

AU: Zerwekh-J

SO: Am-J-Hosp-Palliat-Care. 1993 Sep-Oct; 10(5): 26-31

LA: ENGLISH

AB: In philosophy and theology, to transcend is to go beyond the limits of lived human experience. Hospice workers accompany people who are traveling beyond the limits. "Whoever would be a companion to the dying, therefore, must enter into their darkness, go with them at least part way along their lonely and frightening road." This paper explores the requisite hospice practice competencies of caring spiritually and guiding letting go, as identified in a qualitative analysis of the practice stories of 32 hospice nurse experts working with people nearing death. Spirituality has been described as the essence of personhood, the longing for meaning in existence, experience of God, experience of ultimate values, and trust in the transcendent. Its ultimate end is union or connection with a reality more enduring than the individual self. In contrast, spiritual distress is manifested as alienation and disconnection. The reality of the dying process involves a progressive series of disconnections from life, which requires the process of letting go. Thus, transcending life involves both the need to detach and separate from life as it has been lived. One home visiting hospice nurse has described dying as a spiritual process of both reflecting and detaching. Nagai-Jacobsen and Burkhardt identify three goals of caring spiritually: Fostering personal integrity; Promoting interpersonal connection; Supporting personal search for meaning. O'Connor describes hospice spiritual care promoted through the practice of presence, compassion, hopefulness, and the affirmation of life as fruitful. Stiles has completed the only published qualitative description of hospice nursing as spiritual care. (ABSTRACT TRUNCATED AT 250 WORDS)

AN: 94001199

Record 117 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: HEALTH WATCH: health promotion and disease prevention in primary care.

AU: Schmidt-RM

SO: Methods-Inf-Med. 1993 Apr; 32(3): 245-8

LA: ENGLISH

AB: HEALTH WATCH, a longitudinal prospective study of healthy aging, was designed to characterize a healthy population of 2,200 men and women, ages 20-80 years in 1970. Biochemical, hematological, and physiological tests are performed annually over three weekly visits, combined with a self-administered HEALTH WATCH questionnaire to measure health status and behaviors in seven areas (with over 1,330 variables). In 1988, the HEALTH WATCH study was modified to assess characteristics of an oldest old "productive aging" cohort in Kauai, Hawaii. Nutrition, physical activity, extended family, and spirituality were found to be major health determinants. During 1989 to 1991 a controlled intervention study (ten local primary care physicians and their patients, aged 65-89 years) was completed in the Sun Cities, Arizona. These studies provide evidence that primary care physicians can promote positive health outcomes in patients of any chronological age and baseline health status through active healthy aging interventions.

AN: 93341338

Record 118 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: 'A New Zealand spirituality' [interview by Kathy Stodart]

AU: Lumby-J

SO: Nurs-N-Z. 1993 Jun; 1(3): 19

LA: ENGLISH

AN: 93313616

Record 119 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality: an important aspect of emergency nursing.

AU: Corcoran-E

SO: J-Emerg-Nurs. 1993 Jun; 19(3): 183-4

LA: ENGLISH

AN: 93287422

Record 120 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Characteristics of spirituality in the lives of women in a rural Appalachian community.

AU: Burkhardt-MA

SO: J-Transcult-Nurs. 1993 Winter; 4(2): 12-8

LA: ENGLISH

AB: The aim of this study was to add to nursing's knowledge base relative to spirituality by exploring how women in rural Appalachia experience and describe spirituality in their daily lives. Data was gathered through participant observation in a small rural community in West Virginia, including in-depth interviews of five women from the community. Characteristics of spirituality included belief in God or Greater Source, prayer/meditation, and a sense of relationship or connectedness with others, nature and oneself. The dominant theme which emerged relative to these relationships was that of self-reliance or inner strength. Spirituality for these women relates to the whole of life and is relational.

AN: 93283082

Record 121 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and purpose in life in alcoholism recovery.

