TWU Nursing Scholarship: Spirituality, Religion and Health
Annotated Bibliography

Reimer-Kirkham, S. & Cochrane, M. (2016). Resistant, reluctant or responsible? The negotiation of religious and cultural plurality in Canadian healthcare. In S.Sharma and D. Llewellyn (Eds), *Religion, equality, and inequalities* **(pp.65 – 76). Surrey, UK: Ashgate.**

Reimer Kirkham, S. (2015). Book review: Religion in the public sphere: Canadian case studies by S. Lefebvre & L. Beaman. *Religion in Canada Institute blog*
http://religioncanada.blogspot.ca/2015/08/a-review-of-religion-in-public-sphere.html

> This collection of case studies on the expression of religion in the public sphere, insightfully bookended by introduction and conclusion chapters by Lefebvre and Beaman, bring a uniquely Canadian angle to what is a relevant social concern in many countries. The collection evidences the complex relations of the public and private nature of religion in Canada. One of the many contributions of this volume is the editors' problematization of the binaries such as public/private and sacred/secular that have been constructed around religion. The book also challenges any conventional image of a singular Canada, and gives a sense of the "range of issues and geographies that intersect with the theme of religion and the public sphere" (p.9). Essays from researchers across Canada, from research-intensive and small universities, and from established and emerging scholars (e.g., University of Ottawa (Beyer), Université de Montréal (Cohen), University of New Brunswick (Nason-Clark), Kwantlen Polytechnic University (Nayar)) address a variety of public stages on which religion plays out. Reflecting the diversity of Canada, religion and immigration are the foci of chapters on Haitian migrants (Mooney), Maghrebi Jewish migrations (Cohen and Scioldo-Zürcher), Islamic identity (Ramji), and Sikh youth (Nayar). My review focuses on these three points: the book's problematization of dualisms; its distinctly Canadian take; and its analysis of religion alongside other intersecting social realities. I also take up application of its insights into two fields of immediate relevance to my scholarship: healthcare and higher education.

Sharma, S. & Reimer-Kirkham, S. (2015). Faith as social capital: Diasporic women stretching the rules of secularized healthcare services. *International Women's Studies Forum, 49*, **34-42.**

> In an era of unprecedented global migration and neoliberal entrenchments, the phenomenon of transnational gendered caregiving is increasingly being recognized as an outcome of today's global economic system. Concurrently, religion is re-entering what has been assumed to be a secularized public sphere. Drawing on research on the negotiation of religious and cultural plurality in healthcare, we examine how faith—sometimes as personalized expressions, other times as codified, structured and collective—shapes caregiving and illness experiences in the context of healthcare services. Demonstrating the salience of

intersectional theorizing, we explore how the racialization, gendering, and classing of religion operate for diasporic women seeking and providing healthcare services in the publically-funded Canadian healthcare system that carries the marks of neoliberal ideologies, and is still largely driven by secular ideals. Rather than silencing their faith perspectives in such contexts, many express agency and civic engagement through their religiosity, mobilizing religion as social capital.

Cilliers, F., & Terblanche, L. (2014). The role of spirituality in coping with the demands of the hospital culture amongst fourth-year nursing students. *International Review of Psychiatry, 26*(3), 279-288.

The aim of this research was to describe the role of spirituality in coping with the demands of the hospital culture amongst fourth year nursing students. Qualitative, descriptive, hermeneutic interpretive research was done. A case study of 14 female Canadian nursing students was asked to write an essay on their experiences of the demands of the hospital culture. Content analysis was used and positive psychology served as the interpretive lens. Trustworthiness and ethicality were ensured. The findings indicated that although the nursing students expressed themselves in religious and spiritual words, they did not significantly illustrate the theoretically required intra-, interpersonal and sacred behaviours to be referred to as being spiritual in their experience as a care giver in the hospital culture. They also did not illustrate behaviours linked to other positive psychology constructs such as sense of coherence, resilience, engagement or emotional intelligence. Rather, the nursing students experienced identity crises. Recommendations for the inclusion of mentoring in the curriculum of nursing students were formulated.

Reimer-Kirkham, S. (2014). The intersection of religion and race in the context of health, health inequities and health services. In W. Cockerham, R. Dingwall, & S. Quah (eds.) *The Wiley-Blackwell Encyclopedia of Health, Illness, Behavior, and Society*. **Oxford: Blackwell Publishing.**

The intersection of religion and race in the context of health, health inequities, and health care services is a complex and understudied field, yet it carries profound ramifications for the health of individuals and societies. In this entry, the contributions and imperatives of intersectional theorizing about religion and race in the context of health, health inequities, and health services are discussed, beginning with an overview of intersectionality, followed by a brief synopsis of scholarship in the areas, respectively, of race and health and religion and health. The argument is made that any study of religion and health needs to be complicated by intersectional analyses of race, gender, and class, and, equally, that any study of race and health requires accounting for the imbrication of religion (along with other intersecting social structures) if we are to address today's health inequities.

