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Spirituality: an essential aspect of holistic, individualised diabetes care and education

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Introduction

Spirituality was originally a core aspect of health care but was largely relegated to esoteric practice along with most complementary and alternative (CAM) practices with the rise of 'scientific medicine.' Over the last 15 years, both spirituality and some CAM are being reintegrated into conventional care to satisfy public demand and in accordance with research that supports benefit and safety. Research shows spirituality is crucial to coping with illness and is vital to quality of life.

Significantly, low spirituality is associated with increased mortality, more severe depression, hopelessness, and thoughts about death.

Spiritual care is as essential to healing as physical and psychological care and education. Spirituality is especially relevant to people with diabetes because of the complexity of diabetes care, the needs for lifelong self-care, and the chronic unpredictable nature of diabetes. There is a link between spirituality and accepting the reality of life with a chronic disease.

Most diabetes educators are aware of the mind-body-spirit connection, holistic care and their importance to wellbeing, life balance and optimal diabetes outcomes. However, spirituality is relatively unexplored in the diabetes literature; thus, practical ways to include spiritual assessment and care in diabetes consultations is unclear.

The term 'holistic' was introduced into nursing theories on the basis that the whole is greater than the sum of its parts. Interestingly, 'health' is derived from the Anglo Saxon 'health' or whole; and health derives from 'hael' to restore to wholeness. Significantly, healing can occur without curing the underlying disease.

Spirituality, world views, religion, empowerment and transitions

Although the terms 'religion' and 'spirituality' are often used interchangeably, they actually refer to two different aspects of the human experience. Spirituality might include religious practices such as prayer, chanting, and ceremonies or rituals; but many spiritual people do not follow any religion.

Significantly, people's world views influence their self-perception and their perceptions of spirituality, religion, transitions and health care.

Spirituality

Spirituality is a multidimensional aspect of people's lives and enables them to find meaning and purpose in suffering, being able to transcend the suffering through connection with the inner self and with other people and the universe. Spirituality is personal and differs among people but the core concepts are similar. Interestingly, 'the doctor within' or the innate capacity to transcend overwhelming experiences (heal), is a core philosophical tenet of most CAM therapies and an essential element of spirituality. Health professionals can help people with diabetes to mobilise their innate healing capacity, which is more likely to occur within an effective therapeutic relationship.

The strategies people use to cope with and transcend suffering usually involve spirituality in some way and may or may not include religion. Spirituality involves reflecting on the event, using/adapting existing coping strategies or developing new coping strategies, seeking relevant information and integrating the new self with the previous self and ultimately transcending the event.

 Parsian & Dunning found young people with type 1 diabetes who regarded themselves as spiritual beings, felt they were in harmony with themselves and nature, and were at peace with themselves (inner peace), had a sense of meaning and purpose in their lives, were positive and valued connectedness and relationships, including relationships with health professionals. In addition, there was a significant relationship among spirituality, coping and HbA1c. Gender differences...
Some ways health professionals can deliver holistic diabetes care and education and encompass spirituality in their usual practice

- Health professionals could understand their own world views, personal concept of self and spirituality and how these could influence the relationship they develop with individuals with diabetes.
- Honour the whole person: mind, body and spirit and recognise and enhance their innate healing capacity.
- Incorporate spirituality into the initial physical, mental and psychosocial assessment and reassess spirituality at regular intervals e.g. during the annual complication screening process and during life and diabetes-related transitions.
- Spiritual assessment can be planned or opportunistic. Begin using basic open questions (see Box 3).
- Assist the individual to maintain/strengthen their spiritual self (empowerment) and find meaning and purpose in life events and diabetes-related transitions.
- Help people understand their feelings about life transitions especially those transitions they regard as negative and threatening and the chronic sorrow that can accompany chronic diseases.
- Help people develop appropriate coping skills that enable them to integrate the old self into the new or emerging self, maintain hope and cope with chronic sorrow 9.
- Establish and maintain a therapeutic relationship with the individual.
- Develop listening and observational skills that enable the health professional to be truly present in the moment.
- Include the individual in setting goals and developing their care and education plans.
- Involve relevant carers, family, and religious personnel where needed.

were apparent: males used more social-focused coping strategies and females used more spiritual practices. Spirituality was associated with higher education levels and shorter duration of diabetes.

World views

World views are a set of beliefs and concepts that together form a frame of reference for people’s thoughts and actions 9. People’s world views influence their decisions, the way they evaluate situations and other people and make meaning in their life.

Religion

Religion refers to: a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs 10.

Religion encompasses a set of fundamental beliefs and practices generally agreed by a number of people or sects such as the Christian, Buddhist and Muslim religions. Spirituality and religion are important to empowerment.

