

# Spirituality in Nursing and Health-Related Literature

## A Concept Analysis

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*Spirituality* has become an increasingly popular concept among the nursing and health-related literature. The purpose for conducting this concept analysis, guided by Walker and Avant's methodology, was to (a) examine how spirituality has been used within the current body of nursing and health-related literature, (b) clarify the meaning of spirituality by discovering what this concept's current critical attributes/characteristics are, and (c) propose a definition of spirituality based on the concept analysis findings. A total of 90 references were reviewed, including 73 nursing and health-related references. Concept analysis findings revealed that spirituality was defined within four main themes in the nursing and health-related literature: (a) spirituality as religious systems of beliefs and values (spirituality = religion); (b) spirituality as life meaning, purpose, and connection with others; (c) spirituality as nonreligious systems of beliefs and values; and (d) spirituality as metaphysical or transcendental phenomena.

**Keywords:** *spirituality; concept analysis; nursing; health-related literature*

Although nurses and health care providers are mandated by the Joint Commission on Accreditation of Health Care Organizations (JCAHO; 2005) to attend to and address a patient's spiritual needs, there is no agreement within the health science literature as to what spirituality is or what spiritual needs entail (MacLaren, 2004). Few studies have examined how nurses and health care providers define and provide spiritual care to patients and their families (McSherry, 1998). Spirituality and its role in human caring are further confounded by the lack of conceptual clarity among many nursing models and theories that guide nursing practice (Martsolf & Mickley, 1998; O'Brien, 1999). The difficulties in deriving conceptual and operational definitions of spirituality are evident in the nursing and health-related literature. George, Larson, Koenig, and McCullough (2000) maintained that despite numerous and varying attempts to define spirituality, the task has remained both difficult and challenging for three reasons. First, there are diverse and divergent opinions about the meaning of spirituality. Second, the construct is complex because of its subjective and personal nature. Finally, spirituality and religiosity

are often used interchangeably further complicating the definition of spirituality. In the middle of the complexity surrounding the meaning and definition of spirituality in nursing and health-related literature, one constant remains: *Spirituality* is an intricate, enigmatic, abstract, and ambiguous concept.

Until there is a clear definition of spirituality, health care providers will fall short of being able to formulate related nursing diagnoses and thus will fail to address spirituality as an integral part of care for patients and their families. Therefore, the purpose for conducting this concept analysis, guided by Walker and Avant's (2005) methodology, was to (a) examine how spirituality has been used within the current body of nursing and health-related literature, (b) clarify the meaning of spirituality by discovering what this concept's current critical attributes/characteristics are, and (c) propose a definition of spirituality based on the concept analysis findings.

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## Framework

A concept analysis was conducted guided by the first four steps of Walker and Avant's (2005) method: (a) selecting a concept to be analyzed (spirituality); (b) determining the aims or purposes for conducting the concept analysis (to clarify how spirituality has been used within the current body of nursing and health-related literature; to clarify the meaning of spirituality by discovering what this concept's current critical attributes/characteristics are; and to propose a definition of spirituality based on the concept analysis findings); (c) identifying all uses of the concept being analyzed by reviewing dictionary and thesaurus definitions as well as definitions found in the available literature, including literature outside of one's professional domain; and (d) determining the defining attributes/characteristics of the concept being analyzed (pp. 65-67). The matrix method by Garrard (2007) was used to organize definitions of spirituality found within the nursing and health-related literature, and was used to synthesize the concept analysis findings.

In accordance with the third step of the concept analysis (Walker & Avant, 2005), 10 dictionary definitions (*American Heritage Dictionary of English Language*, 2000; *Cambridge Advanced Learner's Dictionary Online*, 2004; *Cambridge Learner's Dictionary Online*, 2002; *DK Illustrated Oxford Dictionary*, 1998; *Encarta World English Dictionary*, 1999; *Merriam-Webster's Collegiate Dictionary Online*, 2004; *Oxford American College Dictionary*, 2000; *Oxford English Reference Dictionary*, 2002; *Random House Webster's College Dictionary*, 1999; *Random House Webster's Unabridged Dictionary*, 2001), 4 thesaurus definitions (*Chambers Mini Thesaurus*, 2002; *Roget's II: The New Thesaurus*, 2003; *Roget's Super Thesaurus*, 2003; *Webster's New World Thesaurus*, 1985), 2 managerial/business references (Jurkiewicz & Giacalone, 2004; Sukumarakurup & Neck, 2002), and 1 medical reference (Bessinger & Kuhne, 2002) were identified outside of the nursing and health-related literature defining the concept spirituality. All dictionary and thesaurus definitions reviewed explicitly defined spirituality as *religion, sacred, holy, and/or transcendence*. Additional terms included *property or revenue of the church, churchly, church, ecclesiastic, religious objects, holy, divine, devotional, godly, of or relating to clergy, cleric, immaterial, and heavenly*.