Reimer-Kirkham. S. (2014). Nursing research on religion and spirituality through a social justice lens. *Advances in Nursing Science*. **37(3), 249–257.**

> Critical theories such as postcolonial feminism and intersectionality can provide new and vital perspectives on the interplay between social justice, religion, spirituality, health, and nursing. Criticality prompts us to examine taken-for-granted assumptions, such as the neutrality and universality of spirituality, while analyzing social relations of power, including the racialization of religion and religious patriarchy, that may result in oppressive conditions and social exclusion. The argument is made that when refracted through critical, intersectional lenses, religious and spiritual traditions can be rich sources of theoretical foundations and practical services that could inform nursing's recent re/turn toward social justice.

Reimer-Kirkham, S., Grypma, S., & Terblanche, L. (2013). Religion and ethics in pluralistic healthcare contexts. (invited) *JCN Online* **Extra E1-E6.**

> Engaging with emerging discourses on religion, ethics, and nursing, more than 100 nurses from around the world gathered at Trinity Western University, Langley, British Columbia, Canada, for the 2012 Faith & Nursing Symposium: Religion and Ethics in Pluralistic Healthcare Contexts, May 10–12, 2012. The symposium also marked the launch of two ground-breaking books: Religion, Religious Ethics, and Nursing and Religion: A Clinical Guide for Nurses. In this article and the accompanying Conference Proceedings (supplemental digital content), we discuss the symposium theme and the engaged, respectful dialogue that characterized the landmark event. Based on the symposium, we conclude that Christian nursing scholars can and should play a key role in leading critical discussions of the role of religion and ethics in pluralistic healthcare contexts.

Sharma, S., Reimer-Kirkham, S. & Cochrane, M. (2013). Prayer as transgression: Stories from healthcare. In G. Giordan & L. Woodhead (eds.) *Annual Review of the Sociology of Religion* **(pp. 189-204). Oxford: Brill.**

Fowler, M., Reimer-Kirkham, S., Sawatzky, R., & Johnston-Taylor (2012). *Religion, religious ethics, and nursing.* **New York: Springer Publishers.**

> The past 25 years have witnessed an escalating discussion on the role of spirituality within health care. This scholarly volume is rooted in the belief that not only is religion integral to nursing care, but the religious beliefs of both nurse and patient can significantly influence care and its outcome. It offers an in-depth analysis of the ways in which religion influences the discipline of nursing, its practitioners, and treatment outcomes.

> Through the contributions of an international cadre of nurse scholars representing the world's major religious traditions, the book explores how theories, history and theologies shape the discipline, bioethical decision making, and the perspective of the nurse or patient who embraces a particular religion. It examines the

commonalities between the values and thinking of nursing and religion and identifies basic domains in which additional research is necessary. The authors believe that ultimately, scholarly dialogue on the relationship between religion and nursing will foster and enhance nursing practice that is ethical and respectful of personal values.

Chapters in Fowler et. al., by TWU authors:

Fowler, M., & **Reimer-Kirkham**, S. (2012). Religious ethics, religious social ethics, and nursing. In M.Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.27-60). New York: Springer Publishers.

Grypma, S. (2012). Missionary nursing: Internationalizing religious ideals. In M. Fowler, S. Reimer-Kirkham, R. Sawatzky, & E. Johnson-Taylor (eds.) Religion, Religious Ethics, and Nursing (New York: Springer). 129-150.

Reimer-Kirkham, S. (2012). A critical reading across religion and spirituality: Seeking analytic leverage from postcolonial and critical race theories. In M. Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.93-112). New York: Springer Publishers.

Reimer-Kirkham, S. & Sharma, S. (2012). Intersectional analyses of culture, religion, ethics and nursing.   In M. Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.113-128). New York: Springer Publishers.

Sharma, S., & **Reimer-Kirkham**, S., & Fowler, M. (2012). Emergent spiritualities and nursing ethics. In M. Fowler et al. (ed.) *Religion, religious ethics, and nursing* (pp.295-312). New York: Springer Publishers.

Sawatzky, R. & **Terblanche**, L. The measurement of religious concepts in nursing. Chapter 18 in Fowler, Marsha D., Reimer-Kirkham, Sheryl, Sawatzky, Richard & Johnston Taylor, Elizabeth. 2012 *Religion, Religious Ethics, and Nursing.* Springer Publ. Comp, New York.

[Pesut, B., Reimer-Kirkham, S., Sawatzky, R., Woodland, G., & Peverall, P. (2012). Hospitable hospitals in a diverse society: From chaplains to spiritual care providers. *Journal of Religion and Health. 51*(3), 825-836.](#)

> The chaplain's role in healthcare services has changed profoundly within the contexts of managerial and fiscal constraints, and increasingly pluralistic and secularized societies. Drawing from a larger studying that examined religious and spiritual plurality in healthcare, we present selected findings regarding the contributions of chaplains, or spiritual care providers (SCPs) as they are referred to more recently, in Canadian institutional healthcare contexts. Qualitative analyses of interviews with 14 employed SCPs and 7 volunteers provided insights about legitimizing and crafting the role of SPCs, becoming part of the healthcare

team, and brokering diversity. Implications are discussed in relation to role clarification and policy development for truly hospitable healthcare.

