Every patient interaction involves the whole person.

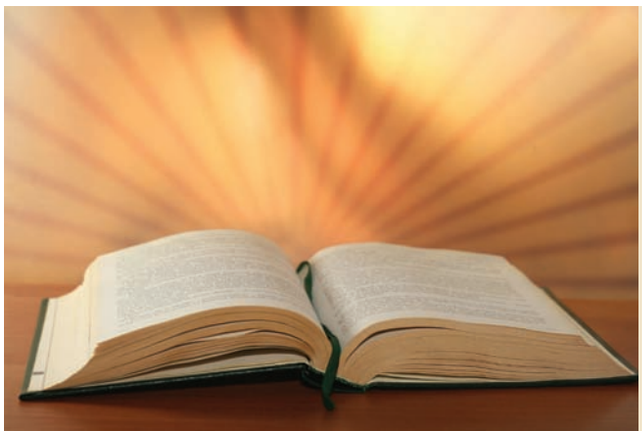
Providing this level of care focuses on *being* as opposed to *doing*. Although this is not a new concept to nursing theory and many have taken on the task of describing holistic care, Spirit-guided care is an attempt to describe care by the Christian nurse for the whole patient that is guided by the Holy Spirit. To understand the differences between Christian and secular perspectives of holistic care, see "Holistic or Wholistic?" in this issue of *JCN* (Schoonover-Shoffner, 2013).

HISTORIAL PERSPECTIVES

Spiritual, whole person care has existed throughout the history of nursing (Miner-Williams, 2006; Narayanasamy, 2004). In Greek and Roman times, prayers to "God or gods were considered an essential part of nursing care" (Sawatzky & Pesut, 2005, p. 21). For centuries, nursing has been considered a calling; individuals were called to care for others out of a sense of duty or service to a divine purpose. In the first century, Jesus called his followers to spread the gospel and heal the sick (Shelly & Miller, 2006). This calling influenced Florence Nightingale, who integrated religiously defined values and spiritual underpinnings with principles of nursing practice. Although Nightingale did not require that nurses practice a religion, her selection of those individuals considered suitable for the nursing role was based on Judeo-Christian ethics and morals (Widerquist, 1992).

Spiritual care experts agree that some progress has been made in integrating spirituality in nursing care (Barnum, 2011; Clarke, 2009; Koenig, 2007), but there is "lack of movement and growth with little evidence of there being a positive movement towards a new phase of development" (Clarke, 2009, p. 1666). In other words, although most nurses know about spirituality, there remains "ambiguity about how it is included in practice" (Clarke, 2009, p. 1666). This is evidenced by the fact that although nurses have a longstanding and ongoing commitment to the spiritual dimension of a patient's care (Carson & Koenig, 2008; Taylor, 2006), they do not consistently integrate spirituality into their practice (Cockell & McSherry, 2012).

Similarly, Watson (2009) posited that "nurses are torn between the human caring values and the calling that



While most nurses know about spirituality, there remains "ambiguity about how it is included in practice."

attracted them to the profession, and the technologically, high-paced, task-oriented biomedical practices and institutional demands, heavy patient load, and outdated industrial practice patterns" (p. 467). We know patients welcome inquiry about their religion or spiritual concerns from their providers (Astrow, Wexler, Texeira, He, & Sulmasy, 2007; Koenig, 2007); however, most providers do not engage in this type of discussion. It also seems that nursing may be "shrugging off its spiritual heritage" (Timmins, 2011, p. 162) in an attempt to embrace the science of nursing.

Given current challenges, our healthcare system may seem incompetent and unprepared to address the spiritual needs of our patients. The Joint Commission requires spiritual assessments in hospitals, nursing homes, home care organizations, and agencies providing addiction services (Hodge & Horvath, 2011). Although the purpose of administering these assessments is to identify a patient's spiritual needs and determine the appropriate steps to meet needs that emerge, because of the lack of training and emphasis on spirituality it is feared these needs are not being met.

THEORETICAL PERSPECTIVES

Many nursing conceptual frameworks imbed the concept of spirituality. In the Neuman's System model, the client system is depicted as a center core surrounded by five interrelated variables that protect the core, one of which is spirituality. Similarly, Parse's Theory of Human Becoming and Watson's Theory of Human Caring contain the construct of spirituality (Martsolf & Mickley, 1998). McSherry and Draper (1998) postulated that the spiritual dimension of nursing care is grounded in the scientific approach.

Florence Nightingale (1860) posited that "nursing was a means of harmonizing oneself with the divine source of all existence and, thus, it is a sacred process" (Macrae, 2001, p. 19) and "the integration of body, mind, and spirit brings a sense of wholeness or completeness within oneself" (p. 72). From

Offering *Spirit-Guided Care*

Maya tiredly walked to the Surgical ICU for her third 12-hour night shift in a row. Working 7 p.m. to 7 a.m. was not her first choice; however, it fits her family's needs. Lately, managing everyone's schedule has become overwhelming. "All I do is care for others. Who cares for me?" she thinks. She breathes a sigh of relief knowing that she is off for the next 4 days.

