

Chapter 28

SPIRITUAL FITNESS AND PERFORMANCE

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INTRODUCTION

“Total force fitness” (TFF), as discussed in the opening chapter of this section, includes “spiritual fitness” as an important component and essential to overall fitness. Spiritual fitness (being spiritual) is a broader concept than being religious (practicing one’s organized religion), although the practice of one’s religion or faith may very well be considered an expression of one’s spirituality. The terms “spiritual” or “spirituality” are generally individually focused, contributing to personal identity and meaning, whereas “religion” is often more corporately focused and refers to specific traditions with more defined practices.

In the TFF initiative, it was recognized that military members have built-in stressors that affect all areas of their lives, and that eight core domains, including spiritual, needed to be discovered and developed to obtain optimal performance. Spiritual fitness in Department of Defense (DoD) settings may contribute to the development of resiliency in service members, supporting them in routine and rigorous challenges such as arduous training, deployments, and combat tours.¹⁻³ Included in the TFF

effort are attempts to realize the importance of service core values, to understand one’s identity, and to create meaning from situations that are often complex and sometimes life threatening, including health challenges. Service members must be able to apply their service core values, and recognize and appreciate the importance of a spiritually and religiously diverse force. These basic integral components provide the basis for both understanding and developing spiritual fitness in the DoD.

A 2016 Gallup poll indicates that 89% of Americans believe in God or a universal spirit.⁴ Religious or spiritual beliefs and practices are common among patients seeking medical care, and even those who identify themselves as nonreligious often see themselves as being spiritual.⁵ Consequently, this subject is relevant to healthcare providers. This chapter will provide a basic introduction to spirituality, review the relationship between spirituality and religion, and discuss whether healthcare providers who are not ordained clergy or chaplains should incorporate spiritual care into their overall holistic healthcare treatment plans.

DEFINITIONS

Many definitions can be offered for spirituality, and agreeing upon a common meaning is challenging because no one single definition will work for or satisfy everyone. Thus, a broad definition is provided as a starting point. Table 28-1 offers some definitions for clarity and consistency. Although spirituality includes various definitions, a broad range of practices, and a plethora of defined spiritual traditions, it is generally considered a process and path toward developing the aspect of the whole self—a basic tenet of TFF—that gives meaning to one’s life (who am I; why am I here; what is my purpose?). The spiritual path seeks to provide a sense of transcendence beyond the self and re-

lationships with others. Spirituality can be experienced intra-personally (as a connectedness within oneself), inter-personally (in the context of others and the natural environment), and trans-personally (referring to a sense of relatedness to the unseen, God, or transcendent power greater than the self and ordinary sources).^{6,7}

Koenig and others highlight the impact of spiritual practices on health and demonstrate the breadth and variance of the appreciation of spirituality.^{8,9} Some of their key findings from reviewing the literature demonstrate a clear relationship between medicine, religion, and spirituality. These relationships are important to healthcare providers.

MILITARY HISTORY OF SPIRITUALITY AND RELIGION

Military chaplaincy traces its roots to September 1775, when George Washington instructed Benedict Arnold to “protect & support the free Exercise of the Religion of the Country & the undisturbed Enjoyment of the rights of Conscience in religious Matters within your utmost Influence and Authority.”¹⁰ From the earliest days of offering sacramental needs and comfort to military personnel ashore and at sea, to the current practice of providing comprehensive support including personal resilience and wellness, military chaplains have always served the multicultural and religiously pluralistic US military population in balance with their own religious identity. Today military

chaplains provide appropriate religious and spiritually based care to military personnel and their families, often partnering with caregiving professionals from other disciplines to ensure optimum support. Beyond providing pastoral care, chaplains also advise military leaders on issues where religion, ethics, and morale may play a role in the decision-making process. Although military chaplains serve as officers in their respective branches of service, they are classified as noncombatants and restricted from participating directly in hostilities.¹¹ Military chaplains are supervised by their respective service’s (Army, Navy, and Air Force) chief of chaplains.