Reimer-Kirkham, S., Pesut, B., Sawatzky, R., Cochrane, M., & Redmond, A. (2012). Discourses of spirituality and leadership in nursing: A mixed methods analysis. *Journal of Nursing Management. 20*(8), 1029 – 1038.

Aim: To explore nursing discourses of spirituality and leadership.
Background: Global migration has brought unprecedented plurality to modern societies, and spirituality and religion into the purview of nurse leaders.
Method: An innovative mixed methods approach, including a literature review, qualitative research and philosophic analysis, was utilized to examine discourses of spirituality in contexts of nursing leadership. After a literature synthesis protocol, 38 nursing literature sources were reviewed. Two qualitative studies examining plurality in hospital and home health settings provided data from 13 nurse leaders. Philosophic inquiry added further depth and uncovered important underlying assumptions.
Results: Integrated analysis revealed a heterogeneous discourse in the nursing literature. Nurse leaders in the qualitative study evidenced awareness of the influence of spirituality and concern for inclusive health services, yet were cautious in integrating spirituality into leadership practices because of organisational and social influences. Assumptions regarding the role of leaders' spiritual values and the integration of spirituality into the workplace were revealed.
Conclusion: Spirituality in nursing leadership is a relatively understudied field that is influenced by many contextual factors.
Implications for Nursing Management: Scholarly engagement and research are needed to analyse the grounds for and appropriate approaches to the integration of spirituality in nursing leadership. Nurse managers are positioned to facilitate this process in their organisations.

Grypma, S., Wolfs, D., & Reimer-Kirkham, S. (2012). Returning home: Historical influences on home health care in Canada. *Home Healthcare Nurse. 30*(8), 453-460.

In this article, the historical context of home healthcare in early 20th century Canada is examined with an emphasis on key events and groups that shaped nursing in the home as the primary form of healthcare. Ways in which home healthcare evolved are also addressed, including the movement from an emphasis on the home as the point of care for both preventative and curative services, to the separation of healthcare functions into public health, treatment of illness and injury, and pregnancy care-each with its own practitioners and regulators as hospital-based systems became the desirable norm. We conclude that the nature and status of home-based nursing evolved in response to public expectations of what comprised "best care" and who was responsible for providing (and funding) it. At a certain level, the home offered independent-minded nurses a level of autonomy and inscrutability unparalleled in hospital-based settings. As hospitals

took preeminence as preferred sites for healthcare, the same geographic, cultural, and economic barriers that complicated access to hospitals also provided nurses unique opportunities in the home as relatively autonomous caregivers.

Reimer-Kirkham, S., Sharma, S, Pesut, B., Sawatzky, R., Meyerhoff, H., & Cochrane, M. (2011). Sacred spaces in public places: Religious and spiritual plurality in healthcare. *Nursing Inquiry, 19*(3) 202-212.

Several intriguing developments mark the role and expression of religion and spirituality in society in recent years. In what were deemed secular societies, flows of increased sacralization (variously referred to as 'new', 'alternative', 'emergent' and 'progressive' spiritualities) and resurgent globalizing religions (sometimes with fundamentalist expressions) are resulting in unprecedented plurality. These shifts are occurring in conjunction with increasing ethnic diversity associated with global migration, as well as other axes of difference within contemporary society. Democratic secular nations such as Canada are challenged to achieve social cohesion in the face of growing religious, spiritual and ethnic diversity. These challenges are evident in the high-paced, demanding arena of Health care. Here, religious and spiritual plurality enter in, sometimes resulting in conflict between medical services and patients' beliefs, other times provoking uncertainties on the part of healthcare professionals about what to do with their own religiously or spiritually grounded values and beliefs. In this paper, we present selected findings from a 3-year study that examined the negotiation of religious and spiritual pluralism in Health care. Our focus is on the themes of 'sacred' and 'place', exploring how the sacred - that which is attributed as special and set apart as it pertains to the divine, transcendence, God or higher power - takes form in social and material spaces in hospitals.

Reimer-Kirkham, S., & Sharma, S. (2011). Adding religion to gender, race, and class: Seeking new insights on intersectionality in health care contexts. In Hankivsky, O. (Ed.). *Health inequities in Canada: Intersectional frameworks and practices*. (pp. 112-127). Vancouver, B.C.: UBC Press.

There is a growing recognition that existing theories on, and approaches to, health inequities are limited in their ability to capture how these inequities are produced through changing, co-constituted, and intersecting effects of multiple forms of oppression. Intersectionality responds to this problem by considering the interactions and combined impacts of social locations and structural processes on the creation and perpetuation of inequities. It offers unique insights into, and possible solutions to, some of Canada's most pressing health disparities.

This volume brings together Canadian activists, community-based researchers, and scholars from a range of disciplines to apply interpretations of intersectionality to health and organizational governance cases. By addressing specific health issues, this book advances methodological applications of intersectionality in health research, policy, and practice. Most importantly, it

demonstrates that health inequities cannot be understood or addressed without the interrogation of power and diverse social locations and structures that shape lives and experiences of health.