Several health-related dictionaries were searched. *ADAM Medical Encyclopedia, Medicinenet, Medline Plus Medical Encyclopedia Online at the National Library of Medicine, Merck Manual Home Edition,*

*the Merriam Webster Medical Dictionary, and Stedman's Medical Dictionary* did not list the term spirituality. There are plausible explanations for the absence of spirituality in these sources. For example, it may be that spirituality is not viewed as an important part of health care or that the concept is so elusive that it is difficult to define.

The managerial/business literature offered one of the most comprehensive definitions of spirituality, *workplace spirituality* (Jurkiewicz & Giacalone, 2004; Sukumarakurup & Neck, 2002). Focusing on organizational culture, definitions for workplace spirituality included interpersonal or extrinsic and tangible attributes such as high work generativity, mentoring, and teamwork. Workplace spirituality also included intrapersonal or intrinsic and innate attributes such as being connected to others, joy, integrity, trust, expanding consciousness, and search for meaning. Collectively, these attributes lead to employee experience of transcendence.

Interestingly, one reference found within the health-related literature presented a definition for *medical spirituality*. Medical spirituality was included in step three of the concept analysis because this was an attempt to define spirituality as it is specifically used within the field of medicine and allied health practices. The term spirituality was used in defining medical spirituality and did little to clarify the meaning as it relates to the field of medicine and allied health practices. Medical spirituality was defined as an interdisciplinary field in medical and allied health practice, which integrates new knowledge of complex relationships between health and spirituality (Bessinger & Kuhne, 2002).

What is clear is that spirituality is an important concept in the health science and business/managerial literature. However, the definition of spirituality from the above sources highlights the enigmatic meaning of spirituality that currently exists. Therefore, a clear conceptual definition of spirituality is needed that is applicable to work and everyday life settings as well as across the wellness/illness continuum.

## Methodology

A review of the literature was conducted using the following databases: Academic Search Elite, ALTA Religion Database, AMED, Business Source Elite, CANCELIT, CINAHL, ERIC, Health Source: Nursing/Academic Edition and the Professional Development Collection, Journals @ Ovid Full Text,

MEDLINE, ProQuest, PsychInfo, Social Work Abstracts, and the STAT!Ref Electronic Medical Library. The search was limited to the English language and included textbook and manuscript references originating from the United States, Canada, and Great Britain. In the 1980s, some authors began to explore the meaning and definition of spirituality. These classic and seminal works (Highfield & Cason, 1983; Nagai-Jacobson & Burkhardt, 1989) are frequently cited in the nursing and health-related literature on spirituality. Therefore, the search included the years 1983 to 2005. Keywords used in the search included the following terms both separately and in various combinations: *spirituality*, *spiritual*, *spiritual well-being*, *religion*, *religiosity*, *define(d)*, *defining*, *definition*, *meaning*, *nursing*, *health-related literature*, *analysis*, and *concept analysis*.

A search combining all databases limited to the English language and the years 1983 to 2005 and using the keyword *spirituality* revealed 13,770 citations. Approximately 2,000 nursing and health-related citations and abstracts appearing to focus on the meaning and definition of spirituality were initially reviewed during the literature search. Definitions of spirituality were found to exist in 320 of the 2,000 references reviewed. These 320 source documents were retrieved and definitions of spirituality were extracted. We independently reviewed the 320 extracted definitions, agreeing to carefully select clear, concise, and easily understood definitions of spirituality that did not use the term spirituality to define the concept. Following the independent review, we met and discussed our findings until there was 100% agreement on which of the 320 sources provided a clear, concise, and easily understood definition of spirituality. As a result, 90 nursing and health-related definitions of spirituality were included in the concept analysis.