As Maya reviews her assignments, she thinks, "A double assignment! Why me?" Having two critical patients is doable but tough. One is a fresh post-operative CABG patient. Maya knows her night will be directed toward extubation, removing central lines, and getting the patient ready to move out of the ICU. Her other patient has been in the ICU for weeks.

Mr. Henry suffered a massive stroke 2 days following mitral valve replacement and is paralyzed on one side, unable to follow simple commands. He remains ventilator dependent and is being tube fed. Everyone agrees the ICU is not the proper place for Mr. Henry, but the family is concerned he would not receive the same care on the Stroke Unit that he is receiving in the ICU. Mr. Henry's son and daughter-in-law are expecting their first child in 2 months. Mrs. Henry feels that if her husband stays in the ICU, he will receive the care he needs and be healthy enough to hold his first grandchild.

Many of the nurses refer to Mr. Henry as "the 'chron' in Room 3"—their term for a chronic ICU patient. The nurse manager has complained the ICU is "losing money on him every day."

Mrs. Henry stays at her husband's bedside during daylight hours, often reading to him from the Bible. She has requested the nurses read to Mr. Henry if they have

Nightingale's perspective, this is the essence of nursing practice.

Quinn (Macrae, 2001, p. 70) identified three behavioral modes under which nurses can practice. In the first, known as the "sympathetic mode," the nurse feels sorrow toward the patient, identifies directly with the patient, and through the care process adopts the hopes and fears of the patient. Often, these "feelings of the patient remain with the nurse, even while at home," which creates emotional distress for the nurse (Macrae, 2001, p. 71). Although compassion allows providers to connect with their patients, being overly responsive in their compassionate role may result in negative consequences such as

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time. Maya has heard nurses tell Mrs. Henry "reading from the Bible is not part of their scope of practice."

Maya has cared for Mr. Henry many times, enjoys talking with Mrs. Henry about their mutual faith, and has prayed with the Henry family. Many of the nurses in the unit are Christ-followers; however, the unit focuses primarily on the physical needs of the patients with the goal to transfer as soon as possible. The nurse giving Maya report whispers, "Good luck! Mrs. Henry seems to think we have nothing better to do but talk and hold her husband's hand."

Knowing she feels overwhelmed, Maya takes a moment to silently and intentionally ask God to be with her, give her extra strength, help her manage time well, and see needs around her as God does. She recites Matthew 11:28-30 to herself. As she goes in to the post-CABG patient, she introduces herself and takes his hand even though he remains heavily sedated. She gently explains what she is doing as she completes a head-to-toe assessment and checks equipment. Upon leaving, Maya squeezes his hand and tells him she'll be back shortly.

As she enters Mr. Henry's room, Maya quietly asks God to guide her interactions and bless this family. Maya asks Mrs. Henry how she and her husband are doing today. She notices that Mrs. Henry's eyes are teary and asks, "How can I help?" Mrs. Henry responds she knows what the nurses say. Maya closes the door, takes Mrs. Henry's hand, and sits with her for a moment, actively listening. She tells Mrs. Henry she knows "we sometimes seem gruff," reassuring Mrs. Henry she understands her concerns and will care for her husband as Mrs. Henry desires. Knowing their mutual faith, Maya reassures Mrs. Henry that God loves Mr. Henry and has a plan. She reminds Mrs. Henry of Psalm 23 and they recite this together. Maya goes on to talk about the care plan for the night as she assesses Mr. Henry.

Maya works hard to extubate her post-operative patient and by morning he is sitting up ready to be transferred to the cardiac rehab unit. Prior to leaving his room for the last time, Maya takes her patient's hand and says she wishes the best for him. He responds, "I know I was not really awake, but I knew you were here all night, in a comforting sort of way…I was afraid but sensed you wouldn't let anything bad happen. Thank you."

Maya smiles and says, "That's what nursing is supposed to be."

Before going to report, Maya sees Mrs. Henry and asks why she is here so early. Mrs. Henry replies, "I need to thank you…you were so busy last evening yet took the time to talk and give my husband a bath and make him comfortable. I have been thinking about what you said about God helping us and I would like to go up and take a tour of the Stroke Unit, maybe Mr. Henry would be okay up there…."

As Maya reports to the oncoming shift the nurse manager says, "Wow! You must be a miracle worker – both of these patients may move out of the unit today!" Maya smiles and thinks, "No, I am not a miracle worker, but my God is…"

Reflection Questions:

- Identify ways Maya provided spiritual whole person care.
- What is unique about Maya's approach to holistic care?
- What did Maya do to provide *Spirit-guided care*?
- What does Maya need to do to continue caring as she did this shift?
- How might Maya help her colleagues move from a "defensive mode" to provide holistic care?