Reimer-Kirkham, S. (2011). Spiritual formation and social justice in nursing education: Seeking an inspired integrated approach. In G. Chutter (ed.) *Called to transform* (pp. 1-29). Langley, BC: Trinity Western University.

Grypma, S. (2010). When we were (almost) Chinese: Identity and the internment of Canadian 'mish-kid' nurses in China, 1941-1945. *Histoire sociale – Social History. 43*(86), 315-344.

Between 1923 and 1939 six China-born children of United Church of Canada North China missionaries returned to China as missionary nurses during one of the most inauspicious periods of China missions. Not only was the missionary enterprise under critical scrutiny, but China was also on the verge of war. Three of the nurses were interned by the Japanese in 1941. This study focuses on the pivotal decisions these nurses made to return to China and then to remain there after the outbreak of the Sino-Japanese war in 1937, tracing the influences on those decisions back to their missionary childhoods in Henan.

Pesut, B., & Reimer-Kirkham, S. (2010). Situated clinical encounters in the negotiation of religious and spiritual plurality: A critical ethnography. *International Journal of Nursing Studies. 47*(7), 815-825.

Background: Despite increasingly diverse, globalized societies, little attention has been paid to the influence of religious and spiritual diversity on clinical encounters within healthcare.
Objectives: The purpose of the study was to analyze the negotiation of religious and spiritual plurality in clinical encounters, and the social, gendered, cultural, historical, economic and political contexts that shape that negotiation.
Design: Qualitative: critical ethnography.
Settings: The study was conducted in Western Canada between 2006 and 2009. Data collection occurred on palliative, hospice, medical and renal in-patient units at two tertiary level hospitals and seven community hospitals.
Participants: Participants were recruited through purposive sampling and snowball
technique. Twenty healthcare professionals, seventeen spiritual care providers, sixteen patients and families and twelve administrators, representing diverse ethnicities and religious affiliations, took part in the study.
Methods: Data collection included 65 in-depth interviews and over 150 h of participant observation.
Results: Clinical encounters between care providers and recipients were shaped by how individual identities in relation to religion and spirituality were constructed. Importantly, these identities did not occur in isolation from other lines of social classification such as gender, race, and class. Negotiating difference was a process of seeing spirituality as a point of connection, eliciting

the meaning systems of patients and creating safe spaces for the expression of that meaning.

Conclusions: The complexity of religious and spiritual identity construction and negotiation raises important questions about language and about professional competence and boundaries in clinical encounters where religion and spirituality are relevant concerns.

Sharma, S., Reimer Kirkham, S., & Cochrane, M. (2009). Practising the awareness of embodiment in qualitative health research: Methodological reflections. *Qualitative Health Research. 19*(11) 1642–1650.

Although the importance of the researcher's embodiment has been noted in health and social sciences research, in many instances, more attention has been paid to the embodiment of the researched. Thus, more in-depth analysis of the embodied researcher can illuminate qualitative inquiry. The influence of the embodied researcher became visible in a recent critical ethnographic study examining the negotiation of religious, spiritual, and cultural plurality in health care. In this article, we do not present research findings per se, but rather methodological reflections. As researchers, we highlight emotional and bodily ways of knowing and experiences of difference such as culture, race, and religion as embodied and a part of researcher–participant encounters. We aim to elucidate the awareness of being embodied researchers, and with this elucidation, we consider implications for knowledge generation for health and social sciences.

Sawatzky, R., Gadermann, A., Pesut, B. (2009). An investigation of the relationships between spirituality, health status and quality of life in adolescents. *Applied Research in Quality of Life, 4*, 5-22.

This study examines the relationships between six spirituality-related attributes and quality of life (QOL) in adolescents, and the extent to which these relationships are mediated by perceived physical and mental health status and five important life domains (family, friends, living environment, school experiences, and perception of self). The data were obtained via a cross-sectional health survey of 8,225 adolescents in British Columbia, Canada. Structural equation modeling was used to test the hypothesized relationships. All spiritual attributes are significantly associated with three or more of the life domains, and four of the attributes significantly explain global QOL after controlling for the other variables in the multivariate model. The attributes indicative of adolescents' feelings about their future and other existential matters were found to be relatively most explanatory with respect to global QOL. The predominant mediators include adolescents' satisfaction with their family, their perceived self, and their perceived mental health status. Spirituality is important with respect to adolescents' QOL. The multivariate model provides preliminary insights into the relevance of several attributes of spirituality and the possible mechanisms by which these attributes may contribute to adolescents' QOL.

Reimer-Kirkham, S. (2009). Lived religion: Implications for nursing ethics. *Nursing Ethics 16(4), 406-17.*

> This paper explores how ethics and religion interface in the everyday by drawing on a current empirical study examining the negotiation of religious and spiritual plurality in health care. Selected data, where either patient or caregiver self-identified as Sikh, revealed the degree to which, for many, "lived religion" was intertwined with "lived ethics", with religion providing a comprehensive moral code for life. Religion was woven into the everyday, making distinctions between public and private, secular and sacred spaces improbable. Relations of power evident in individual interactions, institutional resource allocation, and social discourses also preclude any presumptions of religion as a solely personal or private matter. Several strategies for the re-integration of religion into nursing ethics are suggested for a responsible pluralism.

