

## THE MEANING AND PRACTICE OF SPIRITUAL CARE

**SPIRIT IS A NATURAL DIMENSION OF EVERY PERSON**

Reflecting on the ancient word *spirit*, May (1982) writes, "Spirit implies energy and power." The word *spirituality* goes further and describes an awareness of relationships with all creation, an appreciation of presence and purpose that includes a sense of meaning. Though not true genera-

tions ago, a distinction is frequently made today between spirituality and religion, the latter focusing on defined structures, rituals and doctrines. While religion and medicine were virtually inseparable for thousands of years, the advent of science created a chasm between the two. The term *spirituality* is a contemporary bridge that renews this relationship. In this paper, the word *spirituality* includes *religion*; *spiritual care* is inclusive of *pastoral care*. Those who provide spiritual care in healthcare settings are often known as chaplains, although in some settings they may be described as *spiritual care providers*.

Spirituality demonstrates that persons are not merely physical bodies that require mechanical care. Persons find that their spirituality helps them maintain health and cope with illnesses, traumas, losses, and life transitions by integrating body, mind and spirit. When facing a crisis, persons often turn to their spirituality as a means of coping (Pargament, 1997). Many believe in its capacity to aid in the recovery from disease (McNichol, 1996) and 82 percent of Americans believe in the healing power of personal prayer (Kaplan, 1996), using it or other spiritual practices during illness.

Persons frequently attend to spiritual concerns within religious communities through the use of traditional religious practices, beliefs, and values that reflect the cumulative traditions of their religious faith. They may pray, read sacred texts, and observe individual or corporate rituals that are particular to their tradition.

Religious beliefs may encourage or forbid certain behaviors that impact healthcare. Others focus their spirituality outside traditional religious communities and practices. All, however, share deep existential needs and concerns. Many persons both inside and outside traditional religious structures report profound experiences of transcendence, wonder, awe, joy, and connection to nature, self, and others as they strive to make their lives meaningful and to maintain hope when illness strikes. Support for their efforts is appropriately thought of as spiritual care because their search leads to spiritual questions such as Why do I exist? Why am I ill? Will I die? and What will happen to me when I die? Institutions that ignore the spiritual dimension in their mission statement or daily provision of care increase their risk of becoming only "biological garages where dysfunctional human parts are repaired or replaced" (Gibbons & Miller, 1989). Such "prisons of technical mercy" (Berry, 1994) obscure the integrity and scope of persons.

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## **SPIRITUAL CARE: ITS RELATIONSHIP TO HEALTHCARE**

### **1. Healthcare organizations are obligated to respond to spiritual needs because patients have a right to such services.**

Regulatory and accrediting bodies require sensitive attention to spiritual needs. As the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO, 1998) makes clear, "Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values." The Canadian Council on Health Services Accreditation (1999) states, "When developing the service plan, the team con-



siders the client's physical, mental, spiritual, and emotional needs. The team respects the clients' cultural and religious beliefs and enables them to carry out their usual cultural or religious practices as appropriate." In an effort to fulfill such mandates as well as honor their own values, healthcare institutions create 'patient rights' statements in which they pledge to provide sensitive attention to the dignity, culture, beliefs, practices, and spiritual needs of all patients, their caregivers, and hospital personnel. Such attention flows from the belief that care of the body alone cannot be effective if the mind, heart, and soul are ignored. Healthcare professionals increasingly recognize that patients want holistic approaches to their well being. For several years,

Harvard cardiologist Herbert Benson has conducted popular, biannual educational events for healthcare professionals that explore spirituality and healing in medicine. Following intensive research, he (1999) wrote, "I am astonished that my scientific studies have so conclusively shown that our bodies are wired to (be) nourished and healed by prayer and other exercises of belief." Professional chaplains respect and respond to patient values and beliefs, encouraging a more holistic approach to healthcare.

### 2. Fear and loneliness experienced during serious illness generate spiritual crises that require spiritual care.

While it is a biological event, serious illness frightens patients and isolates them from their support communities when they need them most. Losses such as physical and cognitive capacities, independence, work or family status, and emotional equilibrium, along with the accompanying grief, can seriously impact their sense of meaning, purpose, and personal worth. Professional chaplains address these crises through spiritual care that emphasizes transcendence and enhances connections to support communities, thus aiding healing and recovery. They listen for the impact of medical information on patients and families, uniquely facilitating an understanding of the technical language of medical professionals.

### 3. Spiritual care plays a significant role when cure is not possible and persons question the meaning of life.

Compassion and comfort become important foci of care when illness is chronic or incurable. Approaching death can engender serious spiritual questions that contribute to anxiety, depression, hopelessness and despair. Professional chaplains bring time-tested spiritual resources that help patients focus on transcendent meaning, purpose, and value.



### 4. Workplace cultures generate or reveal the spiritual needs of staff members, making spiritual care vital to the organization.

Mitroff and Denton (1999), in a groundbreaking study of spirituality in organizations, emphasize that employees do

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not want to compartmentalize or fragment their lives and that their search for meaning, purpose, wholeness, and integration is a constant, never ending task. Other consultants (Henry & Henry, 1999) write about the importance of individual and organizational stories that help healthcare employees cope with their stress. Such stresses

are a concern for organizations that recognize employees as their most valuable resource. Professional chaplains are skilled in eliciting stories that "evoke self-understanding and creativity, and sometimes ...bring light to the paths we travel in life" (Henry & Henry, 1999).

Spiritual care contributes to a healthy organizational culture. Professional chaplains, moving across disciplinary boundaries, serve as integral members of healthcare teams as they care for staff members themselves who experience the stress of patient care. Chaplains not only help staff members cope, but empower them to recognize the meaning and value of their work in new ways.

### 5. Spiritual care is important in healthcare organizations when allocation of limited resources leads to moral, ethical and spiritual concerns.

Difficult ethical dilemmas regularly arise in today's highly technological healthcare systems, i.e. decisions to withdraw aggressive treatment. Unavoidably, such decisions interact with personal values and beliefs of all involved. Professional chaplains, who are frequently members of ethics committees, provide spiritual care to staff members as well as patients and families affected by these complex issues.

### HEALTHCARE SETTINGS FOR SPIRITUAL CARE

Professional chaplains provide spiritual care in a variety of healthcare settings, including but not limited to the following:

- 🌸 Acute care
- 🌸 Long-term care and assisted living
- 🌸 Rehabilitation
- 🌸 Mental health
- 🌸 Outpatient
- 🌸 Addiction treatment
- 🌸 Mental retardation and developmental disability, and Hospice and palliative care