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compassion fatigue (Slatten, David Carson, & Carson, 2011; Yoder, 2010).

In the "defensive mode" the needs of the patient create anxiety in the nurse, which results in an unconscious display of self-protective behaviors. These behaviors manifest themselves as "emotional distancing, excessive task-orientedness, and derogatory labeling of the patient such as demanding, uncooperative, or inappropriate" (Macrae, 2001, p. 71). All of us have encountered nurses who at times (or regularly) do not practice from the caring perspective, having become hardened, brittle, worn-down, and almost robot-like in the context of providing care.

Lastly, Quinn (1981) identified the "holistic mode" in which the nurse embraces the patient's body, mind, and spirit, and, as a result, acts in a highly conscious and compassionate manner. The nurse identifies with his or her own self and with the patient's state of well-being. When this self-awareness occurs, the nurse is able to move beyond the typical triggers that initiate the sympathetic and defensive modes and function from a holistic perspective.

These theoretical perspectives speak to whole person care and describe in part, Spirit-guided care. However, the theories do not fully encompass a Christian perspective and what is intended by Spirit-guided care, that is, the Holy Spirit dwelling within the Christian nurse and guiding his or her care. To understand Spirit-guided care we must turn to the Bible.

BIBLICAL PERSPECTIVES

The Old Testament makes it clear that *God the Father* wants to promote health and address whole person needs. Leviticus addresses numerous health-related concerns as God presented directives for food, waste, childbirth, and infections. The Psalms contain prayers about holistic healing, such as "O LORD, my God, I cried out to You, and You healed me" (Psalms 30:2, NKJV), and "He heals the brokenhearted and binds up their wounds" (Psalms 147:3, NKJV). Proverbs provide wisdom regarding healthy living and Jeremiah confirms God, the Father, is the source of all healing, as "Behold, I will bring health and healing; I will heal them and reveal to them the abundance of peace and truth" (Jeremiah 33:6, NJKV). God heals people physically, emotionally, and spiritually throughout the Bible.

The New Testament is replete with examples of *God the Son's* healing intention and power. Starting in Matthew, we see "Jesus went about all Galilee, teaching in their synagogues, preaching the gospel of the kingdom, and healing all kinds of sickness and all kinds of disease among the people" (Matthew 4:23, NKJV). This theme is continued in Luke, "So they departed and went through the towns, preaching the gospel and healing everywhere" (Luke 9:6, NKJV), and is carried through to the last book of the Bible speaking of healing and no more death when Christ returns to earth (Revelation 21, 22). As Christian nurses, we are called to carry God's healing power to our patients (Matthew 25:31-46; Luke 10:25-37).

The book of Acts begins the story of *God the Spirit*, the Holy Spirit in us who believe in Jesus Christ. Christians are not simply spectators; rather we are acting as Christ would act through the Spirit within us (John 14). God enables us to live a life of respect, obedience, and kindness from being reborn through Jesus and renewed by the Holy Spirit who has been poured out on us (Titus 3:1-8). As we live a Spirit-guided life, God shows the reality of his presence through us. For study on how God guides Christians through the indwelling Holy Spirit, see the online guide provided as Supplemental Digital Content at http://links.lww.com/NCF-JCN/A23.

IMPLEMENTING SPIRIT-GUIDED CARE

Whole person care is not at the forefront of nursing care delivery or education (Carlyle, Crowe, & Deering, 2012; Chan, 2010; Elliott, 2011), so where does this type of care begin?

Miner-Williams (2006) concluded that nurses can "provide spirited nursing care and nursing care spiritually" (p. 818). The challenge, however, is that the nurse must be at ease with

spirituality and what it means to the patients that are being cared for. Jackson (2011) suggested that nurses "all have the ability to give quality spiritual care [at some level], because what is needed is simply to be present, to listen, and to offer compassion" (p. 4). Given that these skills are basic tenets of nursing, the act of caring is found at the heart of caring for the whole person.

To provide Spirit-guided care, nurses must attend to their own spiritual self-care. Authors from both Christian and secular perspectives discuss the importance of the nurse engaging in spiritual self-care (Barnum, 2011; Dossey & Keegan, 2012; Shelly & Miller, 2006; Taylor, 2007). For Christians, spiritual self-care involves personal time with God in Bible study, prayer, worship, fellowship with other believers, and Sabbath rest. MacKinlay (2008) further posited that the simple act of providing care can help the nurse promote his or her own spiritual well-being. Healthcare organizations can recognize the value of Spirit-guided care by integrating spirituality into communiques and workshops to raise nurses' awareness of spirituality—in them and their patients.