Pesut, B., Fowler, M., Reimer-Kirkham, S., Johnson Taylor, E., & Sawatzky, R. (2009). Particularizing spirituality in points of tension: Enriching the discourse. *Nursing Inquiry. 16:* 337–346

> The tremendous growth in nursing literature about spirituality has garnered proportionately little critique. Part of the reason may be that the broad generalizing claims typical of this literature have not been sufficiently explicated so that their particular implications for a practice discipline could be evaluated. Further, conceptualizations that attempt to encompass all possible views are difficult to challenge outside of a particular location. However, once one assumes a particular location in relation to spirituality, then the question becomes how one resolves the tension between what are essentially theological or philosophical commitments and professional commitments. In this study, we discuss the tension between these perspectives using the idea of a responsible nursing response to spiritual pluralism. We then problematize three claims about spirituality in nursing discourse based upon our location as scholars influenced by Christian theological understandings: (i) the claim that all individuals are spiritual; (ii) the claim that human spirituality can be assessed and evaluated; and (iii) the claim that spirituality is a proper domain of nursing's concern and intervention. We conclude by suggesting that the widely shared values of social justice, compassion and human dignity may well serve as a grounding for the critique of spiritual discourses in nursing across particularized positions.

Hall, A., Grypma, S. & Pesut, B. (2009). Chapter 28: Spiritual health. In Patricia A. Potter, Anne Griffen Perry (Eds.) J.C. Ross Kerr and M. Woods (Canadian Eds.) *Canadian fundamentals of nursing practice* **(4th ed). (Toronto: Mosby), 434 – 451.**

Grypma, S. (2009). Nursing in need of transformation: What are we searching for? *Journal of Christian Nursing,* **166 – 173.**

Pesut, B., Fowler, M., Taylor, E.J., Reimer-Kirkham, S., & Sawatzky, R. (2008). Conceptualizing spirituality and religion for healthcare. *Journal of Clinical Nursing, 17*(21), 2803-2810.

Aims: To discuss some of the challenges of conceptualizing spirituality and religion for healthcare practice.

Background: With the growing interest in spirituality in healthcare, has come the inevitable task of trying to conceptualize spirituality, a daunting task given the amorphous nature of spirituality, the changing understandings of spirituality among individuals and the diverse globalized society within which this task is taking place. Spirituality's relationship to religion is a particularly challenging point of debate.

Method: Critical review.

Conclusions: Three social and historical conditions – located in the context of Western thought – have contributed to current conceptualizations of spirituality and religion: the diminishment of the social authority of religion as a result of the Enlightenment focus on reason, the rise of a postmodern spirituality emphasizing spiritual experience and current tensions over the ideological and political roles of religion in society. The trend to minimize the social influence of religion is a particular Western bias that seems to ignore the global megatrend of the resurgence of religion. Current conceptualizations are critiqued on the following grounds: that they tend to be ungrounded from a rich history of theological and philosophical thought, that a particular form of elitist spirituality is emerging and that the individualistic emphasis in recent conceptualizations of spirituality diminishes the potential for societal critique and transformation while opening the door for economic and political self interest.

Relevance to clinical practice: Constructing adequate conceptualizations of spirituality and religion for clinical practice entails grounding them in the wealth of centuries of philosophical and theological thinking, ensuring that they represent the diverse society that nursing serves and anchoring them within a moral view of practice.

Grypma, S. (2008). *Healing Henan: Canadian Nurses at the North China Mission, 1888-1947* **(Vancouver: University of British Columbia Press)**

While volumes have been written about the Protestant missionary movement in China, scant attention has been paid to the role of nursing and nurses in these missions. Set against a backdrop of war and revolution, *Healing Henan* brings sixty years of missionary nursing out of the shadows by examining how Canadian nurses shaped health care in the province of Henan and how China, in turn, influenced the nature of missionary nursing. From the time Presbyterian (later United Church) missionaries arrived in China in 1888 until the abrupt closure of the North China Mission in 1947, Canadian nurses were ubiquitous in Henan. As China underwent a tumultuous transition from dynastic kingdom to independent republic, Canadian nurses advanced a version of hospital-based nursing education and practice that rivalled modern nursing care in Canada. In *Healing Henan,*

Sonya Grypma offers a highly readable and fresh perspective on China missions and the global expansion of professional nursing. As the first comprehensive study of missionary nursing in China, it will be of particular interest to nurses and missionaries, and to historians of Canada, China, nursing, medicine, women's work, and missions.

Grypma, S. (2007). Withdrawal from Weihui: China missions and the silencing of missionary nursing, 1888 – 1947. *Nursing Inquiry*, 14 (4): 306 – 319.

