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DOI: 10.32999/2663-970X/2022-7-9


UDC 364.4-053.9:614.253.52

**Spiritual and personal orientation of nurses’ practice in dealing with palliative patients**

Духовно-особистісна орієнтація практичної діяльності сестер медичних у роботі з паліативними пацієнтами

Received: April 12, 2022 Accepted: June 17, 2022

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Abstract
The nursing staff holds pride of place in medical communities amidst the modern dimension of the world’s requirements for this profession. In addition to basic professional qualities and competencies, a nurse must have significant spiritual values because it influences the patient’s life and health and the treatment of his soul as an essential component of personality, most importantly not only at the final stages of life caused by disease progression but also in remission. The purpose of the study is to elucidate research findings to determine the motivation for the spiritual development of personality and spiritual values of a palliative care nurse. Methods. To achieve the purpose, theoretical research methods were used: analysis, synthesis, and generalization. Solving research problems involved the methodology for diagnosing thinking direction and predominant personal motives “Bookshelf” (Pomytkin, 2013). The methodology covers the basic qualities of a nurse’s spiritual development, as follows: physiological needs, security and confidence, love for neighbor, appreciation and respect, self-actualization, spiritual self-improvement, service, wisdom, righteousness, and holiness. Nurses working in different fields of medical care, including palliative and hospice, participated in the study. Results. It was found that the vast majority of respondents believe that the main directions of their thinking and ideas about personal development are determined by the level of physiological needs, a sense of security and confidence, love, appreciation, and respect. At the same time, holiness, righteousness and wisdom are insignificant to most respondents. According to the questionnaire, we concluded that nurses need in-depth work to actualize their spiritual development to fully cooperate with palliative patients and create the most favorable environment for their stay in a health care facility, hospice, or home.
Keywords: palliative care, patient, spirituality, personality, nurse spiritual development.

Anotacja
Середній медичний персонал у сучасному вимірі світових вимог до цієї професії поєднує чільне місце у медичних спільнотах. Окрім базових професійних якостей, компетентнісних характеристик, сестра медична повинна володіти важливими духовними цінностями, адже від цього залежить не тільки життя та здоров’я пацієнта, але й лікування його душі як важливої компоненти особистості та щонайважливиші засоби, не тільки на завершальній стадії життя у зв’язку з прогресуванням хвороби, але й при певній ремісії. Мета дослідження — вивітрування результатів дослідження щодо визначення мотивації духовного розвитку особистості та духовних цінностей сестри медичної в сфері паліативної допомоги. Методи. Для реалізації зазначеної мети були використані теоретичні методи дослідження: аналізування, синтезування та узагальнення. Розв’язування дослідницьких завдань передбачало використання методики діагностики спрямованості мислення та провідних особистісних мотивів “Книжкова поліція” (Поміткін, 2013). Методика містить у собі основні якості духовного розвитку особистості сестри медичної, до яких належать: фізіологічні потреби, безпека та впевненість, почуття любові до ближнього, оцінка та повага, самоактуалізація, духовне самовдосконалення, служіння, мудрість, праведність та святість. У дослідженні брали участь сестри медичні різноманітних галузей надання медичної допомоги, у тому числі паліативної та хоспісної. Результати. Встановлено, що переважаюча більшість респондентів вважають, що для них основними спрямуваннями свого мислення та уявлення про розвиток їх особистості, визначаються рівнем фізіологічних потреб, відчуттям безпеки та впевненості, почуттям любові, оцінкою та поваги. При цьому, святість, праведність та мудрість для більшості опитаних посідають менш чільне місце. Згідно з проведеним опитуванням ми зробили висновок, що сестри медичні потребують поглибленої роботи щодо актуалізації духовного розвитку їх особистості з метою повноцінної співпраці з важкохворими паліативними пацієнтами, створення найбільш сприятливого середовища їх перебування у закладі охорони здоров’я, госпісах чи у домашніх умовах.
Ключові слова: паліативна допомога, пацієнт, духовність, особистість, духовний розвиток сестри медичної.