Spirit-guided care involves a decision the Christian nurse makes the moment his or her feet cross the threshold of the patient's doorway. It is the conscious decision to simultaneously tend to the whole patient including that which is unseen. Spirit-guided care requires the nurse to draw on faith in God and how he relates to us not only as physical beings, but as spiritual beings. In this light, the true essence of nursing is understood—the focus on the total care of every individual patient from every aspect of the patient (Sheldon, 2000). Spirit-guided care is providing care in God's presence where there is complete fullness of joy and we are able to love others because he first loved us (1 John 4:19).

The first step toward the process of promoting Spirit-guided care is making the conscious decision to allow the Holy Spirit to flow through and be part of care delivery. This is a mindset that begins with the nurse's self-awareness and the awareness of the "transcendent dimension of life that is reflected in the patient's reality" (Sawatzky & Pesut, 2005, p. 23). It is the connection of the nurse to truly be the hands and feet of Christ to holistically intervene to restore and maintain the patient's whole being, not simply his/her physical being. Providing Spirit-guided care encompasses the acts of Christ as a foundation for our professional practice.

Using the nursing process as a framework, we can better understand the integration of Spirit-guided care into care delivery. Spirit-guided care means entering into assessment attentive to the whole patient and his or her family. Most general admission assessments include asking about spiritual history as a brief screening tool, and a number of models are available for deeper spiritual assessment (Puchalski & Ferrell, 2010). This spiritual history, screening, or assessment may act as a cue to engage the nurse with the patient in spiritual whole person care (Burkhart & Hogan, 2008). Spiritual distress, risk for spiritual distress, and readiness for enhanced spiritual well-being are North American Nursing Diagnosis Association (NANDA) nursing diagnoses that address the construct of spirituality. These diagnoses are most commonly referred to having spiritual pain, anger, loss, and despair, with the signs and symptoms including a broad range of emotions such as crying, withdrawing, preoccupation, anxiety, hostility, apathy, and feeling of pointlessness and hopelessness (Ackley & Ladwig, 2013).

The next steps of the nursing process focus on planning and implementation. Burkhart and Hogan (2008) describe the role of the nurse as two-fold in planning/implementation: (1) creating an environment to increase the likelihood that a patient will engage in the care process and (2) crafting her or his care. Engaging in Spirit-guided care would mean the nurse would privately ask God (prayer) what would best meet patient needs along with using nursing knowledge and skill to plan and implement care.

The nurse can evaluate the outcomes of care based on the patient's response. Again, Burkhart and Hogan (2008) view this as a "positive or negative emotional response," which then leads to "searching for meaning in the encounter," "formation of spiritual memory," and "nurse spiritual well-being" (p. 931). In this light, Spirit-guided care should facilitate connections to and among the patient, the nurse and other providers, the family, the larger community, and with God and the patient's search for meaning.

It is surprising that more schools of nursing do not include the construct of spirituality in their curriculum. Callister, Bond, Matsumura, & Mangum (2004) found that among 132 baccalaureate nursing programs in the United States, few had defined spiritual nursing care in their programs and fewer reported learning opportunities about spirituality and spiritual interventions imbedded in their curriculum. Sadly, educators continue to report that little attention is given to spirituality in nursing education (Balboni et al., 2013).

How could this be changed? Students could be encouraged to reflect on their own spirituality and how they interpret their clinical experience as it pertains to spirituality. This reflection will provide a growing awareness, allow students to understand their frame of reference, and more comfortably integrate whole person care into their nursing practice. However, rather than leaving it to chance, learning how to provide spiritual care should be included in nursing curricula and institutional programming (Burkhart & Hogan, 2008).

CONCLUSION

Return to Maya and her 12-hour shift. What needs do her patients and their families have? What would help Maya offer Spirit-guided, whole person, integrated care? What would Spirit-guided care look like? Find exploration of this case study in the sidebar "Offering *Spirit-Guided Care*."

Spirit-guided care exists within the context of the nurse–patient relationship where all interactions with the patient may be understood as implicitly spiritual. Simple things such as empathy, warmth, genuineness, and kindness contribute to relationship, which in turn can help meet patients' spiritual needs, particularly in situations where the patient is isolated from his or her family and community and a meaningful relationship has developed with the nurse (Hodge & Horvath, 2011).

Given the challenges of today's healthcare organizations, nurses are being called to work more efficiently and effectively while maintaining high quality care. As Christian nurses, this charge is imbedded within our nursing practice by way of our Christian faith. We are challenged to "rejoice always, pray without ceasing, in everything, give thanks; for this is the will of God in Christ Jesus for you" (1 Thessalonians 5:16-18, NKJV). Spirit-guided care is an ethical obligation of Christian nurses to deliver care as the hands of Christ once did. Our ability to incorporate Christ and his healing power into our professional nursing practice not only fosters better outcomes for the patient, but reflects our commitment as Christians to demonstrate his love.

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