**Spiritual Care**

As changes in technology, policy and management put an increasing emphasis on processes and procedures in nursing and health care, how do we continue to make room for compassion, the ancient human value that calls most nurses to the profession? In the context of a doctoral thesis Janice Clarke argued that it is compassionate care of the whole person, body and soul, which is at the heart of nursing practice that values the individual and respects their dignity. Research into the nature of spirituality and the way in which the nursing profession had interpreted it exposed a dilemma at the heart of nursing and a contradiction between the practice of nursing and the techniques of spiritual care.

Critique of the current approach culminated in the development of a new model and a new approach which helps nurses to imbue all their practice including the physical aspects of care – from use of touch to helping patients to move, bathe and eat – with an attention to spiritual needs.

Rather than seeing spiritual care as an addition to what nurses already do, this new approach considers it a natural part of compassionate care which doesn't present the nurse with an extra ambiguous burden to deal with.

Clarke, J. (2013) Spiritual Care in Everyday Nursing Practice: a new approach, Palgrave Macmillan, Basingstoke


Clarke, J. (2008) Spirituality, Culture and Identity: An Approach to Care, University of Worcester, Putting Spirituality into Practice (Keynote)

**Nursing and Religion**

The past 25 years have witnessed an escalating discussion on the role of spirituality within health care. This study came about as a result of the belief that the religious beliefs of both nurse and patient can significantly influence care and its outcome. In addition, religions cannot be treated as though they are all the same. This study, analysed in depth, from a historical and ethical perspective, the ways in which Christianity influences the discipline of nursing, the ethics involved in nursing practice, its practitioners, patients and treatment outcomes.


Clarke, J. (2012) Faith and Nursing, Symposium, Trinity West University, Faculty of Nursing. Oral presentation: Religion and Nursing, a UK perspective.


**Complementary Therapies in End of Life and Palliative Care**

Complementary therapies are playing a bigger part than ever in the care and management of people receiving palliative and end of life care. In this project, carried out in partnership with St Richard’s Hospice, patients were assessed prior to complementary therapy and following it using the MYCAW (My Concerns and Wellbeing) assessment tool. The aim is to explore the effects of the complementary therapy on a patient’s perceptions of the severity of their condition as well as on their level of wellbeing.

“What are the perceived benefits of complimentary therapies on the wellbeing of patients living with life limiting conditions?” - Deborah Cook (Lead Researcher) & Dr Brian Nyatanga – in progress

**Wellbeing, social relationships and green spaces**

In the United Kingdom Government cross-departmental agendas concerning community regeneration, improvements in public health and the promotion of sustainability have promoted a variety of wellbeing related projects that use individual and community engagement with green spaces as a vehicle for bringing about social change. Such initiatives have generally taken a rather mechanistic approach focusing on causal mechanisms and health outcomes, and these have failed to effectively engage the wider population. Insufficient attention has been paid to the social dimensions of wellbeing and the use of green spaces and how these relate to cultural and symbolic meanings of ‘wellbeing’ and ‘environment’. Practitioners and researchers have thus been calling for more imaginative criteria for evaluation.

Dr John Lehar, draws on evidence gained from focus group discussions and walking interviews with participants aged between 20-50 years of age living in three different wards of Bristol in the South West of England. The thesis explores lay perceptions of wellbeing and green spaces and relates these to the conceptual models used by a range of policy makers and professional practitioners. The findings suggest that social relationships are of primary importance to lay perceptions of wellbeing and the ways in which green spaces contribute to its promotion and maintenance. The study revealed that social relationships are complex and nuanced in relation to wellbeing and the use of green spaces and challenges simplistic models that fail to take this in to account. The thesis presents a more complete framework for understanding wellbeing in terms of the complexities of the relationship between wellbeing and green spaces, and concludes by suggesting more effective ways of engaging people of this age group and social status in the wellbeing benefits of contact with nature and green spaces.

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