AU: Carroll-S

SO: J-Stud-Alcohol. 1993 May; 54(3): 297-301

LA: ENGLISH

AB: This study examines the relationship between spirituality and recovery from alcoholism. Spirituality was defined as the extent of practice of Alcoholics Anonymous Steps 11 and

12 and was measured by a Step Questionnaire developed by the researcher. Step 11 suggests prayer and meditation and Step 12 suggests assistance of other alcoholics. Expressed degree of purpose in life was also seen as a reflection of spirituality. It was postulated that the extent to which Steps 11 and 12 were practiced would be positively correlated with the extent of purpose in life reported by 100 Alcoholics Anonymous members. The major findings of this study are significant positive correlations between practice of Step 11 and purpose in life scores ($r = .59, p < .001$) and between Step 11 and length of sobriety ($r = .25, p < .01$). Number of Alcoholics Anonymous meetings attended was significantly correlated with purpose in life scores ($r = .24, p < .01$) and length of sobriety ($r = .25, p < .01$). These findings suggest that a sense of purpose in life increases with continuing sobriety and practice of the spiritual principles of Alcoholics Anonymous.

AN: 93254041

Record 122 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, healing and medicine [letter; comment]

AU: Heyes-TG

SO: Br-J-Gen-Pract. 1992 Feb; 42(355): 81

LA: ENGLISH

AN: 93152239

Record 123 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Providing spiritual support: a job for all hospice professionals.

AU: Millison-M; Dudley-JR

SO: Hosp-J. 1992; 8(4): 49-66

LA: ENGLISH

AB: This research examines spirituality as an aspect of professional practice. A questionnaire on spirituality was sent in 1991 to the hospice directors in New York, New Jersey, and Pennsylvania. The findings strongly indicate that spirituality is important in the hospice setting and plays a prominent role in the treatment of patients. Also, hospice programs were found to be supportive of the spiritual component of care. The spiritual approaches used by the respondents were the more traditionally religious ones such as listening to the patient talk about God or referring to clergy. Approaches such as meditation or guided imagery, which are not necessarily related to religion, were used less frequently. Clergy in the study placed greater importance on spirituality in hospice work and used more traditionally religious approaches than did non-clergy. While some professional caregivers choose to leave spiritual matters to clergy, the findings reveal that many non-clergy hospice professionals are assisting patients with spiritual concerns.

AN: 93259584

Record 124 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [A study of home care needs of patients at discharge and effects of home care--centered on patients discharged from a rural general hospital]

AU: Choi-YS; Kim-DH; Storey-M; Kim-CJ; Kang-KS

SO: Taehan-Kanho. 1992 Sep-Oct; 31(4): 77-99

LA: KOREAN; NON-ENGLISH

AB: The study was carried out at W. hospital, an affiliated hospital of Y university, involved a total of 163 patients who were discharged from the hospital between May 1990 and March 1991. Data collection was twice, just prior to discharge and a minimum of three months post discharge. Thirty patients who lived within a hour travel time of the hospital received home care during the three months post discharge. Nursing diagnoses and nursing interventions for these patients were analyzed in this study. The results of the study are summarized as follows: 1. Discharge needs for the subjects of the study were analyzed using Gordon's eleven functional categories and it was found that 48.3% of the total sample had identified nursing needs. Of these, the needs most frequently identified were in the categories of sexuality, 79.3%, health perception, 68.2% self concept, 62.5%, and sleep and rest 62.5%. Looking at the nursing diagnosis that were made for the 30 patients receiving home care, the following diagnoses were the most frequently given; alteration in sexual pattern 79.3%, alterations in health maintenance, 72.6%, alteration in comfort, 68.0%, depression, 64.0%, noncompliance with diet therapy, 63.7%, alteration in self concept, 55.6%, and alteration in sleep pattern, 53%. 2. In looking at the effects of home nursing care as demonstrated by changes in the functional categories over the three month period, it was found that of the 11 functional categories, the need level for health perception, nutrition, activity and self concept decreased slightly over the three month period. On the average sleep patterns improved, but restfulness was slightly less and bowel elimination patterns improved but satisfaction with urinary elimination was slightly less. On the other hand, role enactment, sexuality, stress management and spirituality decreased slightly. The only results that were statistically significant at the 0.05 level were improvement in digestion and decrease in pain. No statistically significant changes were found in ability related to ADL, the total ADL score at discharge was 19.78 +/- 8.23, and after 3 months 19.01 +/- 8.12. Considering that a majority of the patients were over 60 years of age and that many had brain or spinal cord injuries, the fact that their ADL ability did not deteriorate after discharge can be interpreted as related to a positive impact by the home health care nurses. Similarly there was a slight but not statistically significant decrease in the quality of life scores between the two test times (147.83 at discharge and 143.02 at the three month period). (ABSTRACT TRUNCATED AT 400 WORDS)

AN: 93148581

Record 125 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Reevaluation of a nursing diagnosis: spiritual distress.

