



# An Untapped Resource in Patient Centered Care - The Role of Spirituality

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### Introduction

In our 25 year experience delivering care to a frail elderly population our Geriatric Team has noted that many of our health care colleagues do not routinely assess the spiritual needs of sick persons. There is no consistent assessment of this need in the routine medical care of older patients [1]. This spiritual need has to be understood in terms of the whole person-the emotional, social and spiritual dimensions of our being, as well as the physical [1]. There are numerous reports suggesting that having a spiritual community is helpful to people coping with illness of any kind and recovering from surgery [2,3]. Spirituality is about relationships and indeed the medical profession itself has deep spiritual roots. Relationships, empathy, and communication are the cornerstones of human meaning, understanding as well as spiritual life [4].

There are numerous definitions of spirituality, in different studies, patient report that religious beliefs and practices are powerful source of comfort, hope, and meaning, particularly in coping with a medical illness [5]. This definition includes many other common definitions like an inner path enabling a person to discover the essence of their being; spirituality extends beyond an expression of religion or practice of religion, the force within human being thought to give the body life, energy, and power.

My personal view point is it's a belief system in one self and can be tapped into at any point.

Spiritual care is inseparable from physical, social and psychological care because together they form the whole [6]. Nursing is part of spiritual care whether a nurse has a spiritual belief or not. By definition nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individual, families, groups, communities and populations [7].

In the sense a nurse is with the person, but on a mental level such as respect for the person and this requires active listening in order to allow the person to express their feeling of anger or anxiety, and begin to experience a renewed sense of security and peace.

Definition of "Person-centered care" means that individuals' values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires [8].

Inner strength is also identified as a result of spiritual well-being [9].

To promote a better understanding of the topic of spiritual well-being the following case presentations are presented, illustrating the role of spirituality as a therapeutic modality supporting rehabilitation.

### Case-1

An elderly man living with his wife presented to the hospital with a left foot ulcer. He had previously experienced a knee amputation, which triggered fear in his mind concerning his other leg. He also had multiple diseases including diabetes, hypertension, alcohol addiction and depression. He was depressed and disobliging with the staff on the medical ward. The staff employed every possible resource to help calm the patient. Different disciplines were consulted, but the medical and nursing staff remained unable to address his concerns. His problem involved his spiritual insufficiency. This interfered greatly with his medical care and rehabilitation.

The team physician and nurse practitioner met with the patient for thirty minutes and explained his concerns and his belief system. He opened up and revealed his hopelessness. At the same time he accepted belief in a higher power, which resulted in his request for others to pray with him.

The patient was happy to discuss his robust spirituality. His illness made him to feel weak, fatigued, and hopeless. Life was not worth living. This led to un-cooperative behavior with the medical staff. Finally when encouraged he did ask for help, by requesting for prayer. The staff was amazed at his transformation as he revealed the untapped resource within himself. He regained his composure and found new purpose in life. Patient started participating in rehabilitation.

### Case-2

Another elderly male presented to the hospital from home. His appearance was critically ill. He had a liver transplant six months previously but also had chronic kidney disease on dialysis. He

**Table 1:** Spiritual Support Techniques.

1. Assess the spiritual health-and ask the question," How is your spiritual health?"
2. Assess the patient's willingness to discuss-and if positive, go forward
3. Listen very carefully to the patient and respond to their questions-keeping patient centered
4. Build relationships on the given information
5. Take action based on information. This include consulting a chaplain or pastor or priest

**Table 2:** Benefits of Spiritual care.

1. Acceptance, trust, relationship and hope
2. Support for patient and family
3. Realize the spiritual resources which the patient, their family or friends possess
4. Contributes to holistic patient centered care
5. Supports effective transitions of care

was admitted to the medical floor for a hypertensive emergency and cardiac ischemia. Multiple services including hepatology, nephrology, rehabilitation and psychiatry were consulted. The patient was depressed and was not willing to participate in rehabilitation. The patient needed a fresh attitude with hope, supported by his spiritual resources.

The team physician and nurse practitioner spent one hour with the patient and his wife. Allowing the patient to express his needs and redirecting his own belief, this produced a fresh attitude filled with new hope. He went on to become cooperative with therapy and eventually returned with home rehab.

### Case-3

Again, an elderly male presented to the hospital from home. He was frail with recurrent bacteremia. He was end stage renal disease on dialysis three times week. He was having right side weakness due to old stroke. This patient lost all desire to live and was not willing to participate in care. The patient needed guidance and support.

The team spent minimum thirty minutes to one hour each day, to allow patient to express and to tap into his own resource (inner strength). His wife, frequently at the bedside was very encouraging. With time he was able to redirect his energy and reveal a positive attitude. He returned home with support services. After several weeks his condition deteriorated again and his goals of care focused on comfort measures. He expired peacefully at home under hospice care, with his family at bed side. His wife arranged a memorial service at the hospital chapel where members of his treatment team were in attendance. The family expressed their thanks for the care and support received throughout his lengthy illness.

### Discussion

There is a common theme in all three cases. Tapping into inner strength (spiritual well-being), an internal resource of the patient, will enhance medical care [10,11]. Spiritual well-being can also enhance the therapeutic medical relationship [12]. What do we mean by this? If we provide patient-centered care, we should focus our attention on that person's total well-being. Spiritual well-being has been found to be positively correlated with coping ability and negatively associated with fatalism, hopelessness, helplessness, and anxiousness [11]. Spiritual health contributes to the physical, social, emotional, and functional components of life. Religious and spiritual well-being are critical elements enhancing the quality of life [13].

Quite often religious beliefs help patients make sense of their medical conditions and may enable them to better integrate health changes into their lives [13].

In the second and third case, we identified low spiritual strength. The patients asked us to pray for their recovery. In both cases, supportive wives also sought support and rejoiced in finding a medical team who would address these needs. Both patients had long roads to recovery. In spite of all the challenges, they worked hard because they knew they had spiritual power and were going to make it. Both connected with their inner strengths and improved (Table 1 and Table 2).

### Conclusion

Tapping the internal resources of the person to enhance spiritual well-being is part of the continuum of care. The patient who comes to the hospital is in need. The medical team employs many resources to address these needs and the patient puts their full trust in the team for care. Practitioners should also utilize the patient's own spiritual resource for well-being. Every person has a sense of spirituality, but it is up to the medical team to help the patient realize this resource, and to enhance it. The peace and joy that comes to the patient is immeasurable when they realize their providers have respected their spiritual resources for inner strength. This creates a connection that occurs between the spiritual and the medical spheres in caring for the total health of the patient. And for those patients who do not subscribe to this, we need not tap into this resource and simply allow them to follow their belief system.

We encourage other medical teams to recognize the untapped spiritual strength of the patients under their care and utilize this strength in a therapeutic capacity. For some patients it may also include involvement of chaplains or other religious support according to the patient's wishes and belief system.

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