

Connection (Relationship, Presence) in Healing

Burkhardt, M. A. (1989). Spirituality: An analysis of the concept. Holistic Nursing Practice, 3 (3), 69-77. The author contrasts spirituality and religiosity, notes how researchers have studied the concept, provides descriptive characteristics which emerge from the literature, and provides a definition of “spiriting” (“the unfolding of mystery through harmonious interconnectedness that springs from inner strength”). She notes the importance of “**being with**” the client and of listening for indications that the client has significant relationships and **experiences of connection**.

Burkhardt, M. A. (1994). Becoming and connecting: Elements of spirituality for women. Holistic Nurse Practitioner, 8 (4), 12-21. A qualitative study of 12 women from Appalachia in which **connecting** and becoming are described as central concepts of spirituality.

Burkhardt, M. A. (1998). Reintegrating spirituality into health care. Alternative Therapies, 4 (2), 128-127. Believing that “spirituality permeates every encounter”, this author contrasts healing and curing, describes how spiritual expression may be encouraged through the telling of one’s story, and notes how prayer may be integrated into healthcare.

Camp, P. F. (1996). Having Faith: Experiencing coronary artery bypass grafting. Journal of Cardiovascular Nursing, 10(3), 55-64. This grounded theory study was aimed at discovering the spiritual needs for clients hospitalized for coronary artery bypass graft surgery. “Having faith” (in self, God, and hospital staff) was described as the participants’ greatest spiritual need, most frequently expressed as “**depending on God**”. The author conceptualized the participants as having a “mental journey” in a “quest for inner peace”. The author notes that nursing curricula should include spiritual care.

Emblen, J., & Halstead, L. (1993). Spiritual needs and interventions: Comparing the views of patients, nurses, and chaplains. Clinical Nurse Specialist, 7(4), 175-182. Nurses, (a convenience sample of surgical) patients, and chaplains were asked to define “spiritual needs”, identify interventions, and note who they felt should attend to patients’ spiritual needs. In order of frequency, **talk**, offer prayer, read scripture, **be present**, and make referrals were noted as appropriate spiritual interventions.

Geary, P. A., & Hawkins, J. W. (1991). To cure, to care, or to heal. Nursing Forum, 26(3), 5-13. The author explores illness as a ritual and healing as requiring **social support**.

Goldberg, B. (1998). Connection: An exploration of spirituality in nursing care. Journal of Advanced Nursing, 27, 836-842. Using one of Walker and Avant’s processes of concept synthesis, the author explores phenomena related to spirituality in the literature and sorts them into fewer categories – all products of “relationship”. She then chooses “**connection**” to represent a synthesis of the phenomena.

Guillory, J. A., Sowell, R., Moneyham, L. & Seals, B. (1997). An exploration of the meaning and use of spirituality among women with HIV/AIDS. Alternative Therapies, 3(5), 55-60. Authors interviewed 45 women aged 20 to 63 in a focus group format to explore the

meaning and use of spirituality in HIV infected women. Six major themes emerged in the analysis, the first being “**connectedness** with a supreme being” and the second being communication with that being via prayer and/or meditation. Participants identified prayer as the most frequently used practice to seek healing.

Harris, R. C., Dew, M. A., Lee, A., Amaya, M., Buches, L., Reetz, D., & Coleman, G. (1995). The role of religion in heart-transplant recipients’ long-term health and well-being. Journal of Religion and Health, 34, 17-32. In this longitudinal study, 40 adult heart transplant patients are followed via qualitative and quantitative measures for 12 months post surgery. Participants who consulted God (**connection with God**) to make important decisions and felt their beliefs greatly influenced their lives were more likely to report (self-perceived) positive health status. Other findings included significantly less difficulty with medical compliance among participants with a strong sense of religion.

Kaye, J., & Robinson, K. M. (1994). Spirituality among caregivers. Image: Journal of Nursing Scholarship, 26 (3), 218-221. Using a Spiritual Perspectives Scale, authors compared the spirituality of caregivers (of Alzheimer’s victims) with non care-giving wives. Although findings did not reach statistical significance, caregivers did score somewhat more in the predicted direction. Caregivers used private prayer and sought spiritual guidance more often than non care-givers. They also tended to more often frame both joys and problems within a spiritual perspective. Caregivers said they **felt close to God or a higher power in prayer and worship**.

Matthews, D. A., McCullough, M. E., Larson, D. B., Koenig, H. G., Swyers, J. P., & Milano, M. G. (1998). Religious commitment and health status: A review of the research and implications for family medicine. Archives of Family Medicine, 7(2), 118-124. Authors review research on the relationship between religious commitment and depression, substance abuse, physical illness, mortality, coping with illness, and recovering from illness. They also briefly discuss the likelihood of publication bias in the research and differentiate between religiosity and spirituality conceptually. Authors conclude that religious involvement (**connection?**) may be beneficial in the prevention of physical and mental illness, in facilitating recovery from illness, and in helping people cope with illness. Excellent reference list for further reading.

McGlone, M. (1990). Healing the spirit. Holistic Nurse Practitioner, 4(4), 77-84. The author contrasts the terms *cure* and *heal*, and notes how the “**quality of relationship**” differs in interactions leading to each. She notes that illness can actually be a cure for “time famine”, allowing us to focus on spiritual concerns. She also briefly discusses prayer and meditation, spiritual healing, and therapeutic touch.

Nagai-Jacobson, M., & Burkhardt, M. (1989). Spirituality: Cornerstone of holistic nursing practice. Holistic Nurse Practitioner, 3(3), 18-26. An exploration of the concept of spirituality including concepts such as “attending to that which you know”, “**interconnectedness**”, “listening with one’s being”, “**connections with the sacred**”, and “**presence and silence**”.

Newman, M. (1989). The spirit of nursing. Holistic Nurse Practitioner, 3 (3), 1-6. Newman discusses spirituality in relation to “pattern recognition” and “sensing into one’s own field”. For her, the nurse’s task is to facilitate the “insight into his or own pattern” (**facilitated by a shared consciousness or connection**).

Newshan, G. (1998). Transcending the physical: Spiritual aspects of pain in patients with HIV and/or cancer. Journal of Advanced Nursing, 28, (6), 1236-1241. Spirituality is conceptualized to consist of hope, meaning, and love and **relatedness** in this article which explores spiritual tools (including **presence**) that the nurse may employ in the care of patients with pain.

O’Neill, D. P., & Kenny, E. K. (1998). Spirituality and chronic illness. Image: Journal of Nursing Scholarship, 30 (3), 275-280. Authors explore spirituality as a concept and identify strategies to support persons with chronic health problems. Interesting sidebar considers “**spiritual listening**”.

Taylor, P., & Ferszt, G. (1990). Spiritual healing. Holistic Nurse Practitioner, 4(4), 32-38. Authors discuss such concepts as touch, **accompaniment**, and prayer in relation to healing and death.

Widerquist, J. (1992). The spirituality of Florence Nightingale. Nursing Research, 41 (1), 49-55. The spirituality of the “founder of nursing” is discussed related to implications for how she viewed nursing practice. A brief reference to Nightingale’s “**craving after God**”.