
Editorial

Spirituality Based on the Roy Adaptation Model for Use in Practice, Teaching and Research

Espiritualidad basada en el Modelo de Adaptación de Roy para uso en la práctica, la enseñanza y la investigación
Espiritualidade baseada no Modelo de Adaptação de Roy para uso na prática, ensino e pesquisa

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In today's fast-paced and complex world, the need for spirituality is greater than ever. The Roy Adaptation Model (RAM) (1) provides a strong basis for spirituality. Spirituality allows us to look beyond the material world to have a central experience of seeking a higher power. This seeking is related to the essence of the person and their relationships with others. Through spirituality, we search for fulfillment, meaning and purpose in life. The RAM (1) reflects spirituality as rooted in the philosophical assumption of veritivity that sees truth in a creator with principles of unity, diversity and self-expression reflected in all of creation, the earth and in people. People have a basic need for spirituality. According to the model, spirituality is an influencing factor or stimulus for all adaptive behavior. Spirituality is also a strategy for coping and adapting. Common human spiritual experiences are wonder, awe and gratitude for life, along with acknowledgement of human dependence, finitude and interdependence.

Strategies for spirituality, in practice, include understanding and valuing unity, diversity and self-expression. Based on understanding earth spirituality, nurses use knowledge, values and commitment to create just structures; to strive for equitable distribution of the earth's resources; and to promote the integration of people with their environment. In the self-concept adaptive mode, the personal self includes the moral-ethical-spiritual self.

This aspect of self embraces a belief system and an evaluation of who one is in relation to the universe. The person asks the question: "Why am I here?" or, based on a particular belief system, "Why did God make me?" The characteristics of this part of the personal self include how the self is viewed in relation to one's sacred, ethical beliefs and value system. The processes of self-concept add to the consistency, unity and organization of self over time. The process of focusing self is particularly relevant to spirituality. It involves being in touch with self in a way that surfaces hope, energy, continuity, meaning, purpose and pride. Through this process, there is an awareness of who one is and one's place as an individual among other people in society. It moves the self beyond individualism to perceiving self as part of the common patterns and integral relations of persons and earth, and includes an identity of self within groups.

With the RAM view of spirituality based on veritivity and the moral-ethical-spiritual self, we can derive approaches for nursing practice. A nurse will always convey deep respect for the other's common humanity; demonstrate empathy; show one's own dependence on God and commitment to faith; believe in another spiritual self; be nonjudgmental about how that self is expressed; and create a trusting relationship. Some specific strategies for individuals and families will include active listening; helping to find ways to connect with God, if desired; facilitating religious practices; reading Scripture, as relevant; facilitating spiritual thoughts and feelings; praying with and for the other person;

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protecting the patient's religious articles; and referring to spiritual care experts, as desired. Some years ago, Stoll (2) provided several guidelines for spiritual assessment that give four major categories and examples of questions. These can be useful today, if adjusted according to the particular nurse-patient situation. First, the nurse finds out about the concept of God or a deity by asking questions such as: "Is religion or God significant to you?" "Do you find prayer helpful?" Secondly, there are questions about sources of hope and strength, particularly people and relationships, for example: "Who is the most important person to you?" or "To whom do you turn when you need help?" The third category is religious practices and the nurse can ask questions such as "Do you feel your faith is helpful to you?" "Has your illness interfered with any religious practices that are important

to you?" Lastly, the nurse can assess the relationship between spiritual belief and health, including existential concerns or visions for the future by asking questions like "What has bothered you most about being sick (or what is happening to you)?" "What do you think is going to happen to you?"

Based on these insights into what spirituality is and how the RAM provides a basis for including spirituality in practice, the nurse can take the further important step of teaching others about the use of spirituality. Finally, we need to learn more about spirituality in nursing and to further research in this regard. The view of spirituality provided herein offers many possibilities for designing both qualitative and quantitative research to develop knowledge about spirituality in nursing.

References

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