AU: Heliker-D

SO: Nurs-Forum. 1992 Oct-Dec; 27(4): 15-20

LA: ENGLISH

AB: The purpose of this paper is to reevaluate the nursing diagnosis of spiritual distress in relation to Marjory Gordon's criteria of discriminatory power, generality, flexibility, usefulness, and inclusiveness. The author suggests that nursing's perspective of the spiritual dimension and spiritual distress is both narrow and inadequate in today's multicultural, multidimensional healthcare setting. Views of spirituality from multiple disciplines are discussed to illustrate the diversity of the phenomenon and contrast views that primarily emphasize religiosity and psychosocial factors. Reevaluation of spiritual distress and spirituality must come in the form of holistic and humanistic approaches in nursing education and research, integration of the spiritual dimension within nursing curricula, and recognition of multidisciplinary, global perspectives of the spiritual phenomenon. The author stresses the importance of the spiritual dimension and its impact upon a person as a multidimensional being.

AN: 93109855

Record 126 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality [letter; comment]

AU: Seecof-RL

SO: J-Fam-Pract. 1992 Dec; 35(6): 617-8

LA: ENGLISH

AN: 93085323

Record 127 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and aging.

AU: Heriot-CS

SO: Holist-Nurs-Pract. 1992 Oct; 7(1): 22-31

LA: ENGLISH

AN: 93077722

Record 128 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality needs more attention.

AU: Harrison-J

SO: Nurs-Times. 1992 Oct 21-27; 88(43): 58

LA: ENGLISH

AN: 93065364

Record 129 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: An emerging paradigm for the investigation of spirituality in nursing.

AU: Reed-PG

SO: Res-Nurs-Health. 1992 Oct; 15(5): 349-57

LA: ENGLISH

AB: A paradigm is presented as a perspective for the investigation of spirituality in nursing. Elements in the paradigm include assumptions about the self-transcendent nature of human beings as derived from the developmental-contextual worldview, a description of spirituality in terms of various forms of connectedness integral to human development and health, and assumptions about the empirical and multidimensional nature of spirituality. Extant sources of conceptual, empirical, and clinical knowledge are utilized to support the ideas put forth in the emerging paradigm. It is concluded that the study of spirituality from the perspective of the paradigm would entail examination of the multiple expressions of connectedness intrapersonally, interpersonally, and transpersonally as related to human health and well-being.

AN: 92410016

Record 130 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [The morphofunctional bases of human individuality as well as spirituality]

AU: Zvorykin-VP

SO: Usp-Fiziol-Nauk. 1992 Jul-Sep; 23(3): 107-24

LA: RUSSIAN; NON-ENGLISH

AN: 92397567

Record 131 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and medical practice [see comments]

AU: McKee-DD; Chappel-JN

SO: J-Fam-Pract. 1992 Aug; 35(2): 201, 205-8

LA: ENGLISH

AB: Spirituality is an important aspect of health care that is not often addressed in modern day primary medical practice. Controversy surrounds the role of spiritual issues in medical practice. Some of this stems from confusing spirituality with religion. This paper distinguishes between spiritual and religious issues and reviews the history of these issues in medicine, the growing medical literature in this area, and some practical guidelines for the practicing physician. The authors conclude that, when appropriate, spiritual issues should be addressed in patient care since they may have a positive impact on patient health and behavior, and recommend that the medical model be expanded to a biopsychosocial-spiritual one. The guidelines developed by the American Psychiatric Association provide a useful model for the practicing physician to follow. More research is needed in this area, but the authors conclude that enough is already known to support the inclusion of spiritual issues in medical education.

AN: 92356034

Record 132 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality: implications for nursing care.

