

Editorial: Time as presence and opportunity: the key to spiritual care in contemporary nursing practice

Spirituality as an emerging area of academic study within health care has experienced rapid development over a 20-year period with mounting evidence that spiritual support yields improvements in a variety of physical and psychological health outcomes (Koenig 2012). The scientific development in the field of health sciences and its ethical and moral foundations leave no space for doubt with regard to nurses' duty to assess patients' spiritual needs. A holistic provision of care based on a scientific clinical reasoning, which comprises the assessment of spiritual needs, the nursing diagnosis, the planning of effective interventions and the evaluation of positive health outcomes is increasingly expected of nurses (Caldeira *et al.* 2013).

However, at the same time the notion of *meaning making* is gaining popularity as the central component of spirituality (Caldeira *et al.* 2013), gaining consensus on definitions of spirituality within the literature from a research perspective has proved challenging (Koenig 2012). Notwithstanding these debates, providing spiritual care in clinical practice attracts less dissension and is more straightforward (Koenig 2012). It is primarily based on practical care and application by directly addressing clients' individual spiritual needs, by supporting meaning-making, connections and transcendence, alleviating suffering and providing a sense of well-being that may help clients deal with adversity (Weathers *et al.* 2015).

Even so, despite a belief among most nurses that providing spiritual care to patients is important and part of their role (McSherry & Jamieson 2011), there are a great deal of barriers in the clinical environment that impede spiritual care delivery. It can be difficult to provide spiritual care due to a lack of

training, lack of objectivity of the concept of 'spiritual care', uncertainty about the role and lack of time (McSherry & Jamieson 2011). While a lack of education and understanding are clearly practical barriers to enacting spiritual care practices, we find it curious that *time* presents itself as a barrier to the provision of this essential care. We suggest that re-examining the understandings of time and nurse behaviours within time spaces might legitimately contribute to more meaningful and effective care. Conversely, if time is used as a reason not to provide spiritual care then this is something that will likely be detrimental to both the profession and to the clients in our care.

It is true that nursing interventions require time, and time is a critical factor in the management of clinical practice, taking particular relevance when it comes to prioritising tasks. However, what is of concern is that when nurses perceive not having time to provide the care they consider they should, the most frequent nursing care left undone are comfort and support of clients (Ausserhofer *et al.* 2014). As such, when nurses perceive they lack time they tend to become more concerned with routines and tasks. Curiously, while the amount of time required for the intervention of 'spiritual support' by nurses is recommended as 16–30 minutes, according to the Nursing Interventions Classification (NIC), and the intervention 'facilitating spiritual growth' takes longer, 31–45 minutes (Bulechek *et al.* 2013), simply *being in* the moment with a client can also facilitate spiritual care delivery (RCN 2011). Spiritual care turns into reality in a space between two verbs or two conditions: do/doing and be/being.

Although time is important for the management of care, this is a time

counted in units, numerically, rhythmic and quantitatively. It is this clock watching and measuring of time that causes a lack of attention to how time can be used in a more meaningful way. On the one hand, time is a basic resource for quality of care and for the organisation of the nursing teamwork, and on the other hand, there is a challenge towards transforming the clock-time into a substance time or meaningful time. Counting time, chronologically, refers to the order of time, within specific time periods (Stevenson 2015). However, it is of interest to note that unlike English there are two ancient Greek words for time still in use today, *Krónos* and *Kairós*. While *Krónos* refers to chronological or sequential time, *Kairós* refers to time as having a more qualitative and significant element.

Kairós 'is variously described in relation to a temporality and to a way of acting: it is the opportune moment' (Sloane 2006). It is a 'propitious moment for decision or action' an 'opportunity' (Stevenson 2015). Thus, it is useful for nurses to consider time as an opportunity where meaningful things can happen, rather than something to be counted. Time use can be made more efficient but also more dignified, by giving more thought and substance to available time. This is the key: caring in a different way. Spiritual care is not about interventions counted in time, but about how meaningful those interventions are for clients. Using time effectively means being able to see more than just look, and being able to listen more than just hear. These attributes require communicational, human and ethical skills without which nursing care is just a checklist of delivered tasks. Indeed in an RCN report on members' views ($n = 4054$) on spirituality, 89.9% of respondents confirmed the most fre-

quent way of identifying a patient's spiritual needs was from the patients themselves, while listening and observing (McSherry & Jamieson 2011). This study highlights the importance of nurses spending sufficient and quality time with patients. Not more clock-time, but investment in the opportunity of time. A spiritual assessment can occur in a very short time space by asking whether or not spirituality or a spiritual community is important to patients, or ascertaining their spiritual resources or coping mechanisms. Once this is done time can be set aside later for spiritual intervention and/or the client can be referred to the chaplain. It is likely that this quick observation and engagement with the client will help undue spiritual distress in some, provide additional support for coping with illness and recovery and ultimately reduce the burden on the health care staff, thus ultimately time saving.