TABLE 28-1
SELECTED DEFINITIONS OF SPIRITUALITY

Religion	Involves beliefs, practices, and rituals related to the transcendent, where the transcendent is God, Allah, HaShem, or a higher power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions. ¹
Spirituality	A process and a path people use to discover their inner selves and develop their human spirit. ²
Spirituality	Propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that it empowers and does not devalue the individual. ³
Spirituality	A connection to that which is sacred, the transcendent, which is outside of the self, and yet also within the self—and in Western traditions is called God, Allah, HaShem, or a higher power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality.
Spiritual practices	Attendance at religious or spiritual events, meditation, prayer, mindfulness practices, yoga, mantra chanting, spending time alone in nature, recognition of rites of passage, and serving one's community.
Spiritual traditions	Abrahamic examples: Christianity, Islam, Judaism; Eastern examples: Buddhist, Hindu, Zen.
Religious care	Helping people maintain their belief systems and organized worship practices. ⁴
Spiritual care	Helping people to identify meaning and purpose in their lives, maintain personal relationships, and transcend a given moment. ⁴

(1) Koenig HG. Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry*. 2012;278730. (2) Sweeney PJ, Rhodes JE, Boling B. Spiritual fitness: a key component of total force fitness. *J Force Q*. 2012;3rd quarter(66):35–41. (3) Reed PG. An emerging paradigm for the investigation of spirituality in nursing. *Res Nurs Health*. 1992;15(5):349–357. (4) Emblen JD. Religion and spirituality defined according to current use in nursing literature. *J Prof Nurs*. 1992;8(1):41–47.

BACKGROUND

It is important to know that patients admitted to military treatment facilities are routinely asked about religious and spiritual needs or concerns during initial interviews. If the patient answers positively, a consult is automatically generated in the patient's electronic hospital chart, and a member of the pastoral care team meets with the patient in a timely manner. If the patient does not acknowledge a spiritual need or concern to the nurse during this initial interview, chaplains at each military treatment facility have varying protocols for following up with patients throughout their stay. Chaplains remain sensitive to caring for each patient and their family regardless of spiritual or faith orientation or lack thereof (honoring diversity). The heart of clinical chaplaincy is honoring a person's belief system and nurturing the capacity to maintain that belief system while receiving medical treatment. The military medical officer (MMO) may need to know when a formal referral is needed.

In the early 2010s, the DoD and Department of Veterans Affairs (VA) came together to implement a "learning collaborative" to integrate mental health and chaplain services as a quality improvement effort.^{12,13}

As part of this initiative, teams of chaplains and mental health providers were encouraged to make improvements in six different areas:

- 1. Screening.** Improve practices for screening patients for spiritual and mental health issues.
- 2. Referrals.** Strengthen or develop clearly articulated processes for referring patients between disciplines.
- 3. Assessment.** Develop, improve, and ensure standardized use of multidimensional spiritual and mental health assessments.
- 4. Communication and documentation.** Establish regular communication practices as part of integrated care team meetings, and document care and consults.
- 5. Cross-disciplinary training.** Champion various multidisciplinary and interdisciplinary training opportunities.
- 6. Role clarification.** Develop a formal documentation of how mental health and chaplain services collaborate.

KEY CONCEPTS

Different and diverse spiritual traditions encourage social participation and mobilize members in support of the community. The DoD, which depends on social cohesion and support, is particularly interested in this aspect of spiritual fitness. Various forms of social support that arise out of spiritual and religious participation (including the family, unit, and place of worship) can provide powerful protective effects in stressful situations.¹⁴ Additionally, studies point to positive physical and mental health outcomes and better overall coping from practicing one or several religious or spiritual activities.^{8,9}

