



Spiritual care – an ethical basis for protecting patients dignity

Ongoing project

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Introduction

Human beings' spiritual dimension is present in every encounter and situation. It is therefore of great importance to recognize and integrate spirituality when caring for suffering human beings. In this study, we explore nurses' basic values when caring for people suffering from addiction. Addiction causes great suffering, accompanied by humiliation and loss of dignity (Wiklund, 2008a, b, Wiklund et al., 2006). Spirituality and dignity are strongly interconnected, and this calls for spiritual care with love and faith as core values (Kaldestad, 2018; Rykkje, 2014; Thorkildsen et al., 2014).

Method

Phenomenological-hermeneutical approach. Focus group interview with 5 nurses working with patients suffering from addiction in low-threshold service. Data analysis performed in accordance with Lindseth and Nordberg (2004).

Preliminary findings

Based on an understanding of human beings as equals and having inherent dignity, the nurses' primary goal in spiritual care is to protect and safeguard the patient's dignity. Dignity involves a communion based on respect and genuineness. In response to the attitudes of some health care personnel, nurses play an important role in protecting the patients from humiliation when interacting with the rest of the health and social care system. The nurses argue that the health and social care system excludes people suffering from addiction. Nurses place great emphasis on helping the patients to discover their own resources.

Discussion

The findings will be discussed within a caring science perspective. The findings illuminate the need to focus on improving attitudes of health and social care personnel towards people suffering from addiction. There is also a need to map out and intervene in formative phases of nursing education. The ethical foundations of the organizational structures within the health and social care system need to be scrutinized.

References: Wiklund, L. (2008a). Existential aspects of living with addiction-Part I: meeting challenges. *Journal of Clinical Nursing*, 17(18).
Wiklund, L. (2008b). Existential aspects of living with addiction-Part II: caring needs. A hermeneutic expansion of qualitative findings. *Journal of Clinical Nursing*, 17(18).
Wiklund, L., Lindholm, U.A., Lindholm, L. (2006). Suffering in addiction: a struggle with life. *Theoria Journal of Nursing Theory*, 15(2).
Kaldestad, K. (2018). *Menneskets verdighet i kraft av dei hellige rommet*. (Doktorgradsavhandling, Åbo Akademi). Åbo: Akademis Forlag.
Rykkje, L. (2014). *Kjærlighet i forbundethet*. (Doktorgradsavhandling, Åbo Akademi). Åbo: Akademis Forlag.
Thorkildsen, K.M., Eriksson, K., and Råholm, M-B. (2014). The core of love when caring for people suffering from addiction. *Scandinavian Journal of Caring Sciences*, 29(2).
Lindseth, A. and Nordberg, E. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2).

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