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Letter to Editor

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I read with great interest the article published in the most recent edition of *Nursing Science Quarterly*, entitled "Spirituality and Spiritual Self-Care: Expanding Self-Care Deficit Nursing Theory" (White, Peters, & Schim, 2011). I applaud the efforts of White and colleagues to build upon Orem's self-care deficit nursing theory (SCDNT), as further theory development is always a needed and beneficial contribution to nursing science. The authors present a thoughtful contribution to the expansion of Orem's theory, however the incorporation of the concept of spirituality into a grand nursing theory presents three theoretical issues that need further clarification: whether spirituality should be added as a separate foundational disposition, whether the expansion of the SCDNT's basic conditioning factors (BCF) to include religious affiliation is warranted, and the use of the context of discovery in theory building.

As the authors point out, spirituality is already addressed in the SCDNT under the concept of well-being (Orem, 2001). Orem (2001) herself stated, well-being is "a perceived condition of personal existence including persons' experiences of contentment, pleasure, and kinds of happiness, as well as spiritual experiences, movement to fulfill one's self-ideal, and continuing personal development" (p. 524). Because spirituality is already included in the theory under the concept of well-being, adding spirituality as a foundational disposition is repetitive, and therefore unwarranted.

Additionally, White and colleagues (2011) proposed adding religious affiliation to the BCF of sociocultural orientation. Since a grand theory provides "global perspectives for nursing practice, education and research" (Walker & Avant, 2005, p. 11), this addition will render the SCDNT inapplicable in environments where discussion of religion is not appropriate. For instance, not all people in the world are religious, not all governments support or allow religion and not all persons desire to be queried on their religious practices.

Finally, it is germane to the topic at hand that the authors discuss Walker and Avant's (2005) use of discovery as their guidance in this topic. Walker and Avant stated that the context of discovery is focused on theory development at the middle range theory level, rather than on grand theory as used in this article. Since the SCDNT is a grand theory and the context of discovery is geared toward middle range theory, perhaps this method of theory construction is used out of context.

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In conclusion, spirituality is an important part of nursing care reflected in the focus of several grand nursing theories, including those by Parse, Newman, and Watson (Martsolf & Mickley, 1998). While certainly worthy of further exploration, the expansions that White and colleagues propose render the SCDNT nearly unrecognizable from its current form. The arguments presented in this letter highlight that the SCDNT presents a global viewpoint for nursing as it stands. Thank you for your time in reading my response to this article.

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