Religion, Religious Ethics, and Nursing

Marsha D. Fowler, PhD, MDiv, MS, RN, FAAN | Sheryl Reimer-Kirkham, PhD, RN
Richard Sawatzky, PhD, RN | Elizabeth Johnston Taylor, PhD, RN, Editors

“The Reverend Dr. Marsha Fowler and her colleagues have written a landmark book that will change and enlighten the discourse on religion and spirituality in nursing. . . . [interrupting an awkward silence] . . . with insightful scholarship [that moves] beyond the current level of knowledge and limited discourse on religion in nursing theory, education, and practice. This . . . pathbreaking work . . . delivers new ways to think about the relationships among ethics, health, caregiving, moral imagination, religion, and spirituality.”

From the Foreword by Patricia Benner, PhD, RN, FAAN
Professor Emerita of Nursing
Department of Social and Behavioral Sciences and Nursing
University of California, San Francisco

This scholarly volume is rooted in the belief that not only is religion integral to nursing care, but also that the religious beliefs of both nurse and patient can significantly influence care and its outcome. It offers an extensive analysis of the ways in which religion influences the discipline of nursing and lays the foundation for a deeper exploration of religion and religious ethics as they intersect with nursing theory, education, research, and practice.

An international cadre of nurse scholars, representing the world’s major religious traditions, explore how theories, history, and theologies shape the discipline, bioethical decision making, and the perspective of the nurse or patient. They examine the commonalities between the values and thinking of nursing and religion, and identify basic domains in which additional research is necessary. The book explores the meaning of health, caregiving, and well-being within each tradition, including secular beliefs. It examines feminist and religious ethics in nursing, and the social justice and religious moral sources that link community health nursing, health promotion, and public health. The authors believe that ultimately, scholarly dialogue on the relationship between religion and nursing will foster and enhance a nursing practice that is ethical and respectful of personal values.

Key Features:
• Uses critical theories to explore the intersections of religion, ethics, culture, health, gender, power, and health policy
• Explores how the major world religions conceptualize health, well-being, compassion, nursing, care of the stranger, and community
• Addresses the measurement of religious concepts in nursing
• Designed for graduate and upper-level undergraduate students, nurse researchers, nurse ethicists, and nurse clinicians
Any nurse who takes seriously the commitment to care for the whole person should know about this important, one-of-a-kind book that is a major contribution to our profession. In an increasingly multicultural world, an understanding of values and beliefs, ours and those that may differ from our own world view, is more important than ever. According to many polls, the USA is a religious country and every religion is practiced by its citizens. However, nursing has done little to address or incorporate these facts in nursing education and practice. This well-written, informative book can change that. If you strive to be a better student, clinician, researcher, teacher, or administrator, you will greatly benefit from reading this book. I highly recommend it.

Anne J. Davis, RN, PhD, DSc (hon), FAAN
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Nagano College of Nursing, Japan
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Marsha Fowler and her colleagues are making a new and very important appeal to nursing to see religion not as an extra or external element, but as something inherent in life. By writing not about religion, but from within religious traditions, they show the strengths of all religions to argue and act in socially appropriate ways by holistic and just means, based on the intrinsic sacredness of life. They show how religions and religious ethics underscore the completeness of coherent nursing care and theory. The more I read of this book, the more I realized how different its message is from other books and how this message is significant. Other recent international texts on issues of social ethics have also pointed in the direction of a deeper morality than has been current. Together these texts make a convincing case, and this book has the potential to blaze the way for new understandings of the need for and the delivery of care, in particular nursing care. I hope the book will catch the imagination of nurses everywhere and that people run with its message.

Verena Tschudin, RN, PhD
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The reader of this exceptionally well-written book will find that classical dialogues, as well as a more contemporary exposé of philosophies and theories, that have shaped and continue to shape nursing practice, are expertly discussed. The editor and the authors are some of the top thinkers in the field, providing a level of intellectual stimulation that will enhance new heights in critical thinking about the epistemological origins of ideas in nursing. It is a book of a coherent set of chapters written to raise as many profound questions as it answers. I expect that nursing science and its theoretical basis will
be profoundly influenced by the analyses provided in this volume and the promise that it holds. Kudos to Dr. Marsha Fowler!

Afaf Ibrahim Meleis, PhD, DrPS (hon), FAAN
Margaret Bond Simon Dean of Nursing
University of Pennsylvania School of Nursing
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Director of the School’s WHO Collaborating Center for Nursing and Midwifery Leadership
University of Pennsylvania

Religion, Religious Ethics, and Nursing finally gives voice to a thoroughly thoughtful and important scholarship that will transform our collective capacity for meaningful dialogue and robust theoretical development. This articulate and scholarly anthology reclaims the middle ground that has been missing from the spirituality discourse in modern nursing literature. Recognizing the centrality of sacred text and tradition as foundational to the human experience of cultures and communities across history and place, it invites an integrative and authentic respect for world religions and for the powerful role they play in shaping the health and illness experience. In their delightful polyvocality, the authors illuminate a profoundly shared moral core, one of reverence for the kinds of questions that all religions confront about the meaning of life and death, the purpose of human suffering, and the value of compassionate engagement.

Sally Thorne, RN, PhD, FCAHS
Professor, School of Nursing
University of British Columbia

To provide a broad and comprehensive view of world religions with a special emphasis on their relevance to health, illness, death, and dying is not a task for the faint-hearted. It is an undertaking that must be approached with great caution lest it fall into the marshes of essentialism and meaningless generalities. So it was not without trepidation that I approached this 19-chapter tome. To my great relief I discovered a sophisticated and highly pertinent analysis of the state of contemporary religion, a critique of the deafening silence in nursing on religion, and a meaningful sweeping look at the world’s major religions. There is no cookbook presented here, nor are there trite excursions into transculturalism. Rather, this text teaches about religion and religious beliefs, makes a sustained argument for religion as a positive and as yet untapped force for nurses and nursing, and refreshingly looks the counter arguments straight in the eye and takes them on.

Sioban Nelson, Dean and Professor
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Religion, Religious Ethics, and Nursing
Marsha D. Fowler, PhD, MDiv, MS, RN, FAAN, teaches in Southern California, United States, where she is a professor of Ethics and Spirituality. She is a past chairperson of both the California Nurses Association and American Nurses Association ethics committees and was a member of the Task Force for the Revision of the Code of Ethics for the American Nurses Association. She has numerous publications: peer-reviewed journal articles, book chapters, and books on ethics, bioethics, religion, and spirituality in nursing. Her educational background includes a PhD in Religion & Social Ethics, a Master of Divinity degree, a Master of Science degree (Nursing), and a diploma in Spiritual Direction. She has been a Joseph P. Kennedy, Jr. Fellow in Bioethics at Harvard University and a WK Kellogg Foundation National Leadership Fellow. In 1992, she received the American Nurses Association Honorary Human Rights Award. In 1996, she was the recipient of the Friends World Committee for Consultation Bogert Fund Award for the Study and Practice of Christian Mysticism. She is a fellow of the American Academy of Nursing and currently serves as the Chair of the Academy’s Expert Panel on Global Nursing and Health. She is a clergy member of the Presbyterian Church (USA). She has lectured extensively both nationally and internationally, including Russia, the United Kingdom, Jordan, Colombia, Canada, Japan, and South Korea. Her areas of research include ethics in nursing, suffering, religion in nursing, health disparities, and health policy in global health.

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Richard Sawatzky, PhD, RN, is an Associate Professor of Nursing at Trinity Western University, Canada. His research focuses on methods of patient-reported outcomes and quality of life measurement, and the intersections of spirituality, religion, culture, and other sources of diversity in various health care contexts. He has a particular methodological interest in the use of latent variable mixture modeling for examining sample heterogeneity with respect to individuals’ self-reports about their health status and quality of life. He is a member of the International Society for Quality of Life Research and the International Society for Quality of Life Studies.

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Dim heddwch heb gyfiawnder.

Without justice there is no peace.
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The Reverend Dr. Marsha Fowler and her colleagues have written a landmark book that will change and enlighten the discourse on religion and spirituality in nursing. The authors address the awkward silence on religion in nursing theory and education and with insightful scholarship move beyond the current level of knowledge and limited discourse on religion in nursing theory, education, and practice. This book is path-breaking in that it delivers new ways to think about the relationships among ethics, health, caregiving, moral imagination, religion, and spirituality. They trace and defend the roots of secular or nonsectarian nursing education while holding onto the influence of religion and spirituality for nurses, patients, and all health care.

The authors wisely note that the nurses cannot effectively compartmentalize their own religious faith because much of the impetus and moral imagination for nursing come from religious or spiritual understanding. They encourage respect and a better knowledge of religion in health and health care practices and against abusing the nurse–patient relationship by focusing on “converting” or proselytizing the ill person. Starting with Nightingale’s injunction against proselytizing, the authors show that using the nurse–patient relationship to gain converts to one’s own religion violates the caregiving practices and moral stance of most religions.

