a study:

SPIRITUAL COPING PLANS IN THE HOSPITAL SETTING

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I. INTRODUCTION TO THE PROBLEM

Saint Paul writes in EPHESIANS 5:15-16, "See then that ye walk circumspectly, not as fools, but as wise, Redeeming the time…" [1] Why? Because time is precious. Every day is a gift that is bestowed upon men from GOD in the breath of life that He sends upon us each day. This is especially so when pastoral caregivers are given a brief time to minister to those in distress. Such a precious and pressing charge of The Almighty calls those in ministry to make wise use of the time given on behalf of those in need.

It is particularly so in hospital Chaplain ministry, that pastoral care time is usually in short supply and multiple visits over time is the exception. So the question of how to best redeem the time is always paramount. There are many times outside of the emergent crisis and immediate grief support needs in hospital Chaplaincy when empowering patients to identify their own solutions and helping them develop a daily spiritual coping plan has the potential to bear much fruit.

II. THE DAILY SPIRITUAL COPING PLAN

Just as the hospital Nurse is not going home with the patient to make sure he takes his pills, the hospital Chaplain is not going home with the patient to make sure he says his prayers. For such pastoral care to be effective, those placed in our care must be in a spiritual state capable of this work and have the motivation to sufficiently invest him in such an effort.

The model of carrying out such pastoral care I offer involves the following: 1. Empathetically listening to the patient's story. 2. Doing a competent and professional spiritual assessment. 3. Providing solution-focused brief counseling. 4. Helping the patient identify and build a simple daily spiritual coping plan.

III. THE THEORY BEHIND THIS STUDY

A. SPIRIUTALITY

Spirituality may be defined as "the life principle that pervades a person's entire being. It is his volitional, emotional, moral-ethical, intellectual and physical dimensions that generates a capacity for transcendent values which integrates and transcends the biological and psychosocial nature." Spirituality derives from one's life principle, "one or more core values and meaning constructs held by a person that shapes beliefs and gives direction to one's life. It connects values, beliefs, will and action as the organizing role… [in] constructing one's life as a meaningful whole. It creates perspective that permits one to rise above manifest difficulties." [2]

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[1] 1, KJV, EPHESIANS 5:15-16.
[2] 2, 2008 RHMC Chaplain Orientation Manual, p 21.

The Nursing Diagnosis of "Spiritual well-being" offers a 4-point sense of life principle that is defined as "Ability to experience and integrate meaning and purpose in life through connectedness with self, [with] others, [with] art-music-literature… [and] a power greater than oneself." [3] 1. Connectedness to self: The expression of "hope, meaning and purpose in life, peace and serenity, acceptance, surrender, love, forgiveness of self, [a] satisfying philosophy of life, joy, courage, heightened coping and meditation."

Further, 2. Connectedness to others: Doing for others, interaction with spiritual leaders, the seeking of forgiveness of others and of relationships with friends and family. 3. Connectedness to the humanities: Appreciation of art, music, literature and nature. A creative spiritual life energy that celebrates higher human pursuits and appreciates the created world. 4. Connectedness to a power greater than self: Prayer, mystical experiences, religious activities and reverence and awe of The Divine. [4]

Spirituality should be defined widely enough "to encompass both religious and non-religious expressions of spirituality. It does not equate traditional religious belief with spirituality. But neither does not equate an absence of traditional religious practice with a poor spiritual state." [5] Defining spirituality in a sufficiently broad manner allows the hospital Chaplain to offer pastoral care to those of virtually all Faiths and to those of no Faith. Even when those placed in our care have no religious needs that they call us for, every soul still has universal spiritual needs that may require our pastoral care.

B. THE STORY

Pastoral care is most effective when it is based on the needs of those we minister to. Therefore, the patient's story must be empathetically elicited. This involves discerning the history of the story, how the patient experiences his story and the feelings he is dealing with as a result. At The Reading Hospital Medical Center [RHMC], hospital Chaplains are trained to provide pastoral care founded on a sensitive and professional "Clinical Pastoral Process:" 1. Meeting the patient, family and other caregiver staff. 2. Eliciting and listening to the patient's story, assessing the spiritual and emotional facets of their experience. 3. Responding to the patient based on assessment. 