The shift of missionary nursing from the center to the margins of nursing practice can be traced to the unceremonious closure of China as a mission field in the late 1940s. Building on a larger study of Canadian missionary nursing at the United Church of Canada North China Mission between 1888 and 1947, this paper traces Clara Preston's experiences during the last tumultuous days of the mission during the height of China's civil war. Drawing on rich data from the United Church of Canada/ Victoria University Archives, private family collections (photos, letters, memoirs) as well as from three on-site visits to the Weihui Hospital in Henan, China, this paper focuses on the questions "what happened during the last days of Canadian missionary nursing in China?" and "why is so little known about missionary nursing?" According to this study, three issues contributed to the silencing of missionary nursing after 1947: the self-censorship of repatriated missionaries, the mission identity crises catalyzed by the 'failure' of the missionary enterprise in China, and the equating of the missionary movement with colonialism and imperialism in academic discourse.

Pesut, B. & Sawatzky, R. (2006). To describe or prescribe: Assumptions underlying a prescriptive nursing process approach to spiritual care. *Nursing Inquiry, 13*(2), 127-134.

Increasing attention is being paid to spirituality in nursing practice. Much of the literature on spiritual care uses the nursing process to describe this aspect of care. However, the use of the nursing process in the area of spirituality may be problematic, depending upon the understandings of the nature and intent of this process. Is it primarily a descriptive process meant to make visible the nursing actions to provide spiritual support, or is it a prescriptive process meant to guide nursing actions for intervening in the spirituality of patients? A prescriptive nursing process approach implies influencing, and in some cases reframing, the spirituality of patients and thereby extends beyond general notions spiritual support. In this paper we discuss four problematic assumptions that form the basis for a prescriptive approach to spiritual care. We conclude that this approach extends the nursing role beyond appropriate professional boundaries, making it ethically problematic.

Pesut, B. (2006). Fundamental or foundational obligation? Problematizing the ethical call to spiritual care in nursing. *Advances in Nursing Science*, 29(2), 124-133.

Spiritual nursing care is increasingly being cited in the nursing literature as a fundamental ethical obligation. This obligation is based upon the argument that nurses provide holistic care, spirituality is a universal dimension of the person, and so, nurses should care for the spiritual dimension. However, the literature on the spiritual in nursing illustrates widely differing foundational assumptions about this important aspect of care. The philosophic categories of theism, monism and humanism can be used to illustrate the different understandings of the spiritual, and the implications of these understandings for the competence of the nurse and the nature of the nurse patient interaction in the context of spiritual care.

Sawatzky, R., Ratner, P., and Chiu, L. (2005). A meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research, 37(2), 153-188.*

The relationship between spirituality and various dimensions of health and quality of life has been extensively examined during the past decade. Though several literature reviews have been conducted in an attempt to synthesize research findings pertaining to the relationship between spirituality and health, a meta-analysis of studies examining spirituality in relation to quality of life has not been identified. The present study was designed to: (a) determine whether there is empirical support for a relationship between spirituality and quality of life, (b) provide an estimate of the strength of this relationship, and (c) examine potential moderating variables affecting this relationship. The research design followed accepted methods for quantitative meta-synthesis. Potential moderating effects of several methodological differences and sample characteristics were examined using meta-analytic approaches with multivariate linear regression and analysis of variance. An extensive multidisciplinary literature search resulted in 3,040 published reports that were manually screened according to preestablished selection criteria. Subsequent to the selection process, 62 primary effect sizes from 51 studies were included in the final analysis.
A random effects model of the bivariate correlation between spirituality and quality of life resulted in a moderate effect size (r = 0.34, 95% CI: 0.28–0.40), thereby providing support for the theoretical framework underlying the study wherein spirituality was depicted as a unique concept that stands in relationship to quality of life. Subsequent regression analyses indicated that differences among operational definitions of spirituality and quality of life were associated with the variability in estimates of the magnitude of the relationship ðR2 ¼ 0:27Þ. Other potential moderators, such as age, gender, ethnicity, religious affiliation and sampling method were examined but the findings pertaining to these variables were inconclusive because of limitations associated with the sample of primary studies. The implications of this study are mostly theoretical in nature and raise questions about the commonly assumed multidimensional conceptualization of quality of life..

Sawatzky, R., & Pesut, B. (2005). Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing, 23(1), 19-33.*

Nurses are increasingly being called on to engage in spiritual care with their patients. A diverse body of theoretical and empirical literature addresses spirituality as it relates to nursing practice, yet there is little consensus about what spiritual nursing care entails. The purpose of this article is to conceptualize spiritual care in relation to nursing practice. A brief historical review indicates that our current understandings of spiritual nursing care have been shaped by three eras characterized by particular approaches: the religious approach, the scientific approach, and the existential approach. We draw elements from each of these approaches to propose attributes of spiritual care in the context of nursing practice. We propose that spiritual nursing care is an intuitive, interpersonal, altruistic, and integrative expression that is contingent on the nurse's awareness of the transcendent dimension of life but that reflects the patient's reality.