AU: Walker-MT

SO: AARN-News-Lett. 1992 Jun; 48(6): 17-8

LA: ENGLISH

AN: 92343293

Record 133 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, healing and medicine [letter]

AU: Brown-CK

SO: Br-J-Gen-Pract. 1992 Jan; 42(354): 39

LA: ENGLISH

AN: 92265427

Record 134 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, healing and medicine [letter]

AU: Benett-I

SO: Br-J-Gen-Pract. 1992 Jan; 42(354): 39

LA: ENGLISH

AN: 92265426

Record 135 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, healing and medicine [letter]

AU: Sheldon-MG

SO: Br-J-Gen-Pract. 1992 Jan; 42(354): 38

LA: ENGLISH

AN: 92265425

Record 136 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, healing and medicine [letter]

AU: Kettle-PR

SO: Br-J-Gen-Pract. 1992 Jan; 42(354): 38

LA: ENGLISH

AN: 92265424

Record 137 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Religion and spirituality defined according to current use in nursing literature.

AU: Emblen-JD

SO: J-Prof-Nurs. 1992 Jan-Feb; 8(1): 41-7

LA: ENGLISH

AB: The nursing literature published from 1963 to 1989 was screened for definitions to distinguish the concept of religion from that of spirituality. Following concept analysis procedures, definitions were selected from journal articles and textbooks and the key words in the definitions were listed in order of frequency. In definitions of religion, six words appeared most frequently--system, beliefs, organized, person, worship, practices; in definitions of spirituality, nine words appeared most frequently--personal, life, principle, animator, being, God (god), quality, relationship, transcendent. Only the word person(al) appeared on both lists. Using these two lists, the words (defining attributes) that appeared most frequently were formed as consensus definitions. It was concluded that spirituality is currently the broader term and may subsume aspects of religion. If these concepts are not clearly defined, the care related to personal life principles, relationships, and transcendent experiences may be confused with care for personal beliefs and worship practices.

AN: 92242673

Record 138 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Life-style and substance use among male African-American urban adolescents: a cluster analytic approach.

AU: Zimmerman-MA; Maton-KI

SO: Am-J-Community-Psychol. 1992 Feb; 20(1): 121-38

LA: ENGLISH

AB: Cluster analyzed four variables: school attendance, employment, church attendance, and delinquency, to develop life-style profiles. Data from 218 African-American urban adolescents were used in the study. Five meaningful clusters were retained and subjected to criterion validity analyses using measures of spirituality, participation in a voluntary organization, self-esteem, and friend's substance use. The five clusters were then compared on cigarette, alcohol, marijuana, and hard drug use. The results suggest that a life-style that includes an adaptive compensatory behavior component may be more adaptive than a life-style that does not include compensatory behavior. For example, youths who left high school before graduation but were involved in church reported less alcohol and substance use than youths who left school and were not involved in any meaningful instrumental activity. Implications for intervention and future research on high-risk behaviors are discussed.

AN: 92221961

Record 139 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The spirituality of Florence Nightingale.

AU: Widerquist-JG

SO: Nurs-Res. 1992 Jan-Feb; 41(1): 49-55

LA: ENGLISH

AN: 92150173

Record 140 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality of the elderly.

AU: Williams-ME
SO: Perspectives-Montclair. 1991 Spring; 15(1): 8-10
LA: ENGLISH
AN: 91353192

Record 141 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Spirituality, healing and medicine [see comments]
AU: Aldridge-D
SO: Br-J-Gen-Pract. 1991 Oct; 41(351): 425-7
LA: ENGLISH

AB: The natural science base of modern medicine influences the way in which medicine is delivered and may ignore the spiritual factors associated with illness. The history of spirituality in healing presented here reflects the growth of scientific knowledge, demands for religious renewal, and the shift in the understanding of the concept of health within a broader cultural context. General practitioners have been willing to entertain the idea of spiritual healing and include it in their daily practice, or referral network. Recognizing patients' beliefs in the face of suffering is an important factor in health care practice.

