The spiritual care of the cancer patient

EONS delegates from all over Europe packed the Victory Hall at the Military Museum in Istanbul at the opening ceremony of our congress, EONS-9. The keynote speech was delivered by the doyenne of Turkish cancer nursing, Nurgün Platin, on the theme of spiritual care.

Report by: Nurgün Platin

United under EONS, we share the same goal and commitment: to provide better care for cancer patients; always to reach for excellence. I believe that we have a great power to make a difference in the future, as we did over the past 30 years, under the umbrella of EONS. The spiritual care of the cancer patient will be the topic of my talk, to complement the theme of this year, “celebrating excellence.”

Actually “excellence” is a quality of many dimensions with an infinite destination – the more we learn, know and discover, the more we think we will reach this destination. But we don’t, because the more we learn, know and discover, the more we realise how much we don’t know. The same happens with cancer care. We are indispensable figures with regard to the medical treatment, but are we as indispensable for the patient as an individual? Patients are going through a very difficult period of life, within a crowd of people, but all alone.
Therefore, I would like to start with two key questions: “Who are our patients?” and more importantly, “What are they living through?”

Our patients are facing and dealing with a culturally stigmatised illness with a reputation for being very challenging; a deep fear about death and dying; becoming vulnerable, facing disabilities, losing control and facing relationship changes. They are experiencing feelings such as anger, frustration, helplessness, disappointment, a sense of betrayal, isolation, hope and fear. In responding to treatment, and its side effects and complications, they have to put up with physical pain and suffering, guilt and loneliness.

This leads them to ask big questions such as Why me? Why did my body betray me? Why do I have to suffer with this? Why am I here? Why do I have to go through all this? Am I being punished? How do I like knowing I will die? Is there a God? Does my life have a meaning? Who or what is my highest self? What matters most... especially now?

Trying to find answers to these questions eventually leads the patient to understand the disease and its treatment, and what the illness interrupts or threatens: to manage the symptoms, to learn self-control and control of the disease, to accomplish personal goals in the middle of the illness and treatment, to hope for healing and recovery and a new sense of bodily integrity, and of course to direct all efforts toward “winning” through the cure.

From these feelings and experiences comes the patient’s “growth” and “change”. However, for this to come, patients will need nursing care and support in various degrees and dimensions. But, if and when we approach with only “physical care” and/or “symptom control” of the patient, we will be leaving out the important aspects of the holistic view of the person as a physical, social, psychological and spiritual being. I believe that this is where another “excellence” in care lies.

I will be focussing on the spiritual being of the holistic person and the cancer patient, and where nursing stands today and what lies ahead for the future of “excellence” in care.

Authors like Delaney, Hilbers, Hallywell and Sulmasy suggest that spirituality could directly impact on the physical and emotional or psychological outcomes of the patient.

They, and others, such as Dzul-Churh, Montoyne, Jolley and Neuman, point to the increasing evidence that religious beliefs and/or spirituality help patients to cope with the fear and anxiety caused by illness. Patients often express a need to find meaning in life, make peace with themselves, and to reconstruct beliefs or spiritual practices.

**SO... WHAT IS SPIRITUALITY?**

Various definitions are offered for spirituality: Murray and Zentner suggest that spirituality is a universal phenomenon – a deeply personal, sensitive and often hidden area of human life that applies to all people, those with religious belief and those with no religious belief.

Other authors such as Hollwell, Joly and Sulmasy et al. define spirituality as a set of beliefs that sustain an individual through times of difficulty; the search for meaning and hope for one’s purpose of life; or the nature of one’s relationship with one’s self, others, nature or God.

Complementing the religious aspect of both of these definitions, Pew indicates that the latest surveys suggest that people, especially the younger generation, are increasingly describing themselves as...
“spiritual” but not “religious”, meaning that they are not affiliated with a particular faith tradition.4

Spirituality, then, is a very important, sine qua non aspect of the cancer patient, and of nursing care.

HOW CAN WE PROVIDE SPIRITUAL CARE FOR THE PATIENT?

The 13th century Muslim saint and Anatolian mystic, Mevlâna Celâleddin-i Rûmî, said: “Anything you do every day can open into the deepest spiritual place, which is freedom.” (p. 326)

Rûmî’s saying should give us the courage to lead the way. Indeed, even clinicians who have not been specially trained in providing spiritual care can give spiritual support by: providing a peaceful environment; actively listening to patients’ fears, worries, reflections and their spiritual story; providing physical comfort; showing respect for patients’ spiritual practice; honouring patients’ dignity; showing empathy and compassion to inspire the will to live; and providing spiritual books, videos, music and access to support groups.2

Watson2 defines the goal of caring-healing practices as honouring deeper subjective meanings and feelings about life; about living the natural inner processes and choices; discovering and honouring life, oneself, humans, nature and all living things; honouring art, beauty and aesthetics together with science and technology; and following an inner and outer vision of wholeness and healing.

Indeed, the caring-healing practice defined by Watson sounds very deep and complex, but there are very well-known modalities to be used in nurse–patient interaction or a caring-healing relationship within a caring environment. These are: reiki, aromatherapy, energy treatments, reflexology, therapeutic touch, music, relaxation techniques, praying, spiritual care, imaging, meditation and art.

All of these have their unique way of supporting healing. For example, art, painting, poetry, sculpture, dance, story telling, journaling and the things we think of as ways of “expressing” and “communicating”, all wake our senses and our being so we can hear our inner voice.

All through this process the nurse’s goal is to assist the person, to preserve human dignity and wholeness, while exploring the meaning of their health–illness experiences to obtain harmony with self and produce self-awareness, self-growth, self-knowledge, self-reverence, self-control, self-healing and self-care processes.3

This is, in fact, a way of bringing out the inherent potential for self-healing to a higher level of consciousness, for allowing healing to occur. Therefore, caring–healing nursing is a way of “existence” with its own philosophy, theories, ethics, caring process, communication, healing environment, education and research.

NURSES’ PROFESSIONAL RESPONSIBILITIES

However, despite the definition of spirituality and its place in patient healing, there is confusion about nurses’ professional responsibilities in this area. To clear this up we can point to many arguments, some of the strongest of which are:

- Nurses and nursing can gain an insight related to care by a synthesis of the old and of the new philosophy of science, or post-modern science.
- Care of the whole person, including the spirit, has always been part of nursing and holistic care, but it has been marginalised in current nursing practice by a dominating biomedical mode.4
- If by definition a human being is a wholeness of body-mind-spirit then, morally, if spirituality is not addressed, it is a neglect and immoral;4 and
- Spiritual care is a recognised element of quality nursing care,5 and an indicator of an increase in patient satisfaction.5

Finally, it is also important to bear in mind the following:

- A rise in the consciousness of society and patients is increasingly guiding nursing.6
- Addressing spirituality will serve the growing group of spiritual but not religious young people.6
- Addressing spirituality will support research in spirituality and health.

In conclusion, I do hope that I have managed to present “spiritual care” as an important dimension and as an important facilitator for our nursing care agenda.

I believe that this is another area for us, as EONS, to target excellence.

Details of the references cited in this article can be accessed at www.cancernurse.eu/magazine

From left: EONS President Erik van Muilekom, with Board members Birgitte Grube, Lena Sharp, Anita Margulies (former Board member), Daniel Kelly and Andreas Charalambous.