Religion, Religious Ethics, and Nursing articulates diverse religious moral sources of caring for family, strangers, neighbors, and the marginalized poor and vulnerable. Fowler and her coauthors astutely avoid a superficial cookbook account of the health care implications of various religious rituals and practices, and call for understanding the moral sources and various religious understandings that guide our understanding and conduct in relation to one another as fellow human beings who are all embodied, vulnerable, and in need of care by others. The authors describe their rationale for presenting different religious knowledge of health and health care: “Understanding what a tradition means by health and
concepts more central to health provides a stronger foundation for nurses to engage with religious patients, and may broaden how nursing understands its own theory and practice.” For example, in chapter 12 on Islam, Muntaha Gharaibeh and Rowaida Al Maaitah note:

Jurists and scholars in Islam agree that the aim of Islamic Shari’a is to safeguard the five objectives of life, namely: faith, body, offspring, property and mind. The scholars of Islam express these five sublime objectives in terms of the five essentials. They mean by the word ‘essentials’ the fundamentals, without which life may not be possible. When any of these fundamentals is undermined, life will be compromised and may become chaotic.

Understanding these five Islamic essentials can guide nurses in their support of the repair of a damaged or disordered Islamic lifeworld that may occur as a result of loss, injury, or suffering. Fowler and her colleagues make it clear that the internal diverse moral sources for caring for the vulnerable and promoting health and well-being stem from the religious understandings of what health, caregiving, and well-being mean within various religious traditions.

Social justice and religious moral sources are presented in chapter 2 in ways that link community health nursing, health promotion, and public health. For example, Fowler and Reimer-Kirkham describe how diverse religious groups organize and engage in many effective endeavors to increase social justice and provide humanitarian aid during times of disaster, breakdown in civility or war, in community development, service, and social advocacy. All of these aims clearly fit within the scope of public health, health promotion, and community health nursing.

A more comprehensive view of spirituality and religious traditions in the current secular and postmodern age demands that antireligious positions such as ultimate faith in science, human will, and intelligence be considered as yet another spiritual and belief-laden stance. In this view, the antireligious may assert equally strong claims about ultimate reality and goals as religious believers and thinkers. Likewise the broad syncretic New Age beliefs and spiritual practices are viewed as evolving religious stances, with many assertions and assumptions about health, caregiving, and sickness or disease, all calling for understanding, study, and respect.

This work is current and forward-looking in a postmodern secularized and global world where people mingle and create new religious practices and beliefs. While calling for respect for religious traditions based upon knowledge and understanding, the authors agree that we live in what Taylor has called A Secular Age. However, this secularism is pluralistic with much blending of religious traditions within families and even within congregations.
Religion, Religious Ethics, and Nursing is central to humanities and social science studies in nursing education. The authors have written a wonderfully accessible, scholarly book on the role of religion in health care and caring practices. I think readers of the future will look back on this work as a beginning of a new level of discourse on religion, health care, nursing, and healing practices. Current readers will find new insights to help them through the maze of rich and diverse moral visions for health and well-being rooted in diverse religious traditions.

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NOTE

Preface

The title Religion, Religious Ethics, and Nursing may conjure expectations for a “world religions” approach to the subject matter of this book. Readers may thus be startled to find that this work contains no charts about what Catholics, Protestants, Jews, and Buddhists believe—the stuff of “introduction to nursing” textbooks. The intent of this book is, instead, to lay the foundation for a deeper exploration of religion and religious ethics as they intersect with nursing theory, education, research, and practice. This work is intended for the classroom, clinicians, and nurse researchers and nurse ethicists who require a theoretical basis for a consideration of religious diversity, religious ethics, religious social ethics, and nursing. While this book points toward practice, it is not a practice-oriented guide. That task is left to the companion volume Religion: A Clinical Guide for Nurses (2012, Springer Publishing Company) written by our colleague Elizabeth Johnston Taylor. So what might the reader encounter in this book?

The first section examines theoretical questions. Chapter 1, “Religion and Nursing,” explores nursing’s neglect of religion in the light of the deep religious faith of Florence Nightingale and her desire for nursing education to be non-sectarian, and in the light of the secularization of society. This chapter also tackles the perspective that religion is a Western construct, a Western invention, that does not reflect the reality of the non-Western world. The chapter concludes with a discussion of how religion is defined.

Chapter 2, “Religious Ethics, Religious Social Ethics, and Nursing,” begins with a series of caveats in the study, understanding, and exercise of religion. These caveats then inform a discussion of four sources of religious-moral authority that religious traditions and their followers utilize in moral analysis and decision making: sacred writings and sacred stories, tradition, reason, and religious experience. While religions are concerned for the inner life or the spiritual journey, they are also concerned for the shape of the world, with issues of justice and peace. The chapter concludes with an examination of religious social ethics and its involvement in “repairing the world.”
Preface

Some clarification must be offered at this point. It is customary in religious studies circles to number years as BCE (Before the Common Era) and CE (in the Common Era) instead of the Christian designations BC and AD. That practice has been adopted in this book. As a further note, we have chosen to retain some technical or specialized religious terminology commonly found in theological or religious works so that the reader may become acquainted with the more common terms used in religious studies and theology. Additionally, it is common in religious literature written within and for its faith community to employ several devotional conventions. For example, in some Jewish texts, “God” is spelled “G-d,” omitting the “o” so as to show reverence for the divine name. In Islam, “peace be upon him” or “PBUH” is written after the name of the Prophet. These are devotional conventions used within the community and are not customarily used in a broader academic literature outside of the community of faith it represents.

Chapter 3, “Religion and Theoretical Thinking in Nursing,” discusses how religion has influenced nursing’s theoretical thinking and addresses some of the ethical implications of the use of religious ideas in a diverse society. It begins with a brief discussion of the influences of religion on early nursing theory, including nursing models, meta-paradigm development, and nursing diagnosis. It then discusses current trends in religion and spirituality in the broader social context and their influence on nursing theory. The ethical issues of proposing theoretical views in nursing that do not adequately encompass the religious views of patients are then outlined. The chapter concludes with a proposed approach to incorporating religion into nursing theoretical thinking that allows for both the diverse experience of religious individuals and the scientific basis of the nursing discipline.

Chapter 4, “Feminist and Religious Ethics in Nursing,” explores the complex relationships between nursing, religion, and feminism with particular emphasis on ethics. Although nursing has strong and continuing roots in institutional religion, feminist critiques of institutional religion have profoundly influenced the construction of religion in current nursing discourse. This chapter will illustrate some of the contributions that feminist ethics can make to religious ethics in nursing and reveal how each provides a lens to understanding what is good and right to do within the discipline. Following the lead of feminist developments in the sociology of religion, this chapter will propose a broader vision for the contributions of feminist ethics to religion and religious ethics in nursing.

Chapter 5, “A Critical Reading Across Religion and Spirituality: Contributions of Postcolonial Theory to Nursing Ethics,” provides an overview of postcolonial theory as one form of critical inquiry particularly salient for the study of religion and spirituality, and highlights several methodological and practice implications for nursing ethics. The chapter examines the contributions of postcolonial theory, arguing that critical perspectives offer invaluable analytic tools in the critical analysis of religion, spirituality, and health/
nursing. In so doing, it urges a re-thinking of nursing’s typical de-emphasis of creedal religions in the quest for a universal spiritual experience.

Chapter 6, “Intersectional Analyses of Religion, Culture, Ethics, and Nursing,” asserts that in the presence of unprecedented global migration and societal diversity, religion and spirituality need to be understood as intertwined with other social categories such as gender, ethnicity, and class. Referred to as intersectionality, these interrelationships shape how identities are lived out and how social disadvantage and oppression operate in collective ways. The intersectionality of religion/spirituality with other social classifications has, as the chapter suggests, not been adequately accounted for in the fields of nursing and nursing ethics. At the level of social ethics, religion/spirituality are implicated in the intersecting social determinants of health and health inequities. In the realm of clinical nursing ethics, a lens of intersectionality gives insight into the complexities of moral agency, ethical decision making, and relational practice.

The succeeding section on historical research on religious nursing provides two examples of research by nurse-historians. This section is intended to show the promise that such historical research holds for understanding both nursing and religious nursing, how religion has influenced the development of nursing, and how religious nursing has influenced both nursing and health care worldwide. These two chapters constitute an implicit call for additional historical research internationally.