The following example illustrates more fully how the search was conducted. The search on CINAHL, limited to the years 1983 to 2005 and the English language, revealed 5,267 citations using the keyword *meaning*, 4,444 citations using the keyword *definition*, 3,466 citations using the keyword *spirituality*, 8 citations when combining the keywords *spirituality*, *meaning*, and *definition*, and 18 citations when combining the keywords *spirituality* and *concept analysis*. The search on AMED revealed 960 citations using the keyword *meaning*, 818 citations using the keyword *definition*, 18 citations using the keyword *concept analysis*, 691 citations using the keyword *spirituality*, 1 citation using the keywords *spirituality*,

*meaning*, and *definition*, and 5 citations using the keywords *spirituality* and *concept analysis*.

## Findings

### Spirituality Defined in Nursing and Health-Related Literature

A total of 90 references (10 dictionary definitions, 4 thesaurus definitions, 2 references outside the domain of nursing and health-related professions, 1 health-related reference specifically defining medical spirituality, and 73 nursing and health-related references; see Table 1) were reviewed for the purpose of this concept analysis regarding the current meaning and definition of spirituality. The majority of the references reviewed were published in the years between 2000 and 2005, suggesting an increasing awareness of the importance for addressing and understanding spirituality in the arena of human caring. As illustrated in Table 2, definitions of spirituality could not be classified into specific categories because themes describing and defining spirituality overlapped and varied both within and across the definitions that were reviewed.

The number of publications offering a definition of spirituality increased from the 1980s ( $n = 2$ ) to the 1990s ( $n = 22$ ) with 49 references identified between 2000 and 2005 (Table 1). Although there has been an increase among the nursing and health-related literature on this topic, spirituality continues to be poorly defined and understood.

As a result of thematically analyzing 73 nursing and health-related references for the purpose of this concept analysis, four main themes evolved for defining spirituality: (a) spirituality as religious systems of beliefs and values (spirituality = religion); (b) spirituality as life meaning, purpose, and connection with others; (c) spirituality as nonreligious systems of beliefs and values; and (d) spirituality as a metaphysical or transcendental phenomena. Themes were derived by analyzing definitions and grouping similar concepts together. Table 2 identifies selected references to illustrate how definitions fell within the four themes. Note that definitions of spirituality both within and across the literature reviewed did not neatly fall within themes but arose instead from single themes as well as a combination of themes. This finding points to the challenge nursing and health-related literature has had in attempting to define spirituality. The complexity of defining spirituality is further illustrated in Figure 1. Figure 1 additionally

**Table 1**  
**Spirituality in Nursing and Health-Related Literature:**  
**The 73 Health-Related References Categorized by Year Published**

Year	References
1983 to 1989 (2 references)	Highfield and Cason (1983) and Nagai-Jacobson and Burkhardt (1989)
1990 to 1999 (22 references)	Dossey, Keegan, Guzzetta, and Kolkmeier (1995); Fowler and Peterson (1997); Fryback and Reinert (1999); Martsolf and Mickley (1998); McDowell, Galanter, Goldfarb, and Lifshutz (1996); McGrath (1997); McSherry (1998); Millison and Dudley (1990); Narayanasamy (1999); Nolan and Crawford (1997); O'Brien (1999); Oldnall (1996); Post-White et al. (1996); Reed (1991, 1992); Richards and Folkman (1997); Ross (1994, 1995); Taylor, Highfield, and Amenta (1999); Thomas and Retsas (1999); Wright (1998); Young (1993).
2000 to 2005 (49 references)	Albaugh (2003); Angeli (2001); Armer and Conn (2001); Avants, Marcotte, Arnold, and Margolin (2003); Baldacchino and Draper (2001); Bash (2004); Bessinger and Kuhne (2002); Bickerstaff, Grasser, and McCabe (2003); Chiu et al. (2004); Coleman (2003); Corrigan, McCorkle, Schell, and Kidder (2003); Curlin et al. (2005); Daaleman (2004); Daaleman and VandeCreek (2000); Eliason (2000); Govier (2000); Harrison et al. (2005); Hermann (2001); Hill and Pargament (2003); Hughes and Peake (2002); Humphreys (2000); Koenig (2000, 2004); Kuuppelomaki (2002); Langer (2000); Lauver (2000); Longo and Peterson (2002); Loseth (2002); Mazanec and Tyler (2003); Meraviglia (2004); Messikomer and De Craemer (2002); Mueller, Plevak, and Rummans (2001); Murray et al. (2004); Musgrave, Allen, and Allen (2002); Narayanasamy, Gates, and Swinton (2002); Nolan and Mock (2004); Plante and Sherman (2001); Post, Puchalski, and Larson (2000); Rubel (2004); Sephton et al. (2001); Soerens (2001); <i>Taber's Medical Encyclopedia</i> (2005); Tanyi (2002); Taylor (2003); Theis et al. (2003); Thomson (2000); Vassallo (2001); Wallace and Bergeman (2002); Watkins (2001).