Вступ
Від діяльності сестри медичної, в паліативній сфері, залежить не тільки виконання
nurse remains pending. The professional activity of a palliative care nurse is based on a unique synthesis of knowledge that has been accumulated over the ages by different scientists and researchers: philosophers, theologians, educators, psychologists, and doctors. By relying on the statements of world-class scientists, the harmonious development of any personality should include the processes of one’s formation at the mental, emotional, and physical levels.

The modern domestic psychologist O. Kolisnyk (2017) distinguished and analyzed the main (predominant) degrees of spiritual development and hence proposed a post-classical (holistic, dialectical, comparative, and dynamic) concept of the spiritual self-development of personality. The generalization of the results of the analysis of O. Kolisnyk's publications indicates that psychological mechanisms of self-development are the means of personal spiritual growth (Kolisnyk, 2017).

In particular, in the Eastern Christian patristic tradition of understanding spirituality, the practice of spiritual life, the process of the spiritual formation of a person provides for the possibility of achieving perfection, integrity, and healing (τέλος, ὅλος, σῶς, σάος) as a result of unity with God, that is, holiness. "Holiness is an essential prerequisite for spiritual health and thus an integral, fundamental component of the soteriological goal of humanity" (Marchuk, 2017). Perfection-holiness, as both a norm and the pinnacle of personal spiritual development, is a Divine property (“Be holy therefore I, the Lord your God, am holy!” (Lev. 19.2; 1 Peter 1: 15-16) which is intended for anyone who seeks to be happy, prudent, wise, and full of love as a set of all virtues and to grasp the true meaning of own existence (Marchuk, 2021).

As you can see, spiritual perfection in many thought systems appears as the pinnacle of personal development and formation, the possibility for grasping spiritual health. Keeping the above in mind, every health worker must be aware of the importance of spiritual development in line with practical skills and abilities in the context of his/her professional activities.

The natural essence of any human being is individual, multidimensional, and reflects a particular life, professional, and personal офиційної нормативної бази своїх посадових обов'язків, але і якість та тривалість процесу одужання пацієнта. Важливе місце займає середній медичний персонал у веденні паліативних пацієнтів, які потребують духовного ставлення під час перебування у закладі охорони здоров’я наприкінці свого земного життя.

Незважаючи на вже існуючу і зростаючу кількість досліджень в цій сфері, залишається питання розвитку духовних цінностей сестри медичної в сфері паліативної допомоги. Основа професійної діяльності сестри медичної паліативної допомоги – унікальний синтез знань, які накопичувалися впродовж багатьох віків різноманітними вченими та дослідниками: філософами, богословами, педагогами, психологами та лікарями. Виходячи з твердження науковців світового рівня визнання, гармонійний розвиток будь-якої особистості повинен включати процеси її становлення на розумовому, емоційному та фізичному рівнях.

Сучасний вітчизняний психолог О. Колісник (2017) виокремив та проаналізував основні (провідні) ступені розвитку духовності, запропонував постнекласичну (холістичну, діалектичну, компаративістичну й динамічну) концепцію духовного саморозвитку особистості. Узагальнення результатів аналізу публікацій О. Колісника свідчить про те, що засобами просування особистості по ступенях духовності є психологічні механізми саморозвитку (Колісник, 2017).

Зокрема у східнохристиянській патристичній традиції розуміння духовності, практики духовного життя, сам процес духовне становлення людини, передбачає можливість досягнення довершеності, цілісності, зціленості (тέλος, ὅλος, σῶς, σάος), як результат єдності з Богом, тобто святості. “Святість постає необхідною умовою духовного здоров’я, а від такої невід’ємною, фундаментальною складовою сотеріологічної мети всього людства” (Марчук, 2017). Досконалість-святість, як норма та водночас вершина духовного розвитку особистості, є Божественною властивістю (“Будьте святі, – Я-бо святий!” (Лев. 19,2; 1 Петра 1,15-16)), яку покликаний набути кожен, хто прагне бути щасливим, розсудливим, мудрим,
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position. Spirituality manifests itself in different ways. Among the components of spiritual potential, world scientists name heroism, self-sacrifice, protection of people and nature, the acquisition of conscious knowledge and its dissemination, and self-improvement. It is worth mentioning the critically important components of the spirituality of a palliative care nurse: humanity, benevolence, mercy, sensitivity, morality, nobility, respect for patients and their loved ones, and responsibility.

