Health care spirituality is the foundation for the health care system. Indeed, spirituality has implications for healing in health care. Numerous U.S. hospitals were started by religious groups, such as Catholic nuns, who came to care for the sick and the poor. With their mission to serve others in need, these founding health care professionals felt called to service, not primarily to work for monetary gain. Today, the effect of religion on health care continues in Catholic, Baptist, Lutheran, and Episcopalian health care systems and hospitals.

Health care professionals still speak of a sense of calling to make a difference by serving others. The Association of American Medical Schools determined that of the four major attributes medical students should exhibit by the time of their graduation from medical school, the first attribute is “being altruistic” (see Association of American Medical Colleges). Further, physicians must always be compassionate, caring, and willing to listen to the patient. Thus, as implied in the Hippocratic Oath, physicians are expected above all to put their patients’ needs above their own and be attentive to the patient as a person with beliefs, values, and experiences that may affect the way the patient understands their illness or situation. This is the basis of the patient-centered approach to health care (see Astrow and others).

Nursing also recognizes the central significance of spirituality. “Spirituality, in its broadest sense, is a part of the ontology foundation of nursing; it is regarded as a basic characteristic of humanness important in human health and well being” (Reed, 349). Nursing practice is rooted in compassionate presence and caring for the whole person. Nursing research speaks to the experience of spirituality in patients’ lives and in relation to their suffering and meaning (see Burkhardt). Thus, both the traditions and the oaths of the medical and nursing professions claim spirituality as the foundation on which health care systems are built.

In the last twenty years there has been an increased focus on the role spirituality plays in the lives of patients. Numerous surveys indicate that patients desire to have their spiritual needs addressed in the health care setting (see the George C. Gallup International Institute). Additional studies...
show the beneficial impact of spiritual beliefs in coping, recovery, and longevity, as well as in resiliency and stress modulation (see Stefano and others). Some of these studies looked at religious beliefs and practices; others studied broader definitions of spirituality that had to do with meaning and purpose in life (see Mount and others) or spiritual values such as hope (see Puchalski, 1999) and forgiveness (see Worthington and others).

Theologians caution scientists that religious and spiritual beliefs transcend any outcome orientation and that to fit studies into a reductionist model eliminates the full expression of religious and spiritual practices. Interestingly, many spiritual experiences can cause distress that is thought to be normal and even a desired part of spiritual journeys. St. John of the Cross clearly describes the experience of spiritual aridity in the Dark Night of the Soul. Suffering is considered by many religions to be a path to spiritual enlightenment (see Puchalski and others, 2004; Puchalski and others, 2005). Most religious traditions also pray that God’s or the Divine’s will be done, not our own.

Another movement to re-incorporate spirituality into the health care setting comes from an ethical and philosophical basis for its role in healing. In the last fifty years, however, there has been a gradual weaning away from the foundational values of care and service, shifting the focus to economics as the bottom line approach to delivery of care. Both patients and health care professionals are dissatisfied with this system. Increasingly unhappy patients are going to complementary and alternative practitioners.

Nurse turnover and burnout rates at hospitals are high and physicians are leaving the practice of medicine and going into other professions because they gain little job satisfaction when they are not able to practice medicine in a more patient-centered way. Many health care practitioners have advocated for changes in the health care system, the integration of spirituality courses in medical schools and residency programs.

In 1992, when only two other schools had a course covering religion and health, I developed a course on spirituality and health at the George Washington University School of Medicine. The course covered topics ranging from the role spirituality and religion plays in the lives of patients and health care professionals to practical ways to address spirituality with patients, including taking a spiritual history. The course at George Washington became a model for other medical school courses. The criteria and learning objectives for the courses were developed in collaboration with the Association of American Medical Colleges. Those standards require students to become aware of and to nurture their own spirituality and that of their patients. Thus, the overall goals of the courses are reflective of the bio-psycho-social-spiritual model of care (see Sulmassy). This, then, forms the foundation for patient-centered care.

Medical educators, clinicians, and ethicists collaborated to define spirituality. Their intent was only to provide a starting place for integration of spirituality into health care. Recognizably, it does not reflect the theological depth of spiritual experience. The definition is:

**Spirituality** is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual’s search for ultimate meaning through participation in religion and/or belief in God,
family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another (Association of American Medical Colleges, Report III).

There are two overall categories of human meaning: Meaning with a capital "M" and meaning with a lower case "m." Things that fall into the lower case "meaning" category might include activities, relationships, values that are meaningful to you but don’t define the ultimate purpose of your life. The components of upper case "Meaning," then, are the beliefs, values, practices, relationships, experiences that lead one to the awareness of God/divine/transcendence and a sense of ultimate value and purpose. If one finds meaning in work but then becomes unable to work, what then sustains that person? Illness and aging strip away those things of meaning that ultimately do not sustain us. When we confront ourselves in the nakedness of our dying, it is then that we have the opportunity to find the deep and transcendent Meaning. It is then that we see the Holy, God, Divine or Mystery. The understanding of the concept of transcendence is deeply personal and varied, ranging from secular humanism to religious to mystical and/or the metaphysical.

The experience of illness, life events, and stress can trigger questions, which are existential and spiritual in nature. For example: A dying patient was in distress throughout his hospitalization. The residents did not know how to help him. Further discussion about his spiritual issues revealed that he thought he was being tested and that he did not yet feel ready to die. He had many issues regarding how he would be judged by God. Talking with a chaplain helped resolve some of his issues and moved him to a calmer state. Healing, then, is the integration of self—physically, emotionally, socially, and spiritually. Finding meaning and purpose is central to this process (see Brody, 79–92).

Hope, forgiveness, love, and contemplation have all been shown to have benefit in physical health and spiritual health. Hope influences the coping process during times of loss, uncertainty, and suffering (see Breitbart and others). People who can forgive themselves and others have better health outcomes, relationships, and abilities to cope with stress (see Worthington, 1998).

Altruistic love (see Post and others) and meditation (see Benson) have many healing benefits. All of these results also have theological grounding.

John of the Cross, a sixteenth century mystic, noted that the "attachment to a hurt arising from a past event blocks the inflow of hope into our lives" (Kavanaugh and Rodriguez, 1991). He also writes of hope as being essential during time of uncertainty: "The soul should persevere in prayer and should hope in the midst of nakedness and emptiness, for its blessings will not be long in coming" (Kavanaugh and Rodriguez, 1991). Finally, St. Teresa of Avila writes that "... meditation is the basis for acquiring all the virtues, and to undertake it is a matter of life and death for all Christians" (Kavanaugh and Rodriguez, 1991).

So the spiritual life and spiritual virtues are fundamental to our ability to find meaning in life, to withstand the daily stresses of our lives and to cope with illness, loss, and uncertainty. Medicine and health care organizations are beginning to see the importance of spirituality in the health care setting.

When we can truly, divinely respect ourselves, and others, we can open the door to
peace, acceptance and healing. This starts within each of us as individuals and moves to the people around us. By loving ourselves and others, we offer ourselves and others hope and the opportunity for healing.

**References**


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