The third section of the book includes seven religious-tradition specific chapters on Hinduism, Judaism, Christianity, Islam, Sikhism, Religions of Native Peoples, and emergent non-religious spiritualities, sometimes termed New Age spiritualities. The intent of these chapters is not to provide an “essentials” approach or overview of the beliefs of the tradition, nor to examine the health-related implications of certain religious prescriptions and proscriptions. Rather, the aim of these chapters is to explore how these traditions conceptualize various concepts that are pivotal to nursing, including health, well-being, compassion, nursing, care of the stranger, or community. While the impulse might be to start with the particulars of what a religious tradition says about, for example, diet or infertility or family structure, knowing this will not assist the nurse to actually understand what lies behind these norms. Understanding what a tradition means by health and concepts more central to health provides a stronger foundation for nurses to engage with religious patients, and may broaden nursing’s understanding of its own theory and practice. Additional religious traditions are utilized as examples throughout the text. The limited number of traditions that we examine in greater depth serves as an implicit invitation to nursing to research the religion-nursing intersections of other traditions as well.

The two chapters of the fourth section, “Religion and Nursing Practice,” review the research on religion and provide illustrative clinical vignettes pertaining both to patients and to nurses who are religious. Chapter 16,
“Religion and Patient Care,” explores how patient or family religious beliefs and practices affect responses to illness challenges and health care. After considering how religion may be associated with health, the chapter illustrates how religiosity colors the interpretation of illness and health behaviors. Because the existent empirical evidence provides considerable insight into how religious coping influences response to illness and how religion has an impact on health care decision making, these areas are examined as well. The chapter reviews not only the impact of these religious beliefs, but also the interplay of religious practices and health, and the religious care that patients want and get. The chapter concludes by identifying implications this evidence provides for clinical nursing practice.

Chapter 17 reviews the literature that suggests the ways in which the religiosity of nurses influences their practice of nursing. It explores ways in which personal religiosity may or may not be appropriately brought to the bedside, and directly addresses the ethical issue of proselytizing in the clinical setting.

The 18th chapter, “The Measurement of Religious Concepts in Nursing,” is specifically intended for the nurse researcher or consumer of nursing research. It addresses problems in the measurement of religious concepts for nursing theory and practice based on individuals’ self-reports, including the concepts of religious affiliation, religious attendance (participation in religious services or activities), religious orientation, private religiousness, religious coping, and religious beliefs, values, and experiences. The results of studies that answer these questions vary and must be interpreted in light of the characteristics of the measurement instruments that were used and the populations and purposes for which they were developed. This chapter explores the processes and assumptions underlying the measurement validation of religious concepts and the corresponding inferences that may be warranted.

The book concludes with a brief epilogue, “Looking Back and Looking Ahead: A Concluding Postscript.” The intent of this brief section is to draw together both the problems and promise that an exploration of religion by nursing might hold. It takes a critical look backward, and an anticipatory look forward to where nursing might go in its study of religion, religious ethics, and nursing theory and practice.

This work is, then, anything but a world-religions approach to religions and nursing. It is our hope that its readers will find it provocative, challenging, and enriching and that it will spur further interest in a topic that has, to nursing’s disadvantage, lain fallow.

Marsha D. Fowler
Easter 2011
6th day of Passover 5771
4th day of Chol Hamoed 5771
Unlike Athena, who sprang forth full grown from the head of Zeus, no book comes to life quite so precipitously or unassisted. This book emerged from a small gathering of nursing faculty brought together by a networking grant, written by Barb Pesut, which underwrote the travel that allowed us to meet together. We shared a concern for the direction of the nursing literature toward a spirituality that excluded concerns for religion, even while it tended to utilize quasi-religious measures to evaluate spirituality. Over the course of two years we gathered in Vancouver, British Columbia, Canada, and in Loma Linda and Pasadena, California, USA, to collaborate on a series of journal articles and responses to our articles. At the completion of the small grant, we retained an interest in continuing to work together in the domain of religion, ethics, and nursing. This book is the product of that continued collaboration.

Yet, work on religion in nursing remains at the fringes of nursing’s interests. Despite nursing’s claims to whole-person, holistic care, and despite its incorporation into some codes of ethics, religion receives little more than token mention here and there in the nursing literature. It is mentioned as one of many aspects of “coping mechanisms,” it is alluded to when nursing wishes to say that spirituality is not religion, and it receives mention when exceptions to blood transfusions are discussed. At no point does the nursing literature discuss the ways in which religions might view person, health, nursing, society, or environment and how religious faith might condition a patient or a nurse’s perspective on the aims of nursing care. Furthermore, the nursing literature is blind to the millennia of religious ethical discourse on every aspect of human life and community, the thousands of years of wisdom literature that richly addresses the human condition and suffering, and the social impetus found in many religions toward the amelioration of the poverty and misery that give rise to disease. Nursing has ignored and shunned religion to its own detriment.

This work seeks to be a beginning remedy to that neglect. Yet it remained to find a publisher who would risk a book on a taboo topic. Years ago,
probably sometime in the 1970s, a friend and nursing colleague was look-
ing, rather desperately, for a publisher. She had a book proposal, a genius
proposal, but it was out of the ordinary and no one was interested in even
looking the proposal, despite its obvious exceptional quality. Then one day
she and I were at a nursing conference, roaming around the exhibits, and we
stopped by the Springer booth. There was a charming older woman, well-
spoken in English with a German accent. She was alone in the booth—a
small booth compared with others. She sat and spoke at great, great length
with my friend and told her that Springer would publish her book. We were
astounded and asked how this could be. She said that this was exactly the
kind of book that Springer looked for. We pressed harder and she said that
she was a member of the Springer family and knew what they looked for.
What I remember so vividly is Ursula Springer’s response that gave my
friend such hope after terrible discouragement and has given me a long-
standing fondness for Springer. Over the years, I came to know Springer as
a publisher of exceptional quality and prescience. Ursula Springer was sub-
sequently made an honorary fellow of the American Academy of Nursing
for her commitment to publishing in nursing. I was, thus, delighted when
Springer took on this book and Margaret Zuccarini became our editor. We
are greatly indebted to Margaret and Springer for their support of this proj-
ect and to Ursula Springer for taking Springer so deeply and well into nurs-
ing publishing.

There are many persons who have helped us along the way. We are
grateful for the labors of our contributors in Australia, Canada, Israel,
Jordan, the United Kingdom, and the United States who have made this
a multinational endeavor. We owe a debt of gratitude to Verena Tschudin,
of London, who generously lent us her wise counsel and enormous talents
at review and editing. There are many others, too numerous to name, who
have supported this work, tolerated our neglect of relationships, covered
our bases while we labored, and provided words of encouragement or
impulsion as the occasion demanded. We are grateful for their perseverence
and steadfast commitment to us, even if and whenever we muttered and
grumbled.

The focus of this book is on religion as a resource for nurses, patients,
and the nursing community as it engages in patient care, conceptualizes
fundamental nursing concepts, grapples with both the new and enduring is-
Sues that confront nursing, and participates in addressing health disparities
and the social determinants of illness worldwide. We do not deny that reli-
gion, both historically and in the present, can be put to toxic, self-serving,
patriarchal, and imperialist and colonialist uses. We do not dismiss the harm
that has been done in the name of religion, but to some extent we tempora-
arily set it aside in order to focus on the ierenic, life-giving, healing, wise, and
just uses of religion. We “acknowledge” that harm while at the same time we
acknowledge the heroes of many faiths whose impetus has been to heal and repair the world, respond to human need, and to make it more just.

Over the months that we have been preparing this work, there seems to have been a quiet and as yet tentative expression of interest in religion at nursing conferences, particularly ethics conferences. We hope that this work will further that interest and place it in a broad critical, global, and theoretical footing for nursing education and research. Further, our intent is for this book to serve as a theoretical backdrop for Elizabeth Johnston Taylor's book *Religion: A Clinical Guide for Nurses* that is written to assist nurses in direct clinical practice. But nursing's ethics has never been solely a “bedside” ethics. It has always been, at the same time, a social ethics. In recent years, globalizing forces have brought population ethics, health policy, health politics and diplomacy, and the global politics of religion more acutely into nursing's awareness. It is our hope that the critical–theoretical aspects of this volume will help to address those globalizing forces as they interact with both nursing and religion.
The year 2010 marked the hundredth anniversary of the death of the greatest American humorist of the late 1800s and early 1900s, Samuel Langhorne Clemens, better known by his pen name Mark Twain. Twice there had been premature reports of his death. A man of incisive and acerbic wit, on the occasion of the first announcement of his death, Mr. Twain responded that “... the report of my death is an exaggeration.”1 On the second occasion, May 4, 1907, The New York Times published a premature obituary reporting that Twain and the yacht on which he was traveling were lost at sea.2 Upon his return to land, his arrival having been delayed by a deep fog, Mr. Twain promised

... that I will make an exhaustive investigation of this report that I have been lost at sea. If there is any foundation for the report, I will at once apprise the anxious public. I sincerely hope that there is no foundation for the report, and I also hope that judgment will be suspended until I ascertain the true state of affairs.3

When it comes to premature obituaries, Twain is in good company. Pope John Paul II’s death was announced prematurely on three occasions. Queen Elizabeth, the Queen Mother; Alfred Nobel of Nobel Prize fame; Lucien Bouchard, former premier of Quebec; actor Sean Connery; and Aden Abdulle Osman Daar, first President of Somalia, were all prematurely bid farewell.

