

EDITORIAL

Dorothy Grosvenor describes the argument that nurses need to learn about and to give 'spiritual care in addition to bodily nursing care' as the current dominant discourse. She explores this argument in a fascinating, multi-layered article which challenges any woolly or trendy thinking on this issue. Both editors have found her article absorbing, and in some ways, exasperating- in the sense that we want to shout 'Yes!' to some things, and 'No!' to others. (Whether we are both shouting yes and no at the same places is another matter, dear reader.)

As I understand it, with apologies for any misunderstandings, the author is expressing a profound opposition to the notion that spiritual care should be looked upon as an extra, add-on dimension to patient care, and that nurses, in addition to their other responsibilities, should now be expected to deliver this spiritual care, understood as somehow higher than, superior to, other, more bodily orientated aspects of nursing care. She is wary of a scenario in which the nurse, armed with spiritual care check list and having been taught that spiritual care is necessary for everyone, should be placed in a position of subtly convincing the patient into thinking likewise, and accepting a spiritual care which the patient would not have dreamt of requesting. She questions whether the enthusiasm of chaplains over the current high profile of spiritual care in healthcare might in fact be due to our hope that the nurse might become an ally in promoting 'spiritual care for all'. In this way, referrals will be generated, the status of the chaplain raised, and the chaplain's alarm over a shrinking constituency of those actually requesting spiritual (i.e. religious) care will be allayed. Hence the title 'Nurses : 21st Century evangelists'. (Editor's words and analysis).

The author's own view seems to be that nurses should not be compromised in this way, and that spiritual care, if the phrase is useful at all, should not be seen as something separate, something higher, another task for nurses. She points out that experienced nurses speak of their role in terms of 'competence, compassion and beneficence, given in a spirit of mutual humanity', and she is passionate in her belief that this is all that should be required. *And, that it is enough.* The work of caring- human, inti-

mate, a task in which the spiritual and the bodily are regarded as a unity, makes any other 'spiritual care' redundant. What nurses need is the time, the support, the resources *to be nurses.*

Yes, yes, yes. And no. From my own perspective as a chaplain who is at times asked to talk to nurses about spiritual care, I don't see myself as one who is there to add another task for them to perform. Nor do I see the spiritual as higher than or superior to the nitty gritty of caring for embodied persons. Instead, much of my effort is directed at affirming nurses in the value and worth of what they already do, as nurses, and to point out that to care with competence and humanity is to give what I understand to be spiritual care. Spiritual care can take very practical forms (I am reminded of Rachel Stanworth's story of the lady who was asked in what way she had been cared for spiritually in hospital, and who replied 'when I felt fevered, the nurse brought a cool pillowcase for me to rest my face on.')

So why call this sort of thing spiritual care? Of course the terminology gives rise to much debate and to many attempts at definition, and yet, for me, the use of the term *spiritual care* for these very human and practical tasks of caring does something to preserve the sacredness, the holiness of persons, of bodies, of the material, while also seeking to give full value to such tasks.

So, no more than the author do I relish the idea of spiritual care as an add on extra, perhaps subtly devaluing the other aspects of the care of persons. Nor would I be comfortable with the nurse having to act in any way as an evangelist, or an apologist for the worth of the chaplain.

Yet I would want (defensively perhaps) to claim a little more elbow room for the chaplain than Dorothy seems to allow for. I would not wish to be confined to seeing only those who *requested* spiritual care, i.e. most likely only religious people: not only because business might drop off, but also because I do believe that all of us are at some time in our lives in need of spiritual care, understood as having to do with meaning, purpose and identity, with forgiveness, love and hope, and that at times of illness this

need can be acute. And while I would agree wholeheartedly that competent compassionate nursing has a huge role to play, nevertheless I would want to maintain that by dint of theological training and reflection, the chaplain is most likely to have a perspective on these matters, on this holy/human territory, that the nurse is unlikely to have. So I would plead for a partnership of equals between nurse and chaplain, in the task of caring for persons.

As far as the teaching of spiritual care is concerned, while the very attempt to do so means that to some extent an artificial split has to be made between the bodily and the spiritual, I still see it as useful for

those nurses who are not confident in this area, and who would benefit from focussed reflection upon 'inner needs'.

These are a few random reactions to an intriguing contribution to this edition of the journal. We hope that some of you will be similarly intrigued, and that you would consider putting together a response.

I have concentrated on one contribution. Let me commend to you an edition of the journal which contains much to promote considered reflection, in the hope that you will find your own rich seams.