Potter, P. & Grypma, S. (2005). Chapter 28: Spiritual health. In Patricia A. Potter, Anne Griffen Perry (Eds.) J.C. Ross Kerr and M. Woods (Canadian Eds.) *Canadian fundamentals of nursing practice (3rd ed)*. **(Toronto: Mosby), 486-509.**

Pesut, B. & Meyerhoff, H. (2005) When a student FAILS… *Journal of Christian Nursing*, **22(4), 28-33.**

There is probably no greater challenge for students and instructors alike than clinical failure. A clinical failure threatens the goal that students have often set so carefully and prayerfully for their lives and seems to contradict the mentoring role that instructors envision between themselves and students. Navigating the process of clinical failure challenges our deeply held values of caring and our commitment to student discipleship and development. Too often the process deteriorates into a battle of who can produce the best evidence to support whether the student should succeed or be held back. For those of us who have endured this agonizing process, we would probably agree that there is no other issue within nursing education that causes us more sleepless nights and personal searching. Clinical failure is particularly problematic when viewed from a spiritual perspective for it has the potential to threaten both our sense of vocation and the integrity of our relationships. In this paper we will discuss the potential implications of a clinical failure in light of these two issues and present strategies that we have implemented to help us deal with the challenging issue of clinical failure.

Pesut, B. (2005). *A philosophic analysis of the spiritual in nursing literature.* **Unpublished doctoral dissertation. University of British Columbia, Vancouver, B.C.**

Over the past several decades an impressive body of theoretical and empirical literature has been published on the spiritual in nursing. Members of the profession are increasingly claiming an ethical responsibility to pay attention to the spiritual in the context of care. Yet, various, and often contradictory, positions are being taken on the conceptualization of the spiritual. The purpose of this work is to investigate and clarify the various conceptualizations of the spiritual

and spiritual care in nursing literature; to discuss the implications of these conceptualizations for nursing's ontology, epistemology and ethics; and to argue for a particular approach based upon the moral and pragmatic nature of nursing. I survey key literature on the spiritual in nursing and organize this literature using the philosophic categories of theism, humanism and monism. Through a hypothetical dialogue, I ask questions about these various perspectives, exploring the implications for nursing's ontology, epistemology and ethics. I then make arguments for how the spiritual should be approached. First, I argue that nurses should not expect agreement on the conceptualization of the spiritual. Rather, the focus should be on understanding and incorporating the worldviews that characterize spirituality in society and promoting dialogue among those worldviews. Second, I challenge the assumption that a normative body of knowledge about the spiritual should be part of nursing's disciplinary expertise. The nursing role in relation to spirituality should not be characterized as one whereby nurses assess and intervene in the spiritual lives of patients. Instead, nurses seek to understand and create a space for the expression and development of patient's spirituality. Nurses enter into a spiritual relational space where the spiritual "work" is often characterized by mystery and where the benefits of the encounter flow just as readily from patient to nurse as from nurse to patient. Finally, I use the Canadian Nurses Association's Code of Ethics for Registered Nurses to illustrate how the ethical conduct of spiritual nursing care can be evaluated. Responsibilities of guarding against coercion, ensuring patient confidentiality, promoting reflection about nurse's own positioning in relation to the spiritual and serving the needs of a diverse society provide a foundational starting point for providing ethical spiritual care.

Grypma, S. (2005). Florence Nightingale's changing image, Part 2: From ministering angel to modern mystic. *Journal of Christian Nursing*, **22 (2): 6 – 13.**

Part II of a two-part series, this article highlights ways in which contemporary nurses have rejected Nightingale's traditional image as a Ministering Angel, and have re-shaped her image, as a Modern Mystic. Each of these images is based on particular understandings of Nightingale's spirituality: Nightingale the Ministering Angel/ Lady with the Lamp is the ideal Christian; Nightingale the Modern Mystic is the ideal postmodern spiritualist. In order to address the question of whether Nightingale's ideals should continue to inform nursing practice, we must understand what those ideals are.

Grypma, S. (2005). Florence Nightingale's changing image, Part 1: Nightingale the feminist, statistician and nurse. *Journal of Christian Nursing*, **22 (3): 22 – 28.**

Part I of a two-part series, this article explores Florence Nightingale's historic image as a Heroine, Feminist, Statistician and Nurse. Part I argues that the most enduring image – Nightingale as the "Ministering Angel" and "Lady with the Lamp" – is both inaccurate and incomplete. Today, nurses are struggling with the question of whether we should retire Nightingale as a symbol for nursing; I

suggest that we first get a clearer idea of who it is, exactly, that we are proposing to retire.

[Reimer Kirkham, S., Meyerhoff, H., Pesut, B., & Sawatzky, R. (2004). Spiritual care-giving at the juncture of religion, culture, and state. *Canadian Journal of Nursing Research, 36*(4), 248-264.]