On April 8, 1966, the cover of Time Magazine, in black with bright red letters, asked “Is God Dead?”4 Indeed, over the years there have been numerous reports that God is in fact dead. We believe that these reports are “an exaggeration” and we hope “… that judgment will be suspended until
For many years it had been predicted that religion would, in time, become less and less important and eventually disappear as societies modernize. Had these prognoses been accurate there would be no need for a book on religion and religious ethics, as they interact with nursing theory and practice. Instead, God and religion seem to have defied the dire prognosis and made a miraculous recovery. Now, the study of religion is more important to nursing than ever, as will be shown in the chapters that follow, and the reasons for nursing to study religion now go well beyond considerations for direct patient care.

Nursing has largely, if not entirely, neglected religion; thus it is important to look at a number of issues, including the social context and aspirations of nursing that might have fostered such neglect. Specifically, the secularization theories of sociology have become important to explore. Then we turn to the person called Nightingale and her faith as it influenced nursing. Nursing has customarily been cast as having deep roots in religion. These references are often to nursing in the middle ages and the case for a specifically religious motivation in that era, as opposed to a military objective, a desire to secure an education not otherwise available to a woman, as a place for the widow, or the “lovelorn,” needs to be explored more fully by our nursing historians. Nonetheless, it is surely the case that Florence Nightingale was a woman of deep and enduring religious faith, yet she chose to advance a nursing education that was secular in nature. We must see why this is the case. It will be important, thereafter, to examine nursing’s claim to whole-person, holistic care in the face of its silence on religion. We will conclude this chapter with an examination of a perspective in the field of religious studies that religion is a Western construct, and with the problems of defining religion.

SECULARIZATION, SCIENCE, RELIGION, AND NURSING’S ASPIRATIONS

Friedrich Nietzsche’s philosophical novel, Thus Spake Zarathustra, is largely responsible for popularizing the phrase “God is dead.” The phrase also appears in Nietzsche’s earlier work, The Gay Science. The concept appears thrice, each with a different narrative. Sections 125 and 108, respectively, state

God is dead. God remains dead. And we have killed him. How shall we comfort ourselves, the murderers of all murderers? What was holiest and mightiest of all that the world has yet owned has bled to death under our knives: who will wipe this blood off us? What water is there for us to clean ourselves? What festivals of atonement, what sacred games shall we have to invent? Is not the greatness of this deed too great for us? Must we ourselves not become gods simply to appear worthy of it?25
After Buddha was dead people showed his shadow for centuries afterwards in a cave—an immense frightful shadow. God is dead: but as the human race is constituted, there will perhaps be caves for millenniums yet, in which people will show his shadow—and we—we have still to overcome his shadow!

Nietzsche (1844–1900) did not maintain in a literal sense that there once was a God who had now died. Rather, his view pointed toward the increasing secularization of Europe and the rise of modern science that “killed” a need for a Christian God. Yet, in Zarathustra, the protagonist proclaims that “Dead are all the gods” so that it is all gods who are killed in Nietzsche’s thought, not the God of Christianity alone. For Nietzsche, with the death of God came the death of the religiously based and embedded Western European social meaning and value structures and their attendant ethics; universal moral norms; and objective truth by which lives might be oriented. Into this vacuum created by the death of God steps Nietzsche’s übermensch (über-, superior, transcendent; mensch, member of humanity); as the goal that humanity sets for itself. The übermensch is the creator of new values motivated by and rooted in a regard for this world and this life, not in religion. Nietzsche proposes a perspectivism that rejects the notion of objective ethical or philosophical truths with the claim that what is judged to be true reflects cultural understandings, social location, and individual circumstance. For Nietzsche, truth is now intersubjective in nature. Secularization was leading to the death of God, that is, to an inability of the Christian faith adequately to address the compelling moral and social questions of the day. Our interest here is not in the ethical system that Nietzsche formulates to replace that which is lost when religion dies, but rather our interest is in the Western notion that science is tied to secularization and the interaction that premise might have with the development of nursing knowledge in the 20th and 21st centuries.

THE SECULARIZATION THESIS

The brief “God is Dead” movement of the 1960s was distinctly a theological movement in Europe and America that was part of a broader “secularization” thesis that began much earlier. Its chief proponents were Protestant Christian theologians Gabriel Vahanian, Paul Van Buren, William Hamilton, Harvey Cox, and Thomas J. J. Altizer and Jewish Rabbi Richard Rubenstein, collectively referred to as the Radical Theologians. In The Death of God, Vahanian argues that the experience of the sacred, of deity, had ebbed and the secular modern mind had lost any sense of the
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meaningfulness it had once held, as well as its place in contemporary thought and discourse. Both Van Buren and Hamilton held with Vahanian that there was a loss of meaningfulness of the transcendent and, thus, God was in fact dead in modern thought. They would replace this loss with Jesus as an exemplar of human action-in-love. Altizer and Hamilton, however, went further. They rejected the possibility of a belief in a transcendent God. They held that God had imparted God’s spirit in Jesus and that spirit remained in the world, but Jesus was dead. For Altizer, God had truly died. Rubenstein is situated among those theologians and writers who wrestled with the meaning of the Holocaust. He argued that the Holocaust had shattered any possibility of continued belief in the God of the covenant of Abraham and Israel as God had been traditionally understood. More specifically, he maintained that belief in God’s election (chosenness) of the people of Israel and in God’s omnipotence (all-powerfulness) was no longer possible. Unlike Altizer, he did not reject belief in God or in faith or religion, but rather that the Holocaust had forever changed the way in which God could be conceived and hereinafter a new way had to be found.

As a theological perspective, the Death of God movement breathed heavily for about 10 years and then died before God did. The diversity, however, of the meaning of the “Death of God” is similar to the diversity of meaning surrounding the concept of secularization. Shiner traces the history of the term secularization with its first instance of usage that corresponds to contemporary historical usage found in the negotiations for the Peace of Westphalia.

The Holy Roman Empire of central Europe was a collection of kingdoms ruled over by “princes” who sought to increase their own power and territories at the expense of the emperor and empire. The emperor did not govern autonomously, but found his powers restricted by the power of the princes. When the Protestant Reformation ensued in the 1500s and 1600s, the religious unity of the Empire was sundered. War broke out between Catholics and Protestants, notably the Thirty Years War, which was largely fought on German soil but eventually involved almost all European nations. This would be the last great religious war fought on the European continent. That war ended with the Peace of Westphalia, a series of treaties signed in 1648 in Germany. The French portion of the treaties introduced the term secularization. In addition to establishing national borders and sovereign nation-states, Westphalia also effected secularization, that is, a transfer of lands and possessions from ecclesiastical (church) control to civil control. In addition, the princes could now choose the religion of their own states, whether Protestant or Roman Catholic, and impose that religion on their people. The people were now entirely subject to their own ruler and the laws of their nation.
This remained the meaning of the term in English from the 1700s to the late 1800s.19,20

The early 1900s saw the rise of the social sciences, with their interest in giving an account of modernity. This account included a concern for modernization, industrialization, urbanization, bureaucratization, rationalization, and secularization and their interrelationships. The social sciences sought to formulate theories of society that would have a predictive capability, much like other sciences.21 Specifically modernization of society was linked to secularization as a consequence. It was predicted that as societies modernize, they would also secularize to the point that religion would eventually disappear, a view asserted by such prominent European figures as Auguste Comte, Herbert Spencer, Émile Durkheim, Max Weber, Ernst Troeltsch, Karl Marx and Frederick Engels, and Sigmund Freud.22–28 The belief that religion would eventually die out was the prevailing wisdom of the social sciences for the late 19th and most of the 20th century and continues to be debated in this century. Hadden observes that

... the founding generation of sociologists were hardly value-free armchair scholars... they believed passionately that science was ushering in a new era that would crush the superstitions and oppressive structures that the Church had promoted for so many centuries. Indeed, they were all essentially in agreement that traditional forms of religion would soon be a phenomenon of the past.29

In 1905, Max Weber maintained that the rationalization of society, that is, the development of a rational worldview, and the expansion of knowledge through science would ultimately make belief in the supernatural impossible. At the macrolevel, as opposed to the individual level, science would lead to the disenchantment of society, that is, to the loss or devaluation of “mystery” and the “supernatural,” or the demystification of society.30 The advance of science and technology was identified as progress. Epistemology would shift toward a reliance upon science for the formation and advance of knowledge, and the religious knowledge and ways of understanding the world, along with notions of divine authority, would largely fade away and disappear completely. According to this line of thought, only those more “primitive” thinkers, those who cling to superstition, would continue to embrace religion and find it credible. In 1959, Talcott Parson’s perspective on secularization in The Social System is summarized by Mills as,