AN: 92134888

Record 142 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: The African-American grandmother in autobiographical works by Frederick Douglass, Langston Hughes, and Maya Angelou [see comments]
AU: Hill-Lubin-MA
SO: Int-J-Aging-Hum-Dev. 1991; 33(3): 173-85
LA: ENGLISH

AB: Using the autobiographies of Frederick Douglass, Langston Hughes, and Maya Angelou, this article demonstrates that the portrait of the African-American grandmother is one of action, involvement, hope, and dignity. In examining the works, we observe her functioning in three areas: as the preserver and most tenacious survivor of the African extended family; second, as repository and distributor of the family history, wisdom, and black lore; this role places her at the foundation of the Black, oral and written, literary and creative traditions; and third, as the retainer and transmitter of values and ideals that support and enhance her humanity, her family, and her community. This function emphasizes her spirituality. It is suggested that the grandmother, having played an important role in the growth, development, and artistic flowering of the autobiographer, can become a model and source of empowerment for future generations.

AN: 92064326

Record 143 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Women's mid-life experience: an evolving consciousness of self and children.
AU: Dobbie-BJ
SO: J-Adv-Nurs. 1991 Jul; 16(7): 825-31
LA: ENGLISH

AB: This paper describes a hermeneutical and phenomenological research study of the mid-life spiritual experience of 10 women who are members of the United Church of Canada. Based on in-depth, face-to-face interviews, the paper describes the first of two simultaneous and interrelated experiences: an evolving consciousness of self and children. The five invariant themes that emerge point to a need for an expanded framework of human development that takes fuller account of women's experience and spirituality.

AN: 92012571

Record 144 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Spirituality. The inner light.
AU: Allen-C
SO: Nurs-Stand. 1991 Feb 6-13; 5(20): 52-3
LA: ENGLISH
AN: 91128965

Record 145 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Elements of spirituality and Watson's theory of transpersonal caring: expansion of focus.
AU: Burns-P
SO: NLN-Publ. 1991 Apr(15-2392): 141-53
LA: ENGLISH
AN: 91261565

Record 146 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Spirituality: integral to quality care.
AU: Clark-CC; Cross-JR; Deane-DM; Lowry-LW
SO: Holist-Nurs-Pract. 1991 Apr; 5(3): 67-76
LA: ENGLISH

AB: Caring is the medium through which nursing knowledge, skill, and touch are operationalized. Caring is a profound act of hope (White T. 1986. Unpublished data) that contributes to the spiritual well-being of others. In order to assure quality care, the impact of identifying and meeting patient spiritual needs must be taken into account.

AN: 91258437

Record 147 of 151 - MEDLINE EXPRESS (R) 1991-1995
TI: Spiritual well-being, social desirability and reasons for living: is there a connection?
AU: Ellis-JB; Smith-PC
SO: Int-J-Soc-Psychiatry. 1991 Spring; 37(1): 57-63
LA: ENGLISH

AB: In order to explore the relationship between spirituality, social desirability, and

reasons for living, 100 individuals completed the Reasons for Living Inventory (RFL), the Spiritual Well-being Scale (SWBS) and the Marlowe-Crowne Social Desirability Scale (MCSDS). Positive correlations were found between religious well-being and the total RFL score and Moral Objections subscale and between existential well-being and several RFL scales. Results indicate that the RFL Moral Objections subscale taps the same type of beliefs as does the SWBS religious well-being subscale. There also appears to be a strong relationship between the adaptive cognitive beliefs which people report as reasons for not considering suicide and their existential beliefs. This emphasizes the need for careful assessment of individual needs and beliefs when dealing with suicidal individuals. Areas of concern to the therapist who is working with a suicidal client were not affected by high SD scores.

AN: 91258085

Record 148 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality of the elderly.

AU: Williams-ME

SO: AARN-News-Lett. 1991 Apr; 47(4): 25-7

LA: ENGLISH

AN: 91228711

Record 149 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality in the face of death.

AU: Hutchings-D

SO: Can-Nurse. 1991 May; 87(5): 30-1

LA: ENGLISH

AN: 91223492

Record 150 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Aging and spirituality [editorial]

AU: Martz-EW

SO: Del-Med-J. 1991 Jan; 63(1): 35-6

LA: ENGLISH

AN: 91160796

Record 151 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Ethical decision-making and spirituality.

AU: Andrews-A; Pinch-W

SO: Nebr-Nurse. 1991 Feb; 24(1): 6-7

LA: ENGLISH

AN: 91148705