Relationships Among Disease, Religion, and Spirituality

Multiple studies demonstrate that practicing one's religion or spirituality serves a positive role in treating and living with many acute and chronic diseases.¹⁵⁻³⁰ Religious faith also appears to be important to many patients with serious diseases and serves as a positive coping mechanism. Religion generally influences self-care, especially in cases of severe illness; patients frequently practice religion and interact with the transcendent (God) about their disease state. This spiritual interaction may benefit the patient by providing comfort, increasing knowledge about their disease, promoting better treatment adherence, and improving quality of life.³¹ Overall, the findings suggest that integrating systematic assessments of spiritual well-being into medical care is crucial, given its importance, in particular, to seriously ill patients. Care providers need to pay particular attention to whether the patient frames their identity as either "religious" or "spiritual" because this will influence the care provided.³² Specifically, patients who describe themselves as spiritual but not religious are likely to seek support, meaning, and purpose, whereas those describing themselves as religious may be more reliant on their trust in a supporting God.^{33,34}

Balboni et al³² have developed three models for addressing and understanding the integration between medical concerns of patients and their religious or spiritual identification:

1. A generalist specialist model of whole-person care with the basic premise that, in a multidisciplinary, intraprofessional care team, spiritual care is a foundation of whole-person or holistic care.
2. An existential functioning model in which the care-provider, in the provision of holistic

care to the patient, understands the dynamic relationships among the patient and providers and recognizes emotional, existential, and spiritual concerns.

3. An open, pluralist view that affirms the religious, spiritual, and cultural realities of *both* the care provider and patient and recognizes the diversity within the healthcare setting.

Each of these approaches assumes that spirituality and medicine should be integrated into the care of the patient, and affirms that spirituality must be broadly defined, embracing diverse spiritual, religious, secular, and cultural perspectives. These approaches ensure the spiritual, religious, and cultural concerns of the patient *and* the care provider/interdisciplinary team are addressed. Additionally, all emphasize the importance of maintaining ethical professional boundaries to protect vulnerable patients from undue influence by religious or nonreligious care providers.³²

Spirituality and Disease

A body of evidence^{15,20,21,28,30,35,36} suggests that certain diseases or medical conditions may improve if the patient is engaged in religious or spiritual practices. These medical conditions range from cancer to headaches to diabetes, and more. Table 28-2 summarizes some of the medical conditions being investigated and the questions about spiritual/religious practices researchers are attempting to answer.

Spirituality and Health and Performance

In addition to disease, spirituality appears to have profound effects on well-being, which ultimately impact overall performance in a variety of venues: home, work, and life challenges. Importantly, several authors have studied the relationship between quality of life and spirituality, along with religiosity. Overall, the literature supports the idea that having both a sense of meaning and purpose in life are positively correlated to quality of life.^{8,6,9,26,37,38} Likewise, spiritual practices and support from a spiritual community appear to confer benefits and serve as buffers against stress. Of interest is the potential role of spirituality in cognitive function. One study found that persons 60 years or older who engaged in spiritual activities demonstrated better cognitive function than those who did not.³⁹ Although the exact role of spirituality in overall performance is not well documented, its potential beneficial effects on various mental health attributes and behaviors suggest

TABLE 28-2
MEDICAL CONDITIONS BEING EXPLORED IN CONNECTION WITH SPIRITUAL PRACTICES

Condition	Anticipated Questions
Cancer	Do religious and spiritual practices and beliefs increase the quality of life in cancer patients? ¹
Heart disease	Does loss of control of one’s physical state significantly impact purpose and meaning in living? ² Does spirituality positively influence recovery from surgery? ³
Stroke	Do changes to brain function after a stroke open a door to the divine? ⁴
Headaches	Do techniques such as cognitive-behavioral therapy and relaxation training that take the form of spiritual or religious activities influence the onset and duration of headaches? ⁵ Does spiritual meditation have a positive effect in mitigating some of the negative impacts of migraines? ⁶
Other chronic medical conditions	How does incorporating spirituality into self-management routines impact the health and well-being of people with chronic conditions? ⁷