Once the world was filled with the sacred—in thought, practice, and institutional form. After the Reformation and the Renaissance, the forces of modernization swept across the globe and secularization, a corollary
historical process, loosened the dominance of the sacred. In due course, the sacred shall disappear altogether except, possibly in the private realm.31

As secularization theory developed, however, it became clear that there were eventually multiple “secularizations.” Shiner divides them into two categories: dialectical and historical. Dialectical secularization theories are those that hold a polarity between sacred and profane and see the sacred as indestructible. Historical versions of secularization theory focus on the loss of Christianity as the central force of Western society and culture, and hold the loss of the *sacral*, which is a sense of the sacred in society and culture, as irreversible. Shiner writes that

Those who take a dialectical view are apt to believe that a revival of the “sense of the sacred” or the “cosmic dimension” is essential to a renewal of Christian faith and life; those of an historical bent envisage the possibility of both a non-religious world and a non-religious Christian faith.32

It should be noted that theories of secularization arose in Europe and the United States and largely had as their object of scrutiny Christianity and “historically Christian” societies, hence the limitation to Christianity in these works cited. It has been argued that secularization theories are not so much theories as amalgamations of theses that form a *secularization paradigm* more than a secularization theory.33 However, it must be further noted that none of the early secularization theorists claimed that secularism was universal, that is, that it would also apply to, for example, largely Buddhist, Muslim, or Jewish nations. Weber went so far as to postulate that the potential for secularization is a feature of Protestant Christian societies.34 Bruce, in his assessment of Western societies, asserts that

“... individualism, diversity and egalitarianism in the context of liberal democracy undermine the authority of religious beliefs ... religion diminishes in social significance, becomes increasingly privatized, and loses personal salience except where it finds work to do other than relating individuals to the supernatural.”35

That “work” is cultural in nature and includes cultural defense (as in ethnic conflicts) and cultural transition (as with immigrant populations). Thus, it would seem that these theorists viewed the West as particularly susceptible to secularization. More recent theorists have widened the reach of secularization theory to all modernized or modernizing societies, including those rooted in non-Christian religions.

The most vigorous view of early secularization theories was that modernization leads to “the disenchantment of the world” and its disillusionment,
that is, an ablation of its illusions. Affirmation of supernatural forces, gods, or spirits is little more than nonscientific, even antiscientific, superstition that would give way to reason, science, and the scientific worldview. Society would come to be organized around rational and scientific principles. Of course, there would always remain small pockets of non- or antirational belief, attitudes, and behaviors that would persist in the face of the availability of scientifically promulgated and validated knowledge. But these would be aberrations. Churches would close, be repurposed, or embrace a secular, religionless religion; that is, a religion without a supernatural element.

As secularization theories developed in the late 19th and early- to mid-20th centuries, divergent understandings of secularization arose. They included (a) the loss of the authority of religion in the social and cultural life of a nation; (b) the loss of control over social institutions by religious bodies; (c) a decline in belief in superhuman or supernatural forces, gods, and spirits; (d) a decline in religious belief; and (e) a decline in participation in religious institutions.

Secularization theories have met with significant opposition. Rodney Stark has been a vigorous opponent of secularization theory. He locates the first appearance of secularization theory in about 1710 in a work by Thomas Woolston. Stark writes “Thus, as far as I am able to discover, it was Thomas Woolston who first set a date by which time modernity would have triumphed over faith. Writing in about 1710, he expressed his confidence that Christianity would be gone by 1900.” He then proceeds to detail a number of dire predictions of the death of Christianity that have been profoundly wrong. Stark maintains that social scientists . . . have failed to recognize the dynamic character of religious economies. To focus only on secularization is to fail to see how this process is part of a much larger reciprocal structure . . . Western intellectuals have misread the secularization [of a particular set of religious organizations] as the doom of religion in general . . . secularization is only one of three fundamental and interrelated processes that constantly occur in all religious economies. The process of secularization is self-limiting and generates two countervailing processes. One of these is revival . . . Secularization also stimulates religious innovation.

Thus, for Stark and Bainbridge, secularization, revival, and religious innovation are always going on in any society. They understand secularization as the first of a three-phase process. First the churches or religious groups become “eroded by secularization” and more “worldly,” that is, more “secular.” This produces, in response, a segment that breaks away in protest, seeking “to restore vigorous otherworldliness to a conventional faith.” These breakaway groups are referred to as sects. This comprises their second stage,
revival. Secularization and revival then prompt religious innovation, that is, the formation of new religious traditions. They write,

New religions constantly appear in societies. Whether they make any headway depends on the vigor of conventional religious organizations. When new faiths that are better adapted to current market demand spring up, older faiths are eclipsed. Thus did Christianity, Islam, Buddhism, and other great world faiths wrest dominant market positions from older faiths.

Traditional secularization theory reached its zenith in the 1960s with such proponents as Harvey Cox and Peter Berger. Since that time, it has undergone considerable challenge as well as refinement. Some of those who originally led the charge for secularization theory have since, by and large, come to reject it. Peter Berger, an Austrian-born American sociologist, is one such person. Well known for his work with Thomas Luckman on The Social Construction of Reality, in recent decades he has written extensively on the sociology of religion and economics. He had predicted the universal secularization of the world, but now holds that such an affirmation runs counter to the available data. By the late 1980s, Berger had come to reject the secularization thesis. He recognized that both old and new forms of religion were still vital and vibrant, particularly in the United States, though he notes that Western Europe and Western academia are exceptions. In The Desecularization of the World, he writes, “... the world today, with some exceptions ... is as furiously religious as it ever was, and in some places more so than ever. This means that a whole body of literature by historians and social scientists loosely labeled ‘secularization’ theory is essentially mistaken.” More recent secularization theorists have taken a more global perspective in their analysis of the place of religion. Norris and Inglehart maintain that

... the importance of religiosity persists most strongly among vulnerable populations, especially those living in poorer nations, facing personal survival-threatening risks ... people who experience ego-tropic risks during their formative years (posing direct threats to themselves and their families) or socio-tropic risks (threatening their community) tend to be far more religious than those who grow up under safer, comfortable, and more predictable conditions. In relatively secure societies, the remnants of religion have not died away; in surveys most Europeans still express formal belief in God, or identify themselves as Protestants or Catholics in official forms. But in those societies the importance and vitality of religion, its ever-present influence on how people live their daily lives, has gradually eroded.

This rather lengthy discussion of secularization theory is not for naught. We do not seek, here, to resolve the debate. Instead, secularization theory
is presented in order to pose a question: To what extent has nursing been influenced by secularization thought in its own aspirations to become a recognized profession, rooted in science? In other words, have nursing’s own social aspirations led it, implicitly, to embrace secularization thought to the neglect of religion?

**NURSING ASPIRATIONS AND THE NEGLECT OF RELIGION**

From its earliest days, modern nursing in the United States sought the social standing of a profession and the movement from an “art” to a “science,” which it viewed as essential to accomplishing that end. In the late 1800s and early 1900s, when modern nursing moved into an educationally prepared occupation, nursing fought against its social image of a manual occupation requiring little more than apprenticeship-type training without education and against both medical and public opposition to advance nursing education. Writing in defense of rigorous nursing education, Isabel Adams Hampton Robb, an early U.S. nursing leader, writes,

> To distinguish between this popular idea of the care of the sick and to justify us in our pretensions to the rank of a profession we must consider the demands made by scientific medicine of today. . . . Not so long ago neither medicine nor nursing were scientific in character. But the evolution of the one created a necessity for the other. Modern medicine requires a thorough scientific training and modern methods of treatment require that the work of the physician be supplemented by the constant and intelligent service supplied by the trained nurse. . . . Nursing has thus become a matter of scientific discipline. . . . It is this education of the intelligence that constitutes the main difference between the trained nurse of today and the so-called nurse of former days, and that has rendered nursing worthy to rank as a department in scientific medicine.49

Here we can see how Robb, as did other nursing leaders, bound increased nursing education and the scientization of nursing to its hopes for social recognition as a profession. From its earliest days, nursing struggled with its own self-esteem and self-, social, and medical perception of nursing as a profession. Over the past 100-plus years, the American nursing literature is at times strident about nursing as a true profession, at times reflective, and almost always defensive. The discussion, or argument, of nursing’s status as a profession continues in the literature today.