In response to the increasing diversity represented by both recipients and providers of health care, nurse scholars have turned considerable attention to developing theoretical grounding for nursing practice regarding spirituality and culture. Yet despite these two growing fields addressing diversity within health care, there has been relatively little substantive exploration of the intersections between these areas. Drawing on a study with nurses and chaplains examining the contexts of intercultural spiritual care-giving, the focus of this paper is the borderlands between spirituality, religion, culture, and ethnicity. Findings from this interpretive descriptive pilot study point to the importance of cultivating an internal space that equips health care professionals for spiritual care-giving, and seeking points of connection through spiritual dimensions, especially in interfaith, intercultural encounters. The contexts of current practice environments, as well as the larger social setting of a pluralistic and secular state, shape the dynamics of spiritual care-giving. The study invites a postcolonial, critical analysis of contemporary conceptions of spirituality and spiritual care-giving, with a particular call to re-think tendencies that de-emphasize creedal religions in the quest for a universal spiritual experience.

Grypma, S. (2004). Neither angels of mercy nor foreign devils: Re-Visioning Canadian missionary nurses in China, 1935 – 1947. *Nursing History Review,* 12, 97-119.

[Chiu, L., Emblen, J., Van Hofwegen, L., Sawatzky, R., Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research. 26*(4), 405-428.]

Spirituality is a universal human phenomenon, yet confusion and incomprehension of the concept is ever-present. The purpose of this study was to explore how research on the concept of spirituality has been reported in the health literature in the past decade and develop an ontological and theoretical understanding of spirituality. The examination was based on quantitative and qualitative integrative review approaches, which integrated empirical research on spirituality. The sample included 73 spirituality research articles, which were published in English between January 1990 and September 2000. An electronic data-collection tool was designed for use in this project and formatted using Excel software for transfer of coded data into the NVivo software for the data analysis. The results identified essential elements of spirituality, current use of operational definitions and instruments, conceptual frameworks used in spirituality research,

and cultural aspects of spirituality. Historical comparison among decades and barriers in researching spirituality are discussed.

Pesut, B. (2003). Developing spirituality in the curriculum: World views, intrapersonal connectedness and interpersonal connectedness. *Nursing Education Perspectives, 24*(6), 290-294.

Many nursing education programs are searching for ways to incorporate spirituality into the curriculum. Yet, how this should be done remains a point of debate. A number of models and teaching strategies have been posed in the literature. This paper will explore how definitions of spirituality can inform how we integrate this important concept into the curriculum. Three key themes from definitions of spirituality in the literature are discussed: world views, interpersonal connectedness and interpersonal connectedness.   Strategies are presented for facilitating discussions around world views and for fostering a climate that promotes intra and interpersonal connectedness for students and faculty.

Grypma, S. & Jamison, S. (2003). Caring for strangers: Nursing's peculiar legacy. *Journal of Christian Nursing, 20* (3), 9 – 13.

Pesut, B. (2002). The development of nursing students' spirituality and spiritual caregiving. *Nurse Education Today, 22,* 128-135.

Nursing education programs are increasingly being challenged to incorporate spirituality and spiritual care-giving into the curriculum. The purposes of this study were to explore how students in a baccalaureate curriculum perceived their spirituality and spiritual health, and their perceptions of spiritual nursing care. Students in the first and fouth years of the program filled out a survey that included a spiritual well-being scale and several open-ended question. Overall, students had a strong awareness of personal spirituality and a high level of spiritual health. They identified a number of behaviours and characteristics of the nurse that facilitated spiritual care. Fourth year students demonstrated a more patient-centred approach to spiritual care. They placed less emphasis on the nurse's agenda and qualities and more on supporting the patient's beliefs.

Meyerhoff, H., Van Hyofwegen, L., Hoe Harwood, C., Drury, M., & Emblen, J. (2002). Restoring meaning in life through spiritual nursing interventions. *Canadian Nurse, 98(3),* 21-24.

Life may seem to have lost its meaning for people who face such life challenges as job loss, serious illness or the death of a loved one. Many nurses feel ill prepared to address such spiritual needs as loss of meaning, yet spiritual interventions are simply human ways of helping clients understand the meaning and purpose of life. Nurses can implement a number of spiritual interventions

when loss of meaning is expressed by individuals or families. In addition to restoring meaning, these interventions can bring about a number of other positive outcomes — restoring hope, enhancing well-being, reintroducing joy, encouraging love and trust and bringing a sense of peace. This paper describes how five spiritual interventions — communication, connectedness, bibliotherapy, music therapy and prayer — were used to help a family confronted with a loss of meaning precipitated by the diagnosis of a son's autism. The interventions continued throughout the boy's childhood and adolescence.

Harwood, C., Drury, M., Van Hofwegen, L., Meyerhoff, H., & Emblen, J. (2002). Spiritual health interventions to restore meaning: Synopsis of conference proceedings. INPM Press.

Emblen, J. & Pesut, B. (2001). Strengthening transcendent meaning: A model for the spiritual nursing care of patients experiencing suffering. *Journal of Holistic Nursing, 19*(1), 42-56.

The purpose of this article is to present a model for the spiritual nursing care of patients experiencing suffering. Meaningless suffering can lead to spiritual disintegration. However, the finding of transcendent meaning in the suffering experience can be a profound attenuator of how the suffering is experienced.