Empowerment

Empowerment is central to diabetes education and care; and as the preceding information suggests, empowerment is a spiritual process. Empowerment is also at the heart of mobilising the ‘doctor within.’ It is not possible for a health professional to empower a person with diabetes. They can only assist the individual to empower themselves. Spiritual people are more likely to have high self-efficacy, which enables them to become empowered and cope with life and diabetes-related transitions such as a complication 11.

There is a large body of evidence about the importance of empowerment to optimal diabetes self-care and outcomes 12.

Turning points and transitions

Most people experience 10–20 major life transitions in their life time. Transitions usually commence with a turning point or trigger. Turning points are neither good nor bad: the way an individual responds to a turning point is more important than the actual turning point.

Major turning points can challenge self-concept and impede healing, which makes it difficult to make a successful transition. Turning points are critical opportunities for self-growth, which is possible until the moment of death. Managing transitions involves redefining the self, which is usually a subconscious spiritual process.

A significant turning point for many people is the diagnosis of diabetes.

Frankl 13 described ‘tragic optimism’ where hope and despair coexist. He maintained optimism can be maintained regardless of how hopeless the situation appears. Other research attests to the importance of optimism/positive thinking to reducing stress and restraining the inflammatory process that causes tissue damage.

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Some questions that can be incorporated into a spiritual assessment based on Mason (1999)\textsuperscript{5}. 

**Some general questions about personal spirituality:**

Do you have any spiritual beliefs that help you cope with problems that occur in your life?
- Is so, can you give me an example of a problem and how your spiritual beliefs helped you cope?
- If not, how or whom do you think helps you to deal with problems?

**Some example questions for specific situations:** Use open questions about people’s feelings, worries, needs and stressors such as:
- What is the hardest thing about dealing with the problem?
- What makes you feel angry about the diagnosis of diabetes?

Then ask questions about what the individual thinks will help them manage the problem e.g.:
- How did you deal with other problems in the past?
- Does your family help you?
- Do your friends help you?
- Does religious faith help you?

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**Spirituality and the wounded healer**

Most health professionals sustain a physical or mental wound, experience suffering and negotiate various life transitions. For some, the wound is diabetes. Wounded healer theory suggests people pass through several stages before they heal or recover: wounded, walking wounded, wounded healer and ultimately healed when they transcend the wound.\textsuperscript{14-15} Wounded healer theory encompasses the spiritual process of integrating the old with the new self. van der Post\textsuperscript{16} suggested wounded physicians ‘cannot heal beyond the extent to which he [or she] has healed himself’. The statement likely applies to other health professional disciplines.

**Incorporating spirituality into diabetes education and care**

The current North American Nursing Diagnosis Association (NANDA) list of Approved Nursing Diagnoses includes spiritual distress in domain 10 life principles. Spiritual distress is defined as ‘distress of the human spirit that disrupts the life principle that pervades a person’s entire being and integrates and transcends one’s biological and psychosocial nature’.\textsuperscript{17} The definition indicates that suffering extends beyond physical, mental and emotional suffering; therefore, a comprehensive assessment should include spirituality. A spiritual assessment could identify an individual’s strengths as well as potential problems and make provision for expected life and diabetes-related transitions that challenge wholeness, healing and self-efficacy/empowerment.

It is essential that health professionals avoid imposing their world views on other people and to be compassionate and truly present in encounters with other people.\textsuperscript{18} Diabetes health professionals are ideally placed to address spirituality when delivering diabetes care and education. Box 1 suggests some strategies health professionals could use to deliver holistic diabetes care that includes spirituality in their usual practice. Box 2 outlines some basic questions that can be used to explore spirituality.

Various tools are available to assess the multiple dimensions of spirituality and its association with health outcomes. Most tools were not designed to measure current spiritual state and most have religious as well as spiritual components, and there is limited psychometric data about some of the tools described in the literature.\textsuperscript{19} Some tools that might be useful for diabetes educators are:

- **Spirituality Questionnaire**—designed for people with diabetes\textsuperscript{6}.
- **Spirituality Assessment Scale**—for people living in the community\textsuperscript{21}.
- **The Index of Core Spiritual Experience (INSPRIT)**—for outpatients to rate the stress-related components of illness\textsuperscript{22}.
- **The Spirituality Scale**—for people with chronic diseases\textsuperscript{23}.
- **Spirituality and Spiritual Care Rating Scale**—for older people in aged care facilities\textsuperscript{24}.
- **World Health Organisation Quality of Life Instrument—Spirituality, Religion and Personal Beliefs (WHOQOL-SRPB)**—people with chronic neurological disorders.\textsuperscript{25}
Summary

Spiritual needs are often intangible compared to physical needs and can be overlooked or mistaken for psychosocial needs. It is difficult for people to address their spiritual needs if basic human needs are not fulfilled but spirituality helps some people overcome difficult situations others cannot manage. Health professionals can help people with diabetes achieve optimal health outcomes and quality of life by helping them enhance their spirituality.

References

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