Overall the sense of a lack of time experienced in clinical practice usually is not accurate and is often biased because it is based on perceptions, physiological and cognitive processes (Zakay 2012). The same period of time could be longer or shorter depending on how it is understood and experienced. There are two dimensions of perceiving time, retrospective timing and prospective timing. The first refers to a sense of perceiving time as longer than the same clock-time, based on the use of intensive mental activity during the period which results in a perception that the time was actually much longer than the same clock-time interval (Zakay 2012). The second, the prospective time, is based on attentional processes and humans' awareness of the passage of time, is highly influenced by attentional demands during the time period (Zakay 2012). Therefore when the person is not engaged mentally in the moment, but thinking ahead to all the tasks that must be done, then the time is perceived as going faster.

Spiritual intervention does not necessarily require more time than usual care intervention, but is about the nurse using their presence to connect with the client, using a healing pres-

ence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, client-centeredness and the creation of a spiritually nurturing environment (Ramezani *et al.* 2014). Therefore like the Greeks, nurses need to reconceptualise each moment of time as an opportunity and learn more to act and attend in the moment.

It's all about making the available clock-time into a more meaningful time, thus, transforming time into an ally, rather than a factor for burden. Spiritual care is all about personalised care and giving meaning to 'tick tock' of time. It's all about adding meaning to time in order to nurture patients' spiritual well-being. These simple but fundamental acts require nurses to grasp time as an opportunity for being with and being present among clients and their families. This way they can perceive time as longer, and it becomes more meaningful for both nurses and patients. Ultimately nurses need to keep at the forefront of their minds that spirituality applies to anyone who has the cognitive capacity to consider their experiences and concerns, a sense of connecting with others, transcendence and finding meaning and purpose in life (Weathers *et al.* 2014). As such nurses ought to seek out and support the clients' spiritual needs to provide quality care (ICN 2012) by striving to engage fully in the nurse–client relationship, while at the same time being mindful that the time spaces within which key nursing tasks take place are filled with opportunities to support holistic client care.

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References

- Ausserhofer D, Zander B, Busse R, Schubert M, De Geest S, Rafferty AM, Ball J, Scott A, Kinnunen J, Heinen M, Sjetne IS, Moreno-Casbas T, Kózka M, Lindqvist R, Diomidous M, Bruyneel L, Sermeus W, Aiken LH & Schwendimann R (2014) Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. *British Medical Journal Quality & Safety* **23**, 126–135.
- Bulechek G, Butcher H & Dochterman J (2013) *Nursing Interventions Classifications (NIC)*, 6th edn. Elsevier, Mosby, MO. ISBN: 978-0-323-10011-3.
- Caldeira S, Carvalho E & Vieira M (2013) Spiritual distress – proposing a new definition and defining characteristics. *International Journal of Nursing Knowledge* **24**, 77–84.
- International Council of Nurses (ICN) (2012) *Code of Ethics for Nurses*. ICN, Geneva.
- Koenig HG (2012) Commentary: why do research on spirituality and health, and what do the results mean? *Journal of Religion and Health* **51**, 460–467.
- McSherry W & Jamieson S (2011) An online survey of nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing* **20**, 1757–1767.
- Ramezani M, Ahmadi F, Mohammadi E & Kazemnejad A (2014) Spiritual care in nursing: a concept analysis. *International Nursing Review*, **61**, 211–219.
- RCN (2011) *Spirituality in Nursing Care: A Pocket Guide*. The Royal College of Nursing, London. Available at: http://www.rcn.org.uk/__data/assets/pdf_file/0008/372995/003887.pdf (accessed 27 February 2015).
- Sloane TO (2006) *Encyclopedia of Rhetoric*. Oxford University Press, Oxford. eISBN: 9780195188448
- Stevenson A (2015) *Oxford Dictionary of English*, 3rd edn. Oxford University Press, Oxford. eISBN: 9780191727665.
- Weathers E, McCarthy G & Coffey A (2015) Concept Analysis of Spirituality: An Evolutionary Approach. *Nursing Forum*, Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25644366> (accessed 20 February 2015).
- Zakay D (2012) Experiencing time in daily life. *Psychologist* **25**, 578–581.