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## Spirituality in Nursing: Florence Nightingale's Legacy for The Nurse as an Instrument of Healing

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What a grand opportunity for you as the dean or the director of a school of nursing to deepen students' understanding of their own spirit and soul in the healing journey of life!

Modern science, including nursing and medicine, has evolved into one of the most spiritually malnourished endeavors in recent history. It is paradoxical that it is science

that is now showing that soul and spirit are essential to health. Science, long the enemy of spirituality, is pointing the way back. As these developments proceed, it is not just our patients who will benefit, but we nurses as well. What a glorious prospect with which nursing can phase out one millennium and enter a new one!

Why are we justified as nurses in speaking about soul and spirit in an age of science? Why not concentrate exclusively on the body, the sick organs, and the deranged biochemistry of our patients, as we've done for most of this century? Florence Nightingale, the founder of modern, secular nursing, spoke majestically and boldly about the need to honor the psychological and spiritual aspects of our patients as well as ourselves. For her, it was unthinkable to consider sick humans as mere bodies who could be treated in isolation from their mind and spirit. In Nightingale's holistic approach, the role of love and empathy was considered paramount. It is our responsibility as educators, clinicians, and researchers to integrate our rich history of healing into the nursing curriculum.

Early physicians also agreed. As Paracelsus, the sixteenth-century Swiss physician and alchemist, who discovered mercury as a treatment for syphilis, put it, "The main reason for healing is love." But with the rise of scientific, materialistic medicine in the nineteenth and twentieth centuries, these lessons in love, which had seemed self-obvious

for almost the entire history of healing, were set aside and virtually lost. Nurses and physicians set their sights almost exclusively on objective, physically based approaches. Emotional involvement, we learned, might get in the way and contaminate our clinical objectivity. We went to almost unbelievable lengths to sanitize health care of the subjective. For example, for most of this century, when one spoke of "the mind," what one *really* referred to was the chemistry and physiology of the *brain*. As a result, mental illness has increasingly been considered a biochemical or genetic derangement, which can best be treated pharmacologically. Worse, one spoke about "love, soul, and spirit" almost apologetically, if at all. Such talk was considered unscientific and antiquated; it did little to enhance one's professional advancement; it wasn't "modern."

Touchy issues, some say! Nurses have no business taking on the role of spiritual guide; that's what pastoral counselors, hospital chaplains, ministers, priests, and rabbis are for. But we are not being asked to become spiritual counselors; we're being asked to extend love, compassion, and empathy which are the bedrock on which nursing rests and has always rested; to encourage patients themselves to address these issues, and to suggest avenues how they might do so. We don't expect ministers to perform appendectomies,

and we should not expect nurses to be expert spiritual guides. But we *can* be mediators of spiritual resources for those we serve. This is not an outrageous mandate; it is merely a return to the core values implicit in nursing's history, and it is good science.

**Integration of Caring and Healing.** Being a dean or a director is not incongruous with being an instrument of healing. Healing is that ability to assist, guide, mentor, and to facilitate the healing journey of your students,

faculty, and yourself. You and your faculty can truly open the dialogue to shape the new generation of nurses as instruments of healing. This can best be achieved by integrating caring and healing as the essential, continuous thread in every aspect of the curriculum. The question always arises that there is so much core content to cover in a class that there is no time for caring and healing content. For years I taught pathophysiology and critical care nursing, but healing and the healing arts were always part of each lecture, regardless of the topic. When the teacher and the student take a few moments to come into the present moment and let go of stress, body tension, worries and fears, the teacher teaches more effectively, and the student learns easier and retains more.

**"Spiritualism is dormant,  
not dead, let us hope.  
How to revive it,  
to rekindle it into life,  
is the great question."**

**Florence Nightingale**  
*Suggestions for Thought, 1860*

Healing rituals, the exploration of the creative arts in education, and complementary and alternative therapies are a way of connecting with the sacred life force. Healing rituals such as relaxation, imagery, music, and touch are wonderful ways to learn about the deeper levels in the caring-healing process. An important aspect of inner work in our fast-paced lives is to create a time for rituals that have specific meaning. For example, what are your healing rituals that assist you in being present in the moment before you start a lecture? To enhance our ability to integrate caring and healing into each classroom situation and to increase our awareness of becoming an instrument of healing is to reflect on these questions:

- What do you know about the meaning of soul, spirit, and healing?
- What can you do each day to facilitate healing of your soul and spirit?
- What is the essence of being an instrument of healing?
- What can you do to enhance qualities of your soul and spirit to become an instrument of healing?

As a former faculty member and now as a nurse educator and consultant, I find that one of the most profound ways to integrate concepts of caring and healing is to create a healing environment in a sterile classroom and to engage the students in experiential exercises at the beginning of a class with a few minutes of a relaxation exercise such as rhythmic breathing to an extended relaxation and imagery exercise for ten minutes.