A few examples of the persistence of this concern will suffice. In 1940, the American Nurses Association (ANA) published *A Tentative Code for Nurses* in the *American Journal of Nursing (AJN)*, which was a proposed
code of ethics for the profession. The publication called for submission of responses, which the ANA received. The first lines of the Tentative Code declare: “Nursing is a profession. The distinguishing characteristics of a profession have been described in many ways. The more fundamental attributes are included in the following compilation. . . .” The code then goes on to list six attributes of a profession, the fourth of which is “the ability of its workers to give a scientific and skilled service. . . .” This is, of course, material that does not properly belong in a code of ethics. The AJN cites Abraham Flexner’s criteria for a profession from his article Is Social Work a Profession? In 1945, at the end of World War II, Genevieve and Roy Bixler published an AJN article The Professional Status of Nursing that assessed nursing’s progress toward status as a profession using seven criteria. Fourteen years later, they published a reassessment article of the same title in the AJN using those same criteria. Their two articles are typical of the virtual multitude of such articles in the nursing literature. Most such articles hang on issues of professional autonomy and a distinctive knowledge base rooted in science.

There are differing ways of defining a profession. Some construct “trait definitions” of professions that list attributes of professions then measure a specific occupational group over against those traits. Most of the articles in the nursing literature, in the past as well as in the present, approach professions in this way. Whether or not an occupational group is understood as a profession is based on the degree to which it displays the traits. Trait definitions assume that there are “true” professions that demonstrate all of the essential core traits.

However, the attributes themselves are an untidy aggregation of overlapping, arbitrarily chosen, or undifferentiated elements, lacking in a unifying theoretical framework that explains their interrelationship. Trait theories tend empirically to generate a definition of a profession then ascribe to it a normative rather than a descriptive status.

Functionalist definitions of a profession focus on the “functional value of professional activity for all groups and classes in society.” In functionalist models

. . . there is no attempt to present an exhaustive list of ‘traits’: rather the components of the model are limited to those elements that are said to have functional relevance for society as a whole or the professional-client relationship.

Johnson criticizes functionalist models of professions as ahistorical and rationalistic, and causally linking professional function to social position
and the upward social mobility of the profession’s members. This presents a flawed model of the power of expertise and rationality to affect society. It fails to take into account the nonrational nature of social power relations that mitigate against social mobility and social power.\textsuperscript{57} He maintains that neither approach provides an adequate explanation of professions. He asserts that “a profession is not . . . an occupation, but a means of controlling an occupation,”\textsuperscript{58} emphasizing, instead, the consequences of the social division of labor for the client-professional relationship and their influence on the power differential between the producer and consumer and on occupational control. He posits three forms of occupational control: collegiate (collegial in American English), patronage, and mediatative. In collegiate occupational control, members set the terms of their occupational work and “community-generated role-definitions and standards are maintained by a code of ethics and autonomous disciplinary procedures.” In patronage occupational control, the profession is responsible to an individual or corporation who defines the parameters of their work. In mediatative control, toward which Johnson sees collegiate occupations moving, a third, outside party (such as the state) exercises authority over both the producer and consumer of the occupation.\textsuperscript{59} In this schema, considerably more social power resides in the hands of those in collegiate forms of occupational control. Despite some shifts away from trait and functionalist definitions of professions in the sociology of professions literature, for the most part, nursing persists in measuring itself over against trait definitions of professions.

Why seek to be identified as a profession? Occupational groups regarded as professions have social standing, power, respect, privilege, and authority. Indeed, a cynical view of professions is that they are “specialized, monopolistic, power elites that serve their own ends of social dominance, further power, privilege, exclusive authority, suppression of competition, and a secured position, through the exploitation of a social need.”\textsuperscript{60} The evidence would indicate that nursing’s aspiration for status as a profession is tied to its concerns to gain autonomy of practice against medicine specifically, social regard, and to secure the economic and social welfare of the nurse. So nursing seeks to be regarded as a profession and sees science as the chief vehicle for realizing that aim. While society modernizes, rationalizes, scientizes, and secularizes, nursing, reflecting the society in which it is embedded, contemporaneously modernizes, rationalizes, scientizes, and secularizes as well. Nursing science gains ascendency and the journal \textit{Nursing Research} begins in 1952. However much it may have affected patients and their decisions, religion is not among the topics that make it into nursing’s research agenda. Yet nursing does not, historically, fall completely outside the purview of religion.
NURSING’S INTERACTION WITH RELIGION

Premodern nursing has some interaction with religion in the form of medieval religious nursing orders. Their charism, or spiritual gift, often formally included care of the sick, poor, widow, orphan, stranger, and the pilgrim. Although some orders were specifically devoted to nursing, one cannot assume that those who entered the order were committed to nursing. Their commitment may have been religious and devotional in nature, expressing a commitment to God and not specifically to those under their care. Some young girls were known to have been given to religious orders as a tithe (a tenth-part of what one has), particularly if they were the tenth child in a family. Some widows entered religious orders for reasons of survival, whether economic or political. For some, convents may have served as places of comfort for the “lovelorn.” This is to say that we must be cautious in attributing a nursing motivation where perhaps none exists.

It is clear, however, that Florence Nightingale was possessed of a religious sensibility. Over the course of her life, she experienced a “call” from God on four occasions. Her journal has the following cryptic entry dated February 7, 1892:

Calls to work, to holiness?
   Lea Hurst: shore’s door. Behold the handmaid of the Lord.
   Embly, 7 February 1837 “the way to do good.”
   Bridge Hill, 1844, call to hospital work, which have I followed?
   Lea Hurst, 1848, on my knees on Middle Hurst, not going to
   Hamburg nuns.
   Alexandria, 1850, to throw my body in the breach.

Her first call occurred at the age of 16 at the family home at Embley, as a call to serve God, the nature of which was not further defined. She would refer to this date throughout her life. Her diary records six occasions on which “the Voice” spoke to her; some of which seem to have occurred when she was engaged in lectio divina. Lectio divina is a medieval tradition in which one prays with sacred scriptures in order to combine scriptural study with reflection, meditation, and prayer with listening for God. She felt herself called by God, and more specifically called to nursing as service. However, she also came to regard nursing itself as a calling and wrote to probationers (early nursing students) and nurses that “Nursing is said, most truly said, to be a high calling, an honorable calling.”

Nightingale was a devout Christian in the Anglican (Church of England) tradition with a Unitarian heritage. A large body of her writings has been preserved. It displays a deep and abiding interest in theology and
in the Bible, a personal devotion to God, prayer, scripture, and service to God in the world and a rocky relationship with her Church. Just as some of her social beliefs were contrary to the social norms of the day, particularly for and as concerning women, likewise some of her theological beliefs could be regarded as heterodox. In a number of important ways (but not all) her decidedly feminist perspective, not to mention her own education and upbringing, placed her out of the mainstream or, more correctly, in advance of the eventual mainstream.\textsuperscript{63} Showalter describes Nightingale’s Cassandra as “a major text of English feminism, a link between [Mary] Wollstonecraft and [Virginia] Woolf.”\textsuperscript{64} Nightingale protested against the prevailing Victorian norm of feminine helplessness and socially useless life for women and was an ardent supporter of women’s education. Nightingale’s sometime departure from orthodox Christian theology can be seen in her work Suggestions for Thought as well as in others of her writings.\textsuperscript{65,66} Although her theology may at points be found problematic in its heterodoxy, what is beyond question is that her Christian faith was devout and was lived out in service to God through her call to nursing and her embrace of nursing as a high calling in itself. As she moved into nursing education, she demanded a rigorous education for women who would become nurses. Surprisingly, however, she sought for a thoroughly secularized nursing education.

There seems to be three predominating reasons for this. The first is a disillusionment with nursing orders as well as the fact that, pragmatically, English Anglican religious orders for women never caught on. McDonald notes that “The young Nightingale’s high opinion for religious communities of women did not survive later experience. As a nurse, Nightingale came to have a poor opinion of them.”\textsuperscript{67} Second, she loathed “saving souls” in the practice of nursing, though with greater nuance, it appears that making nursing subservient to proselytizing (attempting to convert others to one’s own religion) was the particular irritant as opposed to proselytizing per se. Again, McDonald writes,

The exacting workload, character, and devotion long required of the nurse go back to Nightingale’s conceptualization of nursing as a religious calling, a calling to patient care and health promotion. She abhorred nurses acting as missionaries to save the souls of the sick or dying, which prompted her to insist that her training school for nurses be non-sectarian. Crimea had given her too much experience of people neglecting their nursing duties to gain another convert to their denomination. . . .\textsuperscript{68}

Third, Nightingale wanted to accept students into her school independent of their religious commitment. Even so, while the school was to be nonsectarian, it was nevertheless Christian.
Nightingale wanted nurses to be ordinary women, not nuns, and the profession to be open to all without any religious test. But her letters to nurses and nursing students are full of religious material, advice and prayers, for she believed that nurses needed ongoing spiritual nourishment. While Nightingale insisted that her training school be non-sectarian, accepting students on the basis of merit regardless of religion, there was a significant Christian (indeed Church of England) element in the daily routine.

