

Images of Spirit and Wholeness at the Hospital

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Abstract

There is much support for the role of spirituality in health care. According to Christina Puchalski, MD, patients' spiritual distress should be treated the same way as any other medical problem (2001). Yet, in a time of economic difficulties and cost-cutting measures, spiritual care provision at our hospitals has come under scrutiny or has even been cut. A difficulty in defending its benefits has been the struggles to defend spiritual care not just as having intrinsic value, but to operationalize and measure it adequately in terms of patient satisfaction. So far, existing studies have only shown, for example: that patients appreciate chaplaincy care in hospitals (Jankowski et al., 2011) but the study leaves open what exactly it is that chaplains are doing well; that relationship is proposed to be an integral part in tending to patients' needs (Edwards et al, 2010); and that chaplains' discourse with patients appears to be relational (care-oriented) rather than transactional (cure-oriented; Harvey et al, 2008). Thus, we carried out a pilot study, namely a series of interviews with hospitalized patients, to establish in more detail what exactly they appreciated more and/or less about spiritual care provision. Eight participants (f = 5, m = 3; age mid-50s and above) with serious illness, in hospitals in a central Canadian mid-sized city, were invited to take part in individual, semi-structured, open-ended interviews to speak about their experiences with, and expectations about, spiritual care at the hospital. All had been visited by spiritual care providers at least twice, most even multiple times. The participants were asked broad, semi-structured, open-ended questions about receiving spiritual care, as well as Likert-scale rated questions about sense of comfort, worthwhileness, and helpfulness of spiritual care providers' visits. Images of support and restored faith, whether "in myself," or a "higher spiritual place," or in "God's presence in the room," were embodied, for example, through "a warm hand extended," a "sense of peace, warmth, soul" and, sometimes, "shared tears." A sense of relational wholeness in spiritual care appears to re-integrate the many facets of illness that patients often find themselves split into as a range of health professionals with different specializations look after different aspects of the ill body. Building on the results of this pilot study, we are currently developing a broader, follow-up study.