

Notes from Open Space Topic Convenors

What was your topic or practice?

Spiritual Care in the Health Care Setting

What were major discussion points?

1. What is Spirituality?
 - a. That which comes from the “deep heart,” the core of our being.
 - b. Spirituality is the “essence of who we are, which is demonstrated in acts of compassion.”
 - c. Spirituality is love, communicating spirituality is simply the communication of love.

2. How to Give Spiritual Care.
 - a. Giving spiritual care is a matter of “connection” between caregiver and patient, “deep heart to deep heart.”
 - 1) Spirituality is also a process of “remembering
 - b. Recognize that we are all sacred, spiritual beings.
 - 1) Establish relationship in that context.
 - 2) There is no distinction with regard to class, title, role, or position.
 - 3) Relationship is genuinely person-to-person.
 - c. Imbue the surroundings with blessing.
 - 1) The environment facilitates spiritual care.
 - d. Spiritual care is affected by the state of the caregiver’s heart.
 - 1) Caregivers must tend to/nurture their own spirituality.

3. Permission to Provide Spiritual Care.
 - a. Problems: Healthcare organizations/training often discourages spiritual care.
 - 1) An ethic, which says “keep your distance from the patient, protect your objectivity, and maintain professional boundaries.
 - 2) Concerns about overstepping legal boundaries regarding religion.
 - 3) Concerns about time management and productivity. (You’re the nurse. You don’t have time to sit and talk with the patient. Get somebody else to do that.)
 - b. Solutions:
 - 1) From an MD: “Realize that the only person who needs to give you permission is you.” If you still feel restricted, find a companion who will regularly remind you that you have permission.
 - 2) From an administrator: At Sacred Heart you are not only given permission to provide spiritual care, you are commanded to provide it.” (This “command” from the nun, not the military man.)
 - 3) “Compassionate action requires no permission.”

4. Spirituality vs. Religion: There is a Difference.

- a. In establishing “deep heart” connection with another, it doesn’t matter what spiritual/religious persuasion they are.
- b. Spirituality doesn’t have to be put in “God” language.
- c. We do not need the patient’s permission to provide spiritual care, but we do need the patient’s permission to address religion/religious issues.
- d. “As a chaplain, I presume that my role gives me permission to take the initiative to address religious concerns, but the patient’s permission is required before I move very far along that path.”
- e. One of the points of spiritual care is to not make more separation (by reference to religion) between the caregiver and the patient.

What did you learn?

1. There seemed to be consensus about the following:
 - a. Spirituality is an essential, probably undeniable, aspect of every human person.
 - b. The essence of spiritual care is “deep connection” between caregiver and patient.
 - c. That “deep connection” may be established through a variety of media—touch, acts of compassion, acts of service, words, physical presence, physical environment, careful listening, and religious activities.
 - d. There is a distinction between spirituality and religion. All human beings are innately spiritual, but not all are religious. Spirituality may be expressed through religion/religious activity.
 - e. Religious activity/expression in the healthcare setting carries with it certain legal implications. One is that religious activity requires the consent/agreement of those who will be involved.

Whom should we contact for more information?

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