Nursing schools were also to be based in science. Interestingly, however, Nightingale tied religion and science together. For her, observation of nature led to a recognition of the fixed laws that God had ordained as well as to a knowledge of God. However, she railed against positivism. In a “Note of Interrogation,” Fraser’s Magazine, in 1873, she wrote “By positivists, it is thought that, to learn laws of nature as far as we can, without troubling our heads about Him who made them, if indeed there be One (about whom, they say, we can know nothing), is the only course for man. Is not this leaving out of the most inspiring part of life?” For her, the study of the social sciences was coterminous with the study of God. She writes,

Is, then, moral science, the science of the social and political improvement of man, the science of education or administering the world by discovering the laws which govern man’s motives, his moral nature, is synonymous with the study of the character of God, because the laws of the moral world are the expressions and solely the expressions of the character of God.

Science, in terms of nursing science, was a matter of observing God’s laws of nature, of cooperating with them, and of both using them to prevent disease and promote health and to teach nursing students and nurses. Nightingale “... believed that nurses, with their responsibility for maintaining hygiene, had a unique opportunity for spiritual advancement, discovering the nature of God by learning his ‘laws of health.’” For Nightingale education, specifically nonsectarian education, and science were the soil of nursing, but faith was its bedrock.

A number of factors, thus, conspire toward modern nursing silence on the topic of religion: the legacy of Nightingale’s nonsectarian and scientific educational structure, even if covertly religious; the modernizing and scientizing social context that surrounded the emergence of modern nursing in the 20th century, and nursing’s own aspirations toward social recognition as a full profession based on scientific knowledge. Although Nightingale’s viewpoints are not determinative of nursing’s future, they are initiative. It remains a fertile point for historical research to ferret out more causative and less correlational factors, some of which receive attention in succeeding chapters. However, in view of the fact that nursing lays claim to whole
person care, the absence of nursing discourse on religion that might inform practice is perplexing. The *American Nurses Association Code of Ethics for Nurses* states that

> An individual’s lifestyle, value system and religious beliefs should be considered in planning health care with and for each patient. Such consideration does not suggest that the nurse necessarily agrees with or condones certain individual choices, but that the nurse respects the patient as a person.72

We would maintain that a consideration of or respect for the patient’s religious beliefs necessitates at least a basic understanding of religions, religious beliefs, and religious ethics as they interact with health and nursing theory, practice, and health policy.

**NURSING AND HOLISTIC, WHOLE PERSON CARE**

The nursing scholarship examining religion is cachexic, a sharp contrast to the burgeoning nursing literature on the more generic concept of spirituality. A survey of nursing databases73 for articles in English scholarly journals for the past 30 years (1982 to present) yields only 783 articles with religion and nursing coexisting as subject terms. When filtered to exclude articles principally on spirituality, not religion, that number drops precipitously. The most recent and prevailing themes for this body of literature include religion as an aspect of culture, as part of nursing history; and as a topic for ethical, philosophic, or conceptual discourse (usually about spirituality, but recognizing religion). Literature about faith community (parish) nursing, nurses’ and nursing students’ religious attitudes also exist to a lesser extent. An occasional article about religious restrictions pertaining to medical care can be found (e.g., how to care for the Jehovah’s Witness whose tradition proscribes the acceptance of most blood products). Furthermore, only 330 of these articles were classified as research. This nursing research characteristically includes religion as one among many variables for study, often studies about factors related to coping and quality of life. Likewise, many introduction-to-nursing textbooks present a cursory discussion of religion, but only in terms of patients’ religious behaviors or artifacts at the bedside that should be noted.74 Often, nursing assessment tools do little more than to prompt the nurse to take note of dietary restrictions, artifacts, religious affiliation, or faith community. Actual attention—beyond stereotyping—to such things as the influence of religion on clinical moral decision-making, concepts of illness, understanding of suffering, motivations for caring, or nurse prescriptions for social justice in health care are remarkably
absent. Nursing has made claims to whole person and holistic care. How can such a claim be made when religion does not substantively figure into the equation?

In tracing the holism discourse in nursing, Owen and Holmes take note of the fact that Nightingale promoted holistic principles. She “challenged nurses to identify the influences of the patients’ social setting, and focused attention on prevention and ‘natural’ responses to disease. The concern was for the whole patient—mind, body, spirit—and the higher total environment . . .” The nursing literature does not question that nursing is concerned about the whole person or that it approaches the patient holistically, giving whole person care. Nursing scholars neither challenge nor speak unapprovingly of either. Where the disagreement and debate resides is in how holism is defined and the varying definitions of holism that are employed. Kolecba notes that “Holistic thinking is so diverse that practically every theorist can claim holistic credentials. The challenge for nursing, then, is not whether holism but which holism? As a practice-centered discipline, nursing gives a central role to whole person holism.” In a world where a nurse cannot escape caring for persons who are religious adherents, and in a world where religion plays a significant role in social, political, and economic life worldwide, as well as in the lives of individuals, families, and their communities, there is a critical need for nursing to engage in comprehensive study and research in order to understand religious traditions, values, questions, issues, and social perspectives. And, after 150 years of a whole-person holism in nursing, it is time for nursing to add religion into that equation by formally attending to the nature of religion and how it influences nursing theorists, educators, researchers, practitioners, and those whom nursing serves.

RELIGION AS OBJECT OF STUDY

Outside of nursing, the concept of religion has come under criticism among contemporary scholars in the social sciences and humanities, particularly in the past 20 years. The names of Daniel Dubuisson, Russell McCutcheon, Timothy Fitzgerald, Tomoko Masuzawa, and Talal Asad are prominent in the debate about the legitimacy, coherence, and validity of the concept religion. Mercea Eliade writes of humans as homo religiosus, that is, of human religious behavior as a universal phenomenon by which the sacred could be apprehended through hierophanies, meaning through revelatory events and objects. This would then make religion sui generis (of its own kind) a category of mind. It would seem that
nursing’s embrace of spirituality, shorn of religion, is in some way an embrace of a variant form of *homo religiosus*. Rejecting Eliade’s perspective, in 2003, Daniel Dubuisson writes “Just like the notion itself, the most general questions concerning religion, its nature and definition, its origins or expressions, were born in the West. From there, they were transferred to all other cultures, however remotely prehistoric or exotic.” He asks three questions: (a) Is Christianity a Western form of a universal phenomenon? (b) Is religion a unique and original creation of Western civilization? and (c) Is religion the West’s most characteristic and self-defining concept? Masuzawa, tracing the lineage of the field of world religions, maintains that “the modern discourse on religion and religions was from the very beginning—that is to say, inherently, if also ironically—a discourse of secularization; at the same time, it was clearly a discourse of othering.” (p. 20). She continues with the assertion that . . . world religions as a category and as a conceptual framework initially developed in the European academy, which quickly became an effective means of differentiating, consolidating, and totalizing a large portion of the social, cultural, and political practices observable among the inhabitants of regions elsewhere in the world.

McCutcheon raises an additional critique that the study of religion is lacking in scientific rigor and method.

Although the aforementioned scholars each address different questions, collectively they provide answers: yes, religion is a Western construct that is neither universalizable nor transcultural; yes, religion is distinctive of the West, and the concept by which the West defines itself; and yes, religious studies lack the rigor that science possesses. These lines of argument maintain that religion is an intellectual creation of the 19th century West that embeds a Christian vision of the world that functions to maintain a Western Christian intellectual hegemony, which further serves the function of “othering” non-Western cultures and peoples. Dubuisson writes,

In asserting the West invented religion and has continuously lived under its influence, we must, of course, understand that the West was not the only civilization to ask metaphysical questions, to try to understand the world in which it lived, to conceive of imaginary beings (gods, spirits, demons, ghosts), to develop theologies, organize worship, invent cosmologies and mythologies, support beliefs, defend morals and ideals, and imagine other worlds—but that it made this collection of attitudes and ideals an autonomous, singular complex, profoundly different from everything surrounding it. And it conferred on this distinct complex a kind of destiny or essential anthropological vocation: humans are held to be religious in the same way as they are omnivorous, that is, by nature, through the effects of a specific
inborn disposition. . . . While religion remains largely the incarnation of an atemporal notion or indestructible essence, it is . . . only the result of a discriminatory act performed in the West and there alone.88

For Dubuisson, other cultures asked similar metaphysical questions but did not then divide the world in secular and sacred categories.

In this view, religion is not a phenomenon *sui generis*, not a distinctive thing of its own, composed of a set of ahistorical, transcultural, even a priori features that form a distinctive and differentiated analytic category. The consequence of this perspective is that religion then becomes, not a field unto itself, but properly the object of study of any of the fields that study “nonreligious” social phenomena.89 Dubuisson further sees religion as a tautological Western invention.

Facts, of whatever kind, are not in themselves religious in the sense that they are endowed with some kind of specific, *sui generis* quality, come from who knows where. They only become religious at the point where individuals isolate them by invoking a certain number of criteria and then apply this distinct designation.90

In this view, *religion* is Eurocentric and Eurohegemonic in nature. The discourse of religion, then, becomes a discourse of othering that retains the center for the West and maintains all “others” at the margins. This perspective is less concerned with the nature of religion than with what religion means as a process.