One simple and special exercise is to invite the students to relax for a few moments, releasing tight shoulder and face muscles, closing their eyes to feel their eyes relaxed behind their closed eyelids. Then ask them for a few moments to take three rhythmic breaths at their own pace. As they are doing this you might say in a calm relaxed manner a few words such as "We've all been very busy getting to class, so lets just take a few moments to relax and get quiet before I begin today's class. Let yourself take three rhythmic breaths at your own pace to come into this moment. Notice the power of your breath to evoke relaxation and an inner stillness. Remember, healing happens in the present moment. We carry our healing with us at all times." Next, ask the students to reflect on the following questions, allowing a pause between the questions:

As you sit in your very quiet way in this present moment, ask yourself the following questions.

- The part of me that is most in need of healing right now is?
- The message that I can give myself in this moment to bring about this healing is?

A *healing environment* is both external and internal; both support the others to allow creativity to flow. Personal preference will determine how we each create our external healing environment. You may have fresh flowers on your lecture podium or table as a visual of healing, or you may use slides of nature where you can become tuned into the natural rhythms and cycles of nature to enhance the inner stillness of your internal healing environment. These naturally occurring events in nature can serve as metaphors in relaxation and imagery exercises (the changing of the seasons, planting seeds, flowering, going into hibernation, etc.) and can remind us of the natural rhythms of our lives as well.

Find your own *personal style* to integrate creativity and healing strategies in the classroom. Use different techniques and complementary modalities that allow your passion for car-

ing and healing to emerge. Use your creative gifts. Which arts speak to you? How do you respond to music, art, paintings, weaving, sculpting, etc. If you are not comfortable with your artistic side, you might find a *mentor or coach*. Discover professionals and other healers in your community who integrate different healing modalities in the classroom setting and in clinical practice. Take the time to experience these individuals in their classroom setting, through private sessions, workshops, or public lectures.

*Art objects and supplies* that can be integrated in the classroom to enhance creativity are many. These might be the imagination, candles, music, drums, altar or sacred space, circle, masks, songs, incense, healing symbols, totems, fetishes, poetry, chants, feathers, colored yams, crayons, colored construction paper, pictures, stories, talking stick, water, earth elements, clay, and other art supplies. It is most helpful to gather these art supplies and various healing objects in one place. You might find that it is most useful to place these supplies in baskets to be easily transported from one place to another or to be stored.

Being an instrument of healing presents immense challenges. As we learn how to integrate healing rituals into our lives, then we can better teach students to deal with their feelings of frustration and helplessness and how to deal with their own life change or to deal with crisis and daily events. As students learn more about their own healing journey, then they can better assist clients, patients, and families to lessen their anxieties, worries, and fears.

We may specialize or sub-specialize, but our students and patients don't. They come to us as a whole, not as a body cut off from their soul and spirit. And it is the **whole to which we must respond**, if we deserve to be called a nurse instead of a technician. Are we up to it? Yes! I have talked to thousands of nurses around the country who are hungry and eager for these changes. They deeply desire a greater sense of personal, professional, and spiritual fulfillment, which comes about, they say, when they honor their own psychospiritual needs as well as those of the patients and families that they serve. Best wishes in your healing journey!

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**References:** For a list of the author's references, contact Judith Tyler, MA, RN at NSNA headquarters. 212-581-2211, x 215 or [judith@nsna.org](mailto:judith@nsna.org)

**Resource:** For information, videos, and educational programs on holistic nursing contact: American Holistic Nurses Association (AHNA), P.O. Box 2130, Flagstaff, Arizona 86004, 800-278-AHNA, Fax 520-526-2752; E-mail: [AHNA-flag@flaglink.com](mailto:AHNA-flag@flaglink.com); Web page <http://www.ahna.org>.



## **National Sample Survey of Registered Nurses**

The National Sample Survey of Registered Nurses (NSSRN) serves as one of the pivotal tools used to assess the characteristics, supply, and adequacy of the nursing workforce. The NSSRN is the nation's most extensive and comprehensive source of statistics on all RNs currently licensed to practice in the US, whether or not they are actively employed in nursing.

The Division of Nursing has conducted six sample surveys: September 1977, November 1980 and 1984, and March 1988, 1992, and 1996. Reports for the six studies have been published and made readily available to the public, nursing profession, and all of those in health care planning and evaluation.

The NSSRN 2000, which will be mailed in March of 2000, is based on a scientific sample of about 54,000 RNs that represent RNs licensed in each of the states and the entire nation. RNs selected to participate in the sample are asked to complete a questionnaire. Their returned responses are entered into a database and analyzed to describe the characteristics of this very important group of health care professionals.

Everyone relies on the results of the National Sample Survey of Registered Nurses. Although the Division of Nursing has the responsibility to conduct the National Sample Survey of Registered Nurses, complete the data analysis, and publish the findings, the Division also uses the data as input to economic models forecasting the supply and requirements of the nursing workforce till the year 2020 as it plans for appropriate educational resources. Other federal, state, and local government departments and agencies, as well as congressional offices use the National Sample Survey of Registered Nurses as the key source of background data on RNs. Professional organizations, regulatory bodies, and individual nurses rely on the sample survey results for average compensation rates, estimates of the number of nurses in their region, and educational distribution of the workforce. The NSSRN is used by nurses and for nurses.