A spiritual person is guided not by ordinary instincts but by the highest moral values and cares not only for himself but also for others while understanding the unity of all living beings and his role in performing various tasks of humanity. High-quality palliative care requires an “impeccable” assessment of the patient’s psychological, social, and spiritual needs (Batstone, 2020).

There are two dimensions of the specification of human spirituality – substantial and functional. There are higher spiritual values and ideals, which include aesthetic and humanistic ones, processes of self-improvement, self-realization, and cognition. From the functional point of view, spirituality is governed by the degree of self-organization, i.e., consciousness, self-awareness, and will. It is the mental strength of a person which further sets personal stability and professional activity, steadfastness, determination in making certain crucial and urgent decisions, which may influence the lives of others, and commitment to a vocation and a life position.

Each individual attribute should be assessed within three dimensions: social-psychological-individual (communication level, peculiarities of character, experience, intellectual development); activity: it consists of motivation, obtaining information, cognitive processes, goal setting, performance, and emotional characteristics; genetic, that is, the age dimension: the time level of the formation of dispositions and the implementation of all abilities.

When working with patients, a nurse should bear in mind many social, physiological, and physical factors – social status, religious orientation, a level of education, physical activity, and awareness of the patient’s health and disease. In addition, it is necessary to skillfully assess
the possibilities of cooperation between the health care worker, the patient, and his/her relatives, the perception or non-perception of the diagnosis, which is extremely important if there are severe incurable diseases. Patients and their carers consider health workers as those who provide spiritual support (Miller, 2021).

A palliative care nurse should realize the meaning of what is said to the patient and for what reason, and be aware of his/her reaction in advance because persons of different ages, education, and emotional state react differently to the same information that must be taken into account by the nurse when communicating with patients. It is essential to clearly and prudently inform about the required diagnostic procedures and treatment methods in a particular case, reassure and encourage the relatives as may be necessary to achieve maximum cooperation with them. Spiritual care is compassion and empathy during increased stress, suffering, and anxiety while nursing (Roman, 2020). The nurse's high professional and spiritual development is evidenced by benevolence, restraint under all circumstances, listening skills, and the ability to sympathize, not be indifferent.

Thus, the basic personal qualities of a palliative care nurse comprise the following: aesthetic (modesty, neatness, simplicity, ability to create a cozy atmosphere), moral (restraint, patience, courtesy, friendliness, honesty, tenderness, affection, compassion, and dignity), and intellectual (professional erudition, observation, logical thinking).

**Hypothesis.** The authors suggest that positive moral and humanistic emotional states of palliative care nurses will improve the quality of medical care because the spiritual potential of every person is determined by the symbiosis of three main components: soul, spirit, and body. The spiritual component affects motivation, well-being, and quality of nursing care.

**Purpose.** To identify the mental-motivational orientation of the development of the spiritual potential of palliative care nurses; to extrapolate the results to the actualization of the concepts of the spiritual-personal approach to the practical implementation of nursing to ensure the value orientation of palliative care.
Methodology and methods

The study’s theoretical and methodological background is a system of spiritual values, functional properties, and the degree of productivity for the practice of spiritual education; the idea of forming the key attribute of spirituality – the category of holiness (Mishchenko, 2017); spiritual development is characterized by the predominance of advanced functions of the higher nervous activity of an individual. Researchers attribute the following to the relevant features: consciousness, self-awareness, and volitional qualities; in their opinion, spirituality is “a measure of human perfection” (Bittians, 1995); the level of spiritual care as compassion and empathy during increased stress, suffering, and anxiety while taking care. A spiritual care provider – in this case, a nurse – plays an important role when families face complex medical conditions and possible palliative care (Roman, 2020); a spiritually integrated holism that reasons “the entire personal synergy”. The concern for the patient’s worldview in the aggregate generates a desire to “be together”, connect, know and holistically support the terminally ill patient (Batstone, 2020). The structural component of professional satisfaction and dedication is meeting social and spiritual needs, “soul searching” in work, self-development, and search for existential meaning and sense (Veldbrekht et al., 2021). In medicine, the concepts of mercy and identification, as a basis of empathy, are factors in developing the ability and desire for the professional manifestation of care and compassion for patients (Shevchenko & Shevchenko, 2020).