(1) Thune-Boyle IC, Stygall JA, Keshtgar MR, Newman SP. Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. *Soc Sci Med.* 2006;63(1):151–164. (2) Naghi JJ, Philip KJ, Phan A, Cleenewerck L, Schwarz ER. The effects of spirituality and religion on outcomes in patients with chronic heart failure. *J Relig Health.* 2012;51(4):1124–1136. (3) Mouch CA, Sonnega AJ. Spirituality and recovery from cardiac surgery: a review. *J Relig Health.* 2012;51(4):1042–1060. (4) Mundle RG. Engaging religious experience in stroke rehabilitation. *J Relig Health.* 2012;51(3):986–998. (5) Banks JW. The importance of incorporating faith and spirituality issues in the care of patients with chronic daily headache. *Curr Pain Headache Rep.* 2006;10(1):41–46. (6) Wachholtz AB, Pargament KI. Migraines and meditation: does spirituality matter? *J Behav Med.* 2008;31(4):351–366. (7) Unantenne N, Warren N, Canaway R, Manderson L. The strength to cope: spirituality and faith in chronic disease. *J Relig Health.* 2013;52(4):1147–1161.

it can only help. Table 28-3 summarizes the results of a review by Koenig⁹ wherein high-quality studies were examined to evaluate associations among religion/spirituality and well-being and life satisfaction.

Spiritual Care for Service Members and Patients

Understanding spirituality within the scope of caring for service members and patients deserves consideration. Emblen⁶ pointed out that nurses who practice together typically have different meanings for spirituality, which can cause difficulties. For some, spiritual care means helping patients with maintaining their religious practices, whereas the intent for others may be to help patients understand meaning in times of pain and uncertainty. Such confusion over conceptual definitions can lead to unmet patient needs due to the omission of spiritual care simply based on definitional challenges. For example, sometimes patients may indicate they have no spiritual need, meaning no religious need (because they are not members of any organized religious group), but such patients may desperately need help working through transcendent and relationship problems arising from their illness. The distinction between religious and spiritual care may be particularly helpful to providers in helping patients obtain care in connection with either religious accommodation or spiritual expression.⁶ Exhibit 28-1 lists the basic elements of spiritual care that providers should consider.

In summarizing the challenges of defining spirituality, particularly within the scope of healthcare, King and Koenig⁴⁰ conclude that spirituality is a fluid concept without any single, distinct definition, and therefore difficult to measure scientifically in research. However, to help those interested in understanding spirituality, they propose four areas of focus for providers when listening to and caring for patients:

TABLE 28-3
ASSOCIATION BETWEEN SPIRITUALITY/ RELIGIOSITY AND MENTAL HEALTH AND HEALTH BEHAVIORS

Health Attributes and Lifestyle Behaviors	Percentage of Studies Showing Positive Correlation
Well-being	82%
Meaning and purpose	100%
Hope	50%
Optimism	73%
Self-esteem	68%
Exercise	76%
Diet	70%

Data source: Koenig HG. Religion, spirituality, and health: a review and update. *Adv Mind Body Med.* 2015;29(3):19–26.

consider one's own (1) spiritual beliefs, (2) spiritual practices, (3) sense of awareness of what is going on around the patient, and (4) personal experience. These

elements form a whole composite necessary for understanding and appreciating spirituality in patients receiving care for any type of medical treatment.

ROLE OF THE MILITARY MEDICAL OFFICER

Spirituality and the Military Medical Officer

The MMO, as a care provider, must appreciate the role of spirituality in healthcare as well as understanding how an individual's spiritual framework may impact health and performance. Specifically, they need to know when to call in a chaplain. Most healthcare providers need additional training in spirituality, first to develop active listening skills and become clear about their own religious or spiritual beliefs and practices, and second to appreciate and address the importance of religion and spirituality in optimizing a service member's plan for treatment and recovery. The MMO must also develop confidence in addressing the religious and spiritual concerns of their patients, as needed.⁴¹