If you receive the National Sample Survey of Registered Nurses questionnaire survey, please complete it promptly and mail it back in the postage paid envelope.

### ***A Nurse's Introduction to Managed Care Textbook***

The American Association of Managed Care Nurses, Inc. (AAMCN) announced the release of the new textbook entitled, "A Nurses Introduction to Managed Care." This practical guide was produced by distinguished nurse executives experienced in managed care who want to share their knowledge and experience with other nurses who must make choices about careers and patients influenced by managed care.

"This textbook was written with one goal in mind - to provide nurses with a better understanding of managed care," said Marilyn Doughman, AAMCN president. "It is an invaluable resource for nurses requiring knowledge about managed care."

The AAMCN was established in 1994 in response to an identified need to educate nurses about managed healthcare. The AAMCN is a nonprofit membership association of registered nurses, nurse practitioners, and licensed practical Nurses including top level administrators, managers, directors, and consultants associated with a variety of managed healthcare organizations. AAMCN's membership totals more than 2000 healthcare professionals throughout the US.

### **NSNA's 48th Annual Convention Draws Nursing Students Nationwide**

Over 2,500 nursing students and guests from across the country packed the Salt Palace Convention Center in Salt Lake City, Utah, April 12-16, for a high energy week of special events, over forty educational focus sessions, and business meetings. Over one hundred fifty exhibitors packed the Exhibit Hall, providing students with the opportunity to network and gain valuable career information and a special "Career Fitness Center" provided students with one-on-one career counseling and resume feedback.

Immediate Past President Kristen Hiscox welcomed students and faculty to Salt Lake City and read greetings from President Clinton, who recognized America's nurses and nursing students. Mr. Roger Thompson, vice chair, Salt Lake City Council, brought greetings from the Mayor and proclaimed the week of April 12-16 National Student Nurses Association Week. Mary Foley, MSN, RN, a past NSNA president and president of the American Nurses Association, gave greetings on behalf of the ANA, and Eileen Zungolo, EdD, RN, FAAN, president elect, NLN, offered greetings from the National League for Nursing.

Keynoter Stephanie Ferguson, PhD, RN, FAAN, a former White House fellow and currently professor of nursing at Howard University, Washington, D.C., received a standing ovation for her speech. Drawing on her personal and professional experiences, Ferguson inspired students, acknowledging that they hold "the master key" for success. She encouraged them to become leaders, to "be bold and remain positive," and to find mentors as role models.

The following officers were installed at the close of the House of Delegates meeting on Saturday, April 15, 2000. President: Aurora Hernandez, Minneapolis Community & Technical College, Minneapolis, MN; Vice President: Toby D. Richards, San Diego State University, San Diego, CA; Secretary/Treasurer: Angel Nicolle Martin, Villanova University, Villanova, PA; Imprint Editor: James Green, Columbus State University, Columbus, GA; Breakthrough to Nursing Director: Edith Saavedra, California State University, Fresno, CA; Director: Michael Desjardins, Salt Lake Community College, Salt Lake City, Utah; Director: Jill

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The House of Delegates passed the following resolution, in support of:

- Recruitment and retention of nursing students in the National Student Nurses' Association
- Nurses' participation in patient's end of life care
- Enhanced recruitment efforts beginning at the elementary school level to compensate for the escalating nursing shortage
- Increased community knowledge and awareness concerning post-traumatic stress disorder
- Increased awareness and education of scleroderma
- Promoting health insurance coverage for contraception
- Aggressive pain management in substance abusers
- Increased health care worker participation in blood drives in light of the national blood shortage
- Nursing research and increased funding for the National Institute of Nursing Research at the National Institutes of Health

- Increased awareness and education of Baby Bottle Tooth Decay (BBTD)
- Continued research of the genetic role in the treatment of breast cancer
- Education on the prevention and the consequences of antibiotic resistance
- Tobacco settlement fund usage for health care
- Mandatory financial compensation for needle-stick injuries in nursing students
- Public awareness for pathological gambling as an addiction and health care issue

An Honorary Membership was awarded to Eunice Cole, BSN, RN, ANA-appointed consultant and past ANA president. The NSNA/MOSBY Leader of Leaders Award was given to Professor Barbara McClaskey, Pittsburg State University, Pittsburg, Kansas.

NSNA's MidYear Conference takes place in St. Louis, Missouri, November 9-12, 2000 and the 49th Annual Convention will be in Nashville, Tennessee, April 4-8, 2001. Mark your calendars!

NSNA is a membership organization representing approximately 30,000 students in Associate Degree, Diploma, Baccalaureate, generic Masters and generic Doctoral programs preparing students for Registered Nurse licensure, as well as RNs in BSN completion programs.