Participants. 57 respondents participated in the study, 54 women and 3 men; they are nurses who provide palliative and hospice care to various segments of the population of Chernivtsi oblast, Ukraine.

Procedure and tools. The study was carried out using the diagnostic methodology of thinking orientation and predominant personal motives “Book shelf” (Pomytkin, 2013). Our research team proposed the following instruction for the execution of the questionnaire (Fig. 1). The respondents were asked to imagine ten bookshelves (for clarity, the participants were provided with a drawing
of levels that conventionally correspond to the components of biological, social, and spiritual levels of personality development), which were called the components of human consciousness. The questionnaire is based on the components of biological development, i.e., physiological needs, security and confidence; social development – love, appreciation and respect, self-actualization; spiritual development – spiritual self-improvement, service, wisdom, righteousness, and holiness.

![Diagram](image.png)

**Fig. 1** "Bookshelf". Motivation for personal spiritual development is based on A. Maslow's hierarchy of needs

**Results**

The bookshelves shown above reflect 100.0% of the respondent’s opinions. Each participant of the questionnaire needed to assess and put a possible number of one’s opinions in percentage while dividing them by the relevant subject. At the same time, there may be more or less thoughts-books on one of the imaginary shelves – everything depends on what the study participants think about most often or for the longest time. Some statements may not be assessed due to their current irrelevance to a particular respondent.
Following the results, the total is 100.0%. According to the questionnaire, the percentage of thoughts about physiological needs varied from 5.0 to 37.0%, security and confidence – 5.0-50.0%, love – 5.0-70.0%, appreciation and respect – 5.0-25.0%, self-actualization – from 5.0 to 20.0%, spiritual self-improvement – 5.0-20.0%, service – 2.0-20.0%, wisdom – from 1.0 to 30.0%, righteousness and holiness – from 2.0 to 20.0%. On average, the share of palliative care nurses’ opinions concerns physiological needs (14.5%), love (13.9%), security, confidence (11.9%), and appreciation and respect (10.1%). The average level of opinions of health professionals focuses on wisdom (9.75%), spiritual self-improvement (9.65%), and self-actualization (9.1%). Righteousness (7.5%), holiness (6.9%) and service (6.6%) are less relevant components of the nurse’s personality (Fig. 2).

Following survey findings, the value of the biological development of the personality of a palliative care nurse is 26.4%, social – 33.1%, and spiritual – 40.5%. We can see that the spiritual component prevails over the biological and social ones singly, but the personality’s predominant components are biological and social levels (59.5%).

Fig. 2. Research results shown by the nurses under the method of thinking orientation and predominant personal motives “Bookshelf” (Chernivtsi region, Ukraine)

Рис. 2. Результати дослідження сестер медичних за методикою спрямованості мислення та провідних особистісних мотивів «Книжкова полиця» (Чернівецька область, Україна)
Discussion

Given the study results, the medical, social, psychological, and spiritual tasks faced by a palliative care team are organically interconnected and stem from each other. Therefore, one can talk about the participants’ interdisciplinary activities in providing palliative care.

Having analyzed the empirical study of nurses, the level of spiritual self-improvement is 9.65% on average. This motive is a manifestation of the psychological maturity of an individual, a manifestation of her will, which allows reaching new heights in different life and professional situations. It contributes to the formation of an idea of ideal and perfection that determines the life path of every person. At the same time, it should be noted that in the case of distortion of ideas about spiritual ideals and values, there may appear negative consequences for personality development and harmful behavior features for the nurse, surrounding persons, and patients. During spiritual self-improvement, a nurse bears full responsibility for the life of the patient and her own life and directs her behavior and activities to achieve the relevant goal by relying on spiritually safe humanistic ideals and values confirmed by centuries of experience.

If a nurse is on track to spiritual self-improvement, a motive for personality development begins to form – service (according to survey findings, this element amounts to 6.5%, which is the minimum share of all components of spirituality). Service in its manifestation involves helping patients who require special, individual palliative care that encourages a medical worker to dedicate his/her activities to the life and health of neighbors, the search for optimal and skilled methods of rendering the necessary assistance to patients and their loved ones.

When providing palliative patients with professional medical care, a nurse can make some mistakes, the elimination or prevention of which, based on the best scientifically systematized practices, leads to the formation of wisdom (however, according to survey results, this motive has an average value – 9.75%). The relevant component plays a crucial role in the nursing staff’s professional activity as well as requires constant self-knowledge, enrichment.
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of theoretical and practical skills, comprehension of a specific clinical case, and generalization of own life and professional experience.

At the same time, the possibility of acquiring the experience of professional and life wisdom is not decisive for respondents. A component of wisdom is a considerable step for the practical implementation and actualization of the spiritual-personal approach in nursing and for ensuring the value orientation of the support of palliative patients. The awareness and mastery of the experience of wisdom and responsible attitude to different non-standard situations in professional activity and, most importantly, the ability to solve them is the key to the successful personal development of a medical worker. It is common knowledge that a wise person is capable of making fewer mistakes and sharing that wisdom with others.

Righteousness and holiness are also essential components of the nurse’s spiritual development (according to survey results, the ratio of the mentioned motives is 7.5% and 6.9%, respectively). The righteous life and activity of a nurse entail the ability to live and work under the laws of conscience, simplicity, truthfulness, adherence to universal qualities, and existence values. It is essential that the motive of a person’s righteousness makes one worthy of imitation by contemporaries and subsequent generations.

Personal holiness is conveyed by such terms as “holy person”, “holy love”, “holy duty”, the axiological norm of human life, the condition of spiritual health, happiness and well-being, moral stability and indelibility in piety, loyalty to the ideals of truth, wisdom, love, sacrifice, which are highly relevant to a medical worker, especially a palliative care one.

Conclusion

The article presents study results of methodology for determining the spiritual potential of an individual. Being relying on the conducted research, it can be stated that the spiritual-personal approach to nursing to ensure the value orientation of the support of palliative patients is crucial to the qualitative professional growth of health professionals and hence should become not just scientifically conceptualized but also practically accessible to nurses in their work with palliative patients.
and theoretically actualized but also a practically implemented and popularized method of competent development, the assimilation of which is the main criterion of professional suitability. It is proved that the full-fledged spiritual development of a palliative care nurse allows for achieving maximum results in helping patients and their loved ones and prolonging and enhancing the quality of their lives in the fight against terminal illnesses. Research results make it possible to note that the study of the spiritual potential of a nurse is becoming increasingly relevant in the modern scientific world since it is a factor that can significantly affect the patient’s body state. From an individual point of view, every level of needs and motives sets a particular orientation of all intellectual processes, such as perception, attention, memory, thinking, and imagination. Healthcare professionals who actualize only the physiological needs of patients cannot focus on other spiritually basic requests that affect the quality of service to palliative patients. Nurses who concern the components of the social level of spirituality formation direct their prevailing intellectual efforts towards self-esteem, gaining respect, power, and authority. If they are not satisfied, an employee fails to concentrate on other professional challenges adequately and sufficiently; this strongly influences the process of supporting patients and the outcome and quality of treatment. Medical workers who pay attention to the spirituality factor in medical practice direct their forces to search for spiritually relevant information, ways and methods of self-knowledge, opportunities for self-improvement and realization of their spiritual potential.

References
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Koliсnik О. P. Теорія духовного саморозвитку особистості. Психологічні перспективи. 2017. Вип. 29. С. 104-114.

Marchuk, O. T. (2021). Eastern patristic tradition of interpretation "νοῦς-λόγος": the sanogeni-