**Table 2**  
**The Four Themes of Spirituality: Selected References and Definitions**

Reference: Definition	Theme 1	Theme 2	Theme 3	Theme 4
Koenig (2000, 2004): Religion/spirituality are interchangeable concepts.	X			
Armer and Conn (2001): Residence in a religious community, religious affiliation, frequency of church attendance, being spirituality moved.	X			X
Highfield and Cason (1983): Finding satisfactory answers to ultimate questions about the meaning of life, illness, and death; man's deepest relationship with others, himself, and with God.	X	X		
Baldacchino and Draper (2001): Encompasses physical/psychological/social components, helps strive for life meaning and purpose, applies to believers and nonbelievers.	X	X	X	
McSherry (1998): Beyond religious affiliation; harmony with the universe; strives for inspiration, reverence, awe, meaning, and purpose even in those who do not believe in God.	X	X	X	X

Note: Theme 1 = spirituality as religious systems of beliefs and values (spirituality = religion); Theme 2 = spirituality as life meaning, purpose, and connection with others; Theme 3 = spirituality as nonreligious systems of beliefs and values; Theme 4, spirituality as metaphysical or transcendental phenomena.

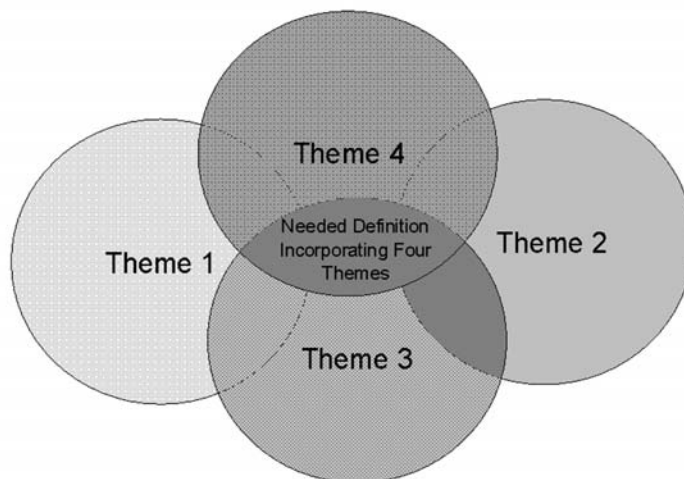
illustrates how definitions of spirituality arose from single themes as well as a combination of themes. The following section discusses each theme in depth.

Theme 1, spirituality as religious systems of beliefs and values, included the following attributes: church attendance; church affiliation; having belief in a higher power or being; residence in a religious community; the holy, divine, and sacred; clergy, cleric,

and ecclesiastical; devotional; godly; and heavenly. Four health-related references specifically defined spirituality as being interchangeable or overlapping with the concept of religion (Koenig, 2000, 2004; Mueller, Plevak, & Rummans, 2001; Plante & Sherman, 2001). As previously noted, George et al. (2000) maintained that attempts to define spirituality have been both difficult and challenging due in part



**Figure 1**  
**Spirituality in Nursing and Health-Related Literature:**  
**An Intricate, Enigmatic, Abstract, and Ambiguous Concept**



because spirituality and religion have been used as interchangeable concepts. Koenig (2000, 2004) suggested that the overlap in terminology may be attributed to the fact that the vast majority of Americans do not make distinctions between the two concepts and that most research linking spirituality to health has been measured by religious beliefs or practices. This blurring of lines between spirituality and religion is evident in the health-related literature. Armer and Conn (2001) defined spirituality as residence in a religious community, religious affiliation, frequency of church attendance, and being spiritually moved. Sephton et al. (2001) assessed patient spirituality by looking at the frequency of religious service attendance and the importance of religious and spiritual expression. In summary, spirituality was defined as encompassing religiosity in 27 of the total 73 (37%) nursing and health-related references reviewed.