Those who focus on the nature of religion present a contrasting approach. Riesebrodt asserts the universal applicability of religion cross-culturally.91 He claims that religion has a referential legitimation, that is, the features of religion can be seen cross-culturally and that

. . . religious actors and institutions recognize each other as similar. They mutually constitute, define, and transform each other; they compete with each other, polemize against each other, and borrow from each other. In short: the systems of reference, in which religions emerge and interact with each other, resemble each other, a fact that we witness throughout history and across cultures.92

He gives as examples the three Abrahamic traditions of Judaism, Christianity, and Islam. The Biblical story of the ancient Hebrews is one of being constituted as a monotheistic people whose God is not that of the surrounding Ancient Near Eastern and Canaanite religions. Furthermore, early Christianity was seen to differentiate itself, first as a sect of Judaism, and thereafter over against Hellenistic mystery religions and Gnosticism. Islam too carved out a distinctive and contrasting identity
over against both Judaism and Christianity. Riesebrodt also points to the emergence of Buddhism, distinguishing itself from both Brahmanism and other ascetic movements of the day. He concludes that religion, as an analytic category,

...is not necessarily an imposition of a modern Western category on phenomena that are perceived and categorized totally differently in non-Western or premodern cultures. ... These examples contradict the postmodern assumption that non-Western religions have been constituted as such only after they encountered the West and then began modeling themselves after the Western notion or religion.\textsuperscript{93}

Neither Western hegemony nor Christian imperialism across history can be denied. However, the question is whether that history can bear the weight of rendering the concept of religion invalid as an analytic category.

**DEFINING RELIGION**

Despite these types of concerns regarding religion as a legitimate object of study, many have and continue to maintain that religion is a distinctive phenomenon capable of analysis.\textsuperscript{94} However, religious scholars widely accept that there is no one essence of religion that is shared by all religions. Attempts to define religion in terms of a superhuman being have been rejected in the face of Buddhism and Jainism. Stark and Bainbridge, however, do distinguish between religion and other “ideological systems” by embracing Durkheim’s notion that “religions involve some conception of a supernatural being, world, or force, and the notion that the supernatural is active, that events and conditions here on earth are influenced by the supernatural.”\textsuperscript{95} In *Dimensions of the Sacred: An Anatomy of the World’s Beliefs*, Ninian Smart identifies seven dimensions (not an essence) of religion.\textsuperscript{96} They include: ritual, narrative, experiential, institutional, ethical, doctrinal, and material dimensions. Religions tend to demonstrate these dimensions, though some religions may emphasize one dimension over another. Even within a given religion there will be diverse subtraditions, family members, so that one can only say that a particular religion “tends to” emphasize certain dimensions. No definitive set of characteristics or properties can be given that is broad enough to encompass all religions without at the same time folding in philosophies that are not religions. Attempts to precisely define religion have largely been abandoned. Even attempts to describe or define a specific religion (as opposed to religion per se) are often essentializing. Yet, there are good reasons not to abandon
altogether an attempt to define religion if only to delimit the phenomenon of concern to avoid inconsistency, vagueness, narrowness, confusion, and bias.

There are, broadly, two types of definitional approaches: substantive and functional. These approaches are not unique to religion, but characterize attempts to define any basic term e.g., person, profession, nursing, or religion. Substantive definitions attempt to identify what religion is, its content, substance, or essence. Functional definitions attempt to identify what religion does relative to something such as culture, society, or the psyche. Both approaches have problems. Substantive definitions tend to incorporate terms such as the sacred, numinous, transhuman, or transcendent and consequently to be less verifiable by empirical research. Functional definitions tend to be reductionistic, reducing religion to its social or psychological or cultural function, making it an aspect of these. The often unspoken part of the debate arises from the prior understanding of whether the study of religion belongs to the humanities, or to the sciences. In the United States, this debate is reflected in the differences between the Society for the Scientific Study of Religion, over against the American Academy of Religion, both of which are devoted to the study of religion but do so from largely different perspectives. Although it ought not to go unexamined, Nursing’s predisposition will be toward science and toward definitions with empirically verifiable terms, thus toward functionalist definitions.

Geertz offers a functionalist definition of religion that is perhaps more satisfactory than many:

> Religion is (1) a system of symbols that acts to (2) establish powerful, pervasive, and long-lasting mods and motivations in [people] by (3) formulating conceptions of a general order of existence and (4) clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic. \(^97\)

The virtues of this definition are several. It is holistic and a system; it encompasses moral feeling, disposition, and action; it allows for the construction of a larger worldview; and its “aura of factuality” permits the human symbol system to have a realism beyond the subjective experience of the religion’s community of adherents. It seemingly maintains an “empathetic objectivity” (over against hostile disbelief) toward those human symbol systems that point toward the sacred, transcendent or transhuman. \(^98\)

An additional point remains to be addressed: the popular tendency to reduce all religions, collectively, as paths to the same destination. However much religions might converge on certain ethical perspectives, neither their central theological questions and concerns, nor the theological ends that they seek redound to the same thing. Prothero writes that
“what the world’s religions share is not so much a finish line as a starting point: something is wrong with the world.”99 In discussing their differences, Prothero characterizes several religions, their central questions and aims, and summarizes their distinctiveness in a phrase. Although this runs the risk of essentializing traditions, it does point to content in each that is not of mutual religious concern. For example, he refers to Islam as “The Way of Submission;” to Christianity as “The Way of Salvation;” to Daoism as “The Way of Flourishing;” to Buddhism as “The Way of Awakening,” and so on.100 This is to say that some central concepts in one religion do not find resonance in another. Sin, so central to Christian theological understanding, is not a central concern in Buddhism. Even more, central theological concerns in one religion may not be shared by its own subtraditions. For example, theological questions that burned hot in Western Christianity found no ready connection in the theology of the Eastern Christianity. Religions only collapse into oneness when their understanding is based on stereotypes, stereotypes that can ultimately have negative consequences for patient care. In the face of this flawed understanding, religious literacy needs to be strengthened.

We return now, for a moment, to the acknowledged founder of modern Western Nursing, Florence Nightingale. She was born into a wealthy, upper-class, English family almost 200 years ago. Her social station in English society encumbered her with a set of expectations for her role as an adult woman in society. However, her family was a mix of convention and unconvention that served Nightingale well as she kicked against the social goad, seeking to achieve an active and educated life over against the ideal of “uselessness” of Victorian womanhood. She developed her statistical abilities and engaged in theological reflection. She was not satisfied with simple devotion to her Christian faith but became a lifelong student of theology. Her family wealth allowed her to travel, and in her travels she learned experientially as well as through readings of other religions and sects, both ancient and modern. Nightingale’s writings speak analytically of Zoroastrianism, Manichaeanism, Socinianism, Jansenism, Muhammadanism (Islam), Judaism, Sufism, and more. Born into the British Empire, a vast 19th century empire “upon which the sun never set,” her writings also reflect that she both transcended and was captive of her social station, gender, culture, religion, time, and empire.101 Nightingale’s religion was of surpassing importance to her. She saw fit, however, to move nursing both into formal education and into formally secular education. This would not have precluded the study of religion for the improvement of patient care. Even so, nursing has neglected religion for the past 150 years. There are many reasons for nursing to engage in religious study. Such study lends itself to a greater understanding of the geopolitical world and the larger societies in which nursing is situated. Engaging with religion would also afford nursing
a glimpse into millennia of religious discourse—and wisdom—on the human condition, and alternative perspectives on person, health, society, and environment, care of the stranger, global health, and ethics. Even greater self-understanding of our profession might result. And, not least of all, for the sake of patients, it is time that today’s nursing education, research, and practice take from Nightingale a measure of her intellectual commitment to the exploration of religion.

NOTES

2. Twain, Mark [Samuel Clemens]. New York Journal. 4 May 1907.
3. Twain, Mark [Samuel Clemens]. New York Journal. 5 May 1907.
32. Shiner. 279.
34. Weber.
35. Bruce. 30.
38. Bruce. 1–44.
41. Ibid.
42. Ibid.


56. Ibid., 23.

57. Ibid.

58. Ibid., 45.

59. Ibid.

60. Fowler. 25.


67. Ibid., 69.

68. Ibid., 74.

69. Ibid., 74–75.
70. Ibid., 28.
73. Medline, ISI web of science (including the science citation index, the social science citation index, and the arts and humanities index), Embase, PsycINFO, CINAHL, NAHL, PubMed.
83. Dubuisson. 9.
84. Masuzawa. 20.
85. Masuzawa.
87. Dubuisson. 10.
88. Ibid., 14.
90. Ibid., 15.
92. Ibid., 2.
93. Ibid., 9.
95. Stark and Bainbridge. 5.
100. Prothero.
101. Vallée.