

**IMAGES OF SPIRIT AND WHOLENESS
IN THE HOSPITAL
COVENANT HEALTH RESEARCH CENTRE
RESEARCH DAY 2015**

Ulrich Teucher², Brian Walton¹, Brian Zimmer¹,
Alana Kolendreski², Tamara Colton², & Laurie Schimpf²
Saskatchewan Health Region¹ & University of Saskatchewan²

INTRODUCTION

- Patients' spiritual distress should be treated the same way as any other medical problem (Puchalski, 2001)
- “You can't quantify how many people had faster healings, shorter hospital stays and that sort of thing (Susan House, 2010)
- Patients appreciate Chaplaincy Care (Jankowski 2011)
- Spiritual Care Relationship is an integral part (2010)
- Chaplains' Discourse is relational rather than cure-oriented (Harvey 2008)

DEFINITION

- In our busy times, a bout of illness often provides us with a – not always welcomed – occasion to reflect on our, particularly when we are at the hospital with a serious illness.
- Doctors explore our physical symptoms and devise a cure; nurses provide us with basic care and take our vital signs; physio- and other therapists restore our bodies; nutritionists devise our diet; social workers look after our work, home, and insurance concerns; and psychologists help us deal with the effects of our illness on our relationships.
- However, a patient's experience of illness and what it means exceeds the sum of all these interrelated concerns.

DEFINITION (cont.)

- It is the providers of spiritual care who help us to put all of these concerns into a meaningful perspective, drawing on our secular, existential, spiritual, and/or religious concerns. Trained to be with, and help vulnerable patients to express, reflect on, and make sense of, their concerns, spiritual care providers connect patients back into the relations with themselves and their bodies, their loved ones, friends, colleagues – and life itself. In times of illness, Spiritual Care can make us whole and hopeful again

PILOTSTUDY DESIGN

- Participants: 8 hospitalized patients = 5, m = 3; age mid-50s and above (f)
- Place: Hospitals in central Canadian mid-sized city
- Interviews: individual, semi-structured, open-ended
- Goal: to speak about expectations of, and experiences with, Spiritual Care Providers (all had been visited at least twice or more by SpC).
- Methods: Mixed
 - Narrative analysis: contents/thematic/content and form/metaphors (Kohler Riessman 2008)
 - Quantitative (Likert Scales 1 - 5, do not agree at all - agree very much)

SETTING: BUILDING A RELATIONSHIP

- Hospital: “that other place,” “the night-side of life” (Susan Sontag 1989)
- (01f) “I was listening to conversations between elderly patients and doctors about how much time patients had [to live] and so I think it would have been helpful to have [...] a conversation about coping with that kind of stress, it’s layered”
- The SpC did not sit down but stood by the window during the conversation
- “It was the first time and [...] you need to establish some kind of connection before you may jump into the deep zone”

SETTING: BUILDING A RELATIONSHIP (cont.)

- (08f) One young girl was not so good because she had never experienced life, has never been there. She was like “well, yeah, that’s going to get better.”
- (04m) “I have never really ever asked to have an SpC come visit me before [heart attack]: ‘I’m okay you know?’ But when I got admitted now, that’s one of my first things I ask is ‘Can I have a SpC worker come around please.’”
- (03m) “One visit was unusual. I had had communion already that day, but the SpC worker came back, ‘we don’t always come just for communion, we come to talk, too.’ . . . It takes getting used to, talking to a complete stranger.”

SETTING: BUILDING A RELATIONSHIP (cont.)

- (02f) “At first, it’s like “why are you bothering me? I’m sick, I don’t need your help. But they didn’t give up. They kept on coming and coming and coming.
. . . They [SpC] seem to relax you when I am in the depth of my problems and your problems are gone – not totally but they [problems] don’t disturb your sleep or eating etc. When they [SpC] come it’s like a peace comes into the room with them . . . like I feel a warmth that goes through me when they come . . . They talk to you however they can . . . Even when they touch you like holding your hand for prayer I feel like there is a presence in the room. Through them. I’m hoping it’s the presence of God or Jesus.”

FINDINGS: THEMES

- **Feel supported** in a difficult circumstances (e.g., asks me “how am I doing,” “being there for me,” “*a warm hand extended*”)
- **Feel supported all-around** (e.g., “all-round care,” “care also for family,” “can explain ‘the next step’ [in treatment]”)
- **Feel understood and validated** by somebody with mutual or similar experiences in difficult life circumstances (e.g., “under-stands what I am going through,” “s/he *has been down the same road*,” “reminded me of my work and purpose in the outside world”)
- **Express existential nature** of the illness crisis (e.g., “shared *darkest days*,” challenges of being in an existential “*deep zone*”)
- **Restoring a sense of calm and hope** (e.g., “gives sense of hope,” “bring along a sense of peace, warmth, soul,” “*lift me up*”)
- **Connect with a transcendent, higher reality** (e.g., “s/he put me in a *higher spiritual place*,” “*God’s presence in the room*,” “pray with me”)

FINDINGS: LIKERT SCALES

- Being Comfortable: being comfortable with spiritual care provider visiting: 90%
- Visit being Worthwhile: spiritual care worker's visit being worthwhile: 80%
- Visit being Helpful: helpfulness of spiritual care provision: 90%

FINDINGS: FORMS (METAPHORS)

- Down/Up:
- Hospital and illness impose relationships between space and power: patients lie down, healthcare professionals are standing up.
- However, SpC can transform and overcome these relationships: “Lift me up”

- Wholeness:
- Understanding, validating, supporting, expressing, restoring, connecting

DISCUSSION

- Interviews reveal the very personal nature of building a connection and trust
- Positive impact of spiritual care provision suggests several therapeutic functions:
 - patients can feel supported in individual concerns and all around;
 - Can feel understood and validated;
 - May be able to express deepest fears and concerns;
 - Can find calm and hope restored;
 - Can regain, affirm, or increase spiritual and/or religious grounding.

FUTURE DIRECTIONS

- Based on our pilot study, a future, more comprehensive, survey may ask a series of more detailed questions about, for example, patients' expectations of spiritual care providers, including, for example, the relative importance of:
 - the providers being informed about patients' medical condition and treatment;
 - connecting with patients' family members;
 - having faced own existential crises; etc.

THANK YOU!