A question currently being asked is: should training in spirituality be included as a component of medical education for optimal care of patients? Studies of medical students indicate the majority believe spirituality has a positive impact on patient health (68.2%), and although many want to address spiritual/religious concerns, nearly 48.7% report they are unprepared to do so.^{42,43} Lack of training on how to integrate religion and spirituality into operational and therapeutic settings results in defaulting to chaplains or religious specialists,⁴⁴ which may be fine in a military setting where chaplains are certainly trained to do this. Thus, whether spiritual training should be a part of medical school curricula remains a discussion point. Certainly the MMO must be aware of their patient's needs and

know when to call in a person specifically trained in this area. Moreover, all MMOs should acknowledge how their *own* spiritual and religious beliefs and practices influence the way in which they practice their healthcare profession, whatever that may be.²

Guidance to Commanding Officers

Commanding officers (COs) of military units, medical treatment facilities, and installations must be aware they are responsible for the religious and spiritual care of service members, patients, and staff through the command religious program. Generally, the CO has a team—a military chaplain and their staff—to ensure that religious services and spiritual care are available to and provided for all. However, COs also strongly influence the level of collaboration within and across units and within the entire healthcare team of providers. The MMO must work with the CO to promote the multidisciplinary or interdisciplinary collaboration of their teams with other healthcare providers and various leaders. This model of collaboration is supported by Gordon and Mitchell,⁴⁵ who conceived of four competency levels in the delivery of spiritually based care:

1. All staff and volunteers who have casual contact with patients and their families should understand that all people have distinguishable spiritual needs.
2. All staff and volunteers whose duties require contact with patients and families and caregivers should be aware of spiritual and religious needs and how to identify and respond to them.
3. All staff and volunteers who are members of multi/interdisciplinary care teams need to be trained to assess spiritual/religious needs and develop plans for care.
4. All staff and volunteers whose primary responsibility is for the spiritual and religious care of patients, visitors, and staff are expected to manage and facilitate complex religious and spiritual support for patients, families, caregivers, staff, and volunteers.

Collaborative competency models place religious and spiritual provision of care squarely in the multidisciplinary community of care providers rather than

EXHIBIT 28-1

FOUR BASIC SPIRITUAL ELEMENTS TO CONSIDER IN PROVIDER-SERVICE MEMBER/PATIENT RELATIONSHIPS

- Spirit/spirituality (process or sacred journey)
- Spiritual dimension (transcending one's self; meaning-making)
- Spiritual well-being (process of being and self-understanding)
- Spiritual needs (deep inner requirements especially in times of distress)

in the care of the chaplain only. Chaplains do not own religious and spiritual care in DoD or VA settings; rather, the MMO and CO can serve key support roles

by viewing this care as a shared collaborative ownership responsibility for all in leadership positions and the healthcare professions.³

SUMMARY

Definitions of spirituality and religion are challenging and diverse, but it is commonly acknowledged that the understanding and practice of spirituality is individually based. In contrast, the understanding and practice of religion is more of an organized—even doctrinal—attempt to connect to others and have an understanding of a transcendent being. The overlap in this area is large, with some practicing spirituality by using a religious framework, and some in organized religion viewing that as their spiritual expression. The literature supporting the health benefits of practicing religion, spirituality, or both, and the role of spirituality and religion in the treatment of common existing chronic diseases, have been discussed. It is becoming increasingly important for all leaders and healthcare

providers working in multidisciplinary and interdisciplinary teams to develop active listening skills and remain cognizant of their own religious or spiritual beliefs and practices. MMOs should be attuned to the spiritual concerns of those they care for (as well as their own), and not automatically pass this imperative off to the chaplain on the team. All professionals on an interdisciplinary team “own” the provision of care for the religious and spiritual concerns of their patients. And finally, medical treatment facilities and clinics that promote interdisciplinary models involving chaplains—including multidisciplinary training—must promote more holistic care for the patients and their families, which will lead to greater opportunity for religious and spiritual fitness.

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