# EDITORIAL

## The Restoration of Holistic Approach to Nursing Care in Lithuania

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The new WHO definition of health proposes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This has shifted the strictly biomedical approach toward health that has been dominating in healthcare for decades. In a biomedical model, a person has been treated as a biological creature with its physical expression. Namely nurses were those who have soon realized that the biomedical model is limited to reflect real human needs and patient care tasks.

Identifying spirituality and meeting spiritual needs remain a challenge for the modern healthcare system. In Lithuania, a country with a deep and complex history surrounding religious/spiritual expression where religious and spiritual beliefs of individuals were historically restricted and suppressed, a greater attention to spiritual concerns of ill persons contributes to restoration of a more comprehensive ("holistic") approach to care (1).

In 2017, the multi-professional group of young researchers at the Lithuanian University of Health Sciences, Faculty of Nursing, initiated a national research project with the main idea of fostering spirituality in nursing. The aim of the two-year investigation was to explore the spiritual well-being and spiritual needs, and factors of their influence on hospitalised cancer patients. With the project, it was expected to provide evidence for justification of the advantages of a biopsychosocial-spiritual model of care (2) and prompt the pursuance of such care for cancer patients. The project *Spirituality in Nursing: Spiritual Well-Being and Spiritual Needs of Oncology Patients – A Mixed-Method Study, SPIRITcare,* 2017-2019 was funded by the Lithuanian Research Council.

Spiritual needs are difficult to deal with due to their individual, often personalised nature, the inability of professionals to recognise them, and to meet them on time and adequately. At the same time, there is a vast number of health care professionals who still believe that the spiritual care of the patient is not the domain of the nurses' duty. In our project, we were led by the notion that nurses who are at the patient's bed on a 24/7 basis should have the competence and the ability to take spiritual care of patients in all settings while they care for the whole person, mind, body, and spirit.

The project results revealed that there were significant differences between the spiritual needs, spiritual well-being, satisfaction with life and happiness of oncology patents in terms of gender, age, religiosity and other sociodemographic characteristics (1, 3). Moreover, the individual sense of religiosity and spirituality in personal life is associated with spiritual well-being and unmet spiritual needs of cancer patients (4).

Spiritual health is reflected in spiritual well-being and in actual spiritual needs of a person. Our study showed that spiritual well-being of cancer patients is related to their unmet spiritual needs underpinning the presence of connection between emotional, social and transcendental dimensions of human beings in healthcare. The transcendental domain of well-being remained the strongest predictor of religious needs of non-terminally ill cancer patients supporting the integrity of the personal religious and spiritual belief system (5).

Although spirituality and religion are very personal and private matters, they should be taken into account during a cancer patient's comprehensive assessment and care planning in hospital care. This care and spiritual support would be based on a comprehensive, patient-centred approach, including their families and friends, healthcare professionals, spiritual and religious leaders or community members, with peer and patient support groups and with clearly defined and regulated roles for each. The findings of our project are useful to set priorities in enhancing cancer patients' spiritual health and for planning spiritual care in hospitals.

Still one of the greatest challenges for Lithuanian nurses is to assess and satisfy patients' spiritual needs. The standard of nursing did not include spiritual care competence into the long list of knowledge, skills and abilities required for practicing nurses. As a result of the project, a nursing protocol of spiritual care was developed and must be tested in nursing practice. The authorities have the freedom

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to further develop the protocol and use it in a way they feel comfortable with.

Although the role of the clergy in the care of the patient is increasingly recognised in Lithuania, there are no clear standards and obligations for healthcare facilities to employ clergy and pastors. The clergy's perception of spiritualty, analysed in a qualitative study, resulted in the concept of personal experiences driving outcomes, acknowledgment of the whole person and balance and coping (6). For the clinical team, communication is essential, where a physician, a nurse and the clergy work together to provide care to those who require both clinical and spiritual care. It is also important for the extended clinical team to understand this relationship and to realise that nurses are pivotal in that care, because their professional routes and standards of practice embed spirituality into everyday practice. Without a clear understanding that each healthcare member plays a role in the provision of spiritual care, nurses are at risk of breaching their ethical codes of practice.

In perspective, spirituality and spiritual aspects of care in the Lithuanian health service would be addressed more completely if more trained healthcare chaplains were present and accepted as equal and integral members of the healthcare team. In addition, the full integration of spiritual care providers within the standard practice of different fields of healthcare will be real if legal obligations for healthcare facilities to have trained pastoral care providers, such as chaplains, spiritual directors, spiritual advisors, pastoral counsellors, clergy, and culturally based healers, are issued (1, 6).

Three standardised research tools were translated into Lithuanian, adapted and tested during the project that, hopefully, will contribute to and enhance research of spirituality in healthcare (3, 5). The application of unified tools, which retains elements of the original structure, enables international comparisons of the results and the identification of cultural differences in patients' perceptions of their spiritual concerns.

The project results were extensively distributed nationally and internationally and received a great recognition in terms of their importance and relevance for nursing care, especially in our country. The project activities have expanded the scientific collaboration among different specialties and professions (medicine, midwifery, theology, spiritual advisory, psychology, human physiology) and have encouraged continuing research studies in our country. Further scientific investigations are directed toward the following issues: women's perception of pregnancy, birth and early motherhood with the influence of spiritual relationships on healthy pregnancy and foetus/child-protective behaviour; the interconnection of spirituality with human physiology (7); interconnectedness of culture and spirituality in different societies and communities; spiritual competence of health professionals. The research team is proud to witness how rapidly the field of spirituality in healthcare is developing in Lithuania and how many creative and committed young researchers are interested in taking this journey during their study or scientific career process.

By concluding, we believe that the evidence from this project will form the basis for specific strategies and interventions to enhance holistic well-being of non-terminally ill cancer patients and further strengthen the view of all patients as more than biomedical beings.

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