Theme 2, spirituality as life meaning, purpose, and connection with others, included the following attributes: life meaningfulness; the empathetic response to other human beings; finding life purpose and meaning; the meaning of life, illness, and death; connectedness with self, others, nature, or God; feeling and experiencing connectedness; meaningful relationships; the fundamental basis for an individual's relationship with others and with society; the basis for community; meaning and purpose derived from life themes; a sense of relatedness; and the promotion of

interpersonal bonds. Meraviglia (2004) described spirituality as a unique and dynamic process reflecting faith in God or a supreme being, as connectedness with self, others, nature, or God, and as life meaning and prayer. Nagai-Jacobson and Burkhardt (1989) described spirituality as a personal quest for meaning and purpose, as relating to a person's inner essence, and as a sense of harmonious interconnectedness with self, others, nature, and an ultimate other. Narayanasamy, Gates, and Swinton (2002) described spirituality as a quest for meaning and purpose, as self-transcending knowledge, meaningful relationships, love, and commitment, and as a sense of holy among us. Thus, in Theme 2, connection to others and connection to something greater than oneself were considered integral in defining spirituality.

Theme 3, spirituality as nonreligious systems of beliefs and values, included the following attributes: without explicit religious beliefs or practices; applying to both believers and nonbelievers; the nontheistic or theistic; not necessarily defined by association with certain traditions or organizational affiliations; antireligious; may or may not be linked to religious beliefs/practices or communities; sometimes involving organized religion; present even in those who do not believe in God; may or may not be expressed in religious categories; may or may not incorporate religious rituals, behaviors, or association with religious organizations; not necessarily connected to an

**Table 3**  
**Examples of Intrinsic and Extrinsic Attributes of Spirituality Found in Health-Related Literature**

Intrinsic Attributes of Spirituality	Extrinsic Attributes of Spirituality
Transcendence; holy or sense of holy; belief; incorporeal; divine; godly; heavenly; meaning; purpose; faith; sacred; religious attitudes; secular; transpersonal reality; acknowledgment of unconscious self; nonmaterial forces; inner essence; harmonious interconnectedness between God/man/ultimate reality; mystical; love; honesty; caring; imagination; wisdom; compassion; reverence; awe; values; personal philosophy/principals; interpretative lens; reflection; reason; restoration; feelings; thoughts; expanded consciousness; eternity; soul; existential; within, between, and beyond people; beyond superficial appearance; hope; spiritual yearning; force/energy larger or greater than self; man's inner resources; and supernatural/nonmaterial dimensions	Religious community, religious affiliation, church/religious services, church attendance, prayer, Bible study, tradition, property or revenue of the church, ecclesiastic, clergy/cleric, verbal and contemplative prayer/praying, use of positive affirmations, relationship or communication with God/higher power, search for sacred, religious practices, dogma, hierarchical structures, priests/ministers/rabbis/gurus, meditation, need for others, religious or spiritual expression or experience, coparticipation in shared human experience, relationships, religious ritual/behavior, religious code, professing, art, poetry, music, nature, creative expression, meaningful work, and productivity

organized religious institution; unmediated by particular belief systems; includes religion but is not confined to that dimension; theistic dimension may or may not feature; and religion is only one way of understanding or accessing spirituality. Separation of spirituality and religion are evident in several sources. Angeli (2001) stated that a person can be spiritual without having explicit religious beliefs and practices. Bessinger and Kuhne (2002) pointed out that spirituality is an element of a person's individuality not necessarily defined by association with certain tradition or organizational affiliation. Bickerstaff, Grasser, and McCabe (2003) suggested that an individual could be spiritual whether or not they were religious. Daaleman (2004) maintained that spirituality is a set of beliefs, stories, and practices that respond to the basic human desire to find life meaning and purpose that may or may not be linked to religious beliefs, practices, or communities. Consistent with Theme 3, Fowler and Peterson (1997) suggest that spirituality may or may not be expressed or experienced in religious categories.

Finally, Theme 4, spirituality as metaphysical or transcendent phenomena, included the following attributes: beliefs related to transcendence, transcendent, experiential, incorporeal, immaterial, existential, transpersonal connectedness, supernatural/nonmaterial dimensions, expanded consciousness, beyond the biopsychosocial, metaphysical issues, spiritual movement, nonmaterial/transcendent force or being, transcending reality, and being multidimensional. Moving beyond the physical or transcending physicality was evident in definitions of spirituality. Messikomer and

De Craemer (2002) described spirituality as incorporating one's relationship to the transcendent. O'Brien (1999) stated that spirituality is a personal concept generally understood in terms of an individual's attitudes and beliefs related to transcendence or nonmaterial forces of life and nature. Nolan and Mock (2004) described spirituality as encompassing belief in or experience of the transcendent. Lauer (2000) defined spirituality as human propensity to find life meaning through self-transcendence. Reed (1991, 1992) stated that spirituality refers to the propensity to make meaning through a sense of relatedness to dimensions that transcend the self. McDowell, Galanter, Goldfarb, and Lifshutz (1996) stated that spirituality can refer to people who are concerned with metaphysical issues as well as day to day life. The definitions illustrated in Theme 4 suggest that spirituality is more ethereal than corporal and that spirituality is transcending or rising above life in an abstract sense.

The attributes comprising the four themes of spirituality fell into two main domains or properties describing spirituality: (a) intrinsic, innate, and intrapersonal attributes or properties and (b) extrinsic, tangible, and interpersonal attributes or properties. Intrinsic, innate, and intrapersonal attributes of spirituality included intangible or ethereal characteristics such as holy, divine, transcendence, godly, immaterial, and heavenly. Extrinsic, tangible, and interpersonal attributes of spirituality included characteristics such as church property or revenue, clergy, and prayer. Table 3 identifies attributes extracted from the definitions across the literature reviewed and their intrinsic and extrinsic properties.

## Discussion

JCAHO (2005) currently mandates that hospitals and health care facilities recognize and address spirituality as an integral part of patient care practice:

Spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed. The standards require organization's to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment. (p. 1)

The North American Nursing Diagnosis Association, International (NANDA-I, 2005) formulated nursing diagnostic terminology related to patient care concerns and practice, acknowledging the significance of caring for patient spirituality. The following three nursing diagnoses have been formulated and implemented since 1978. *Spiritual distress* is the impaired ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself. *Risk for spiritual distress* means an individual is at risk for impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself. *Readiness for enhanced spiritual well-being* is an individual's ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, or a power greater than oneself (NANDA-I, 2005).

NANDA-I (2005) recently added three nursing diagnoses specifically addressing religiosity as a distinct and discrete taxonomy autonomously independent of spirituality. *Impaired religiosity* is defined as having the impaired ability to exercise reliance on beliefs and/or participate in rituals of a particular faith tradition. *Risk for impaired religiosity* means an individual is at risk for an impaired ability to exercise reliance on religious beliefs and/or participate in rituals of a particular faith tradition. *Readiness for enhanced religiosity* is an individual's ability to increase reliance on religious beliefs and/or participate in rituals of a particular faith tradition. The definition of religiosity (religious beliefs, rituals, and faith traditions) by NANDA-I (2005) strongly

reflected the concept analysis findings constituting Theme 1, spirituality as religious systems of beliefs and values. It is interesting to note that despite the efforts of NANDA-I (2005) to differentiate spirituality from religiosity, findings of this concept analysis show that to date, there is no consensus on the definition of spirituality in the nursing and health-related literature. Furthermore, Theme 1 presents evidence that authors attempting to define spirituality among the health-related professions continue to use spirituality and religiosity as interchangeable concepts (George et al., 2000).

It seems that a definition of spirituality needs to be broad enough to incorporate the four themes identified in this concept analysis (Figure 1). Religion may be a pathway to spirituality for some, but not all individuals. Thus, the definition of spirituality needs to be one that is acceptable to individuals of various faiths and those who are agnostic or atheist. The definition composed by Fowler and Peterson (1997) is proposed as the most inclusive definition consistent with the findings resulting from this concept analysis:

Spirituality is the way in which a person understands and lives life in view of her or his ultimate meaning, beliefs, and values. It is the unifying and integrative aspect of the person's life and, when lived intentionally, is experienced as a process of growth and maturity. It integrates, unifies, and vivifies the whole of a person's narrative or story, embeds his or her core identity, establishes the fundamental basis for the individual's relationship with others and with society, includes a sense of the transcendent, and is the interpretative lens through which the person sees the world. It is the basis for community for it is in spirituality that we experience our co-participation in the shared human condition. It may or may not be expressed or experienced in religious categories. (Fowler & Peterson, 1997, p. 47)

This definition of spirituality is consistent with the main tenants of the definition of spirituality put forth by NANDA-I (2005): to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself, while at the same time, differentiating spirituality from religiosity but allowing inclusion of religiosity as an integral piece of an individual's spirituality.

Several limitations were noted regarding this concept analysis. The databases and keywords used in the search may have limited or restricted the results of the findings with regard to the review of the literature.

The references used for the purpose of this concept analysis were restricted to the English language and the countries the United States, Canada, and Great Britain and may have limited the concept analysis findings regarding how spirituality is defined among diverse ethnic and cultural backgrounds. Additionally, the definitions of spirituality that were reviewed focused mainly on definitions composed by the authors of the publications reviewed. It was not clear if these definitions were empirically developed. The authors may have misinterpreted the true meaning of the definitions reviewed and thus, the resultant themes may be differently interpreted by others. Nonetheless, in this concept analysis, efforts were taken to provide clear examples and evidence to support each of the four themes.

### Implications for Nursing

Four themes comprising the meaning of spirituality are evident in current definitions of spirituality found in the nursing and health-related literature. The definition of spirituality by Fowler and Peterson (1997) includes the four themes resulting from this concept analysis, but needs to be affirmed through future research in terms of its relevancy for individuals accessing the current health care system. Without a clear definition of spirituality, there will be no consensus about what constitutes spiritual well-being or spiritual distress in the arena of patient care, nor will there be a clear understanding of what constitutes holistic healing processes for patients. The American Holistic Nurses Association (AHNA, 2006) posits that nurses practice holistically by acting as instruments and facilitators of healing. Additionally, the AHNA believes that nurses practicing holistically enhance whole-person healing through the understanding that individuals are composed of bio-psychosocial-spiritual dimensions. That is, the whole of a person is greater than their individual parts. Thus, holism involves understanding that an individual is a unitary whole in mutual process with their external and internal environments. There is a growing body of neuroscientific, biochemical, and psychosocial research supporting physiological, mental, emotional, and social evidence suggesting that spirituality plays a critical role in human health, healing, and well-being (Boehnlein, 2000; Chirban, 1992; Cohen & Koenig, 2003; Fallot, 1998; Fenwick, 2001, 2005; Kurup & Kurup, 2003; McCain, 2005; Plante & Sherman, 2001; Powell, Shahabi, & Thoresen, 2003; Puchalski, 2001; Seaward, 2000; Teske, 1996, 2001; Yates, 2004).

This promising area of research is consistent with the philosophy of AHNA embracing holistic patient healing. Knowledge gained from research across various domains of health will further clarify our understanding of spirituality, especially within the realm of holistic patient care and healing.

The lack of an empirically based definition for spirituality points to a critical need to develop the definition from the perspective of individuals who are recipients of health care. Such knowledge will be helpful in determining the impact of spirituality on care and services being provided to individuals, promoting more accurate nursing diagnoses related to spiritual distress as well as interventions developed to enhance spiritual well-being. With an empirically developed definition of spirituality, further research is needed to examine how spirituality affects health, healing, and well-being. To provide holistic care, it is critical to know how the pieces of the human spirituality puzzle fit together. Without understanding their connections, spirituality will continue to remain an elusive, confounding, abstract, and ambiguous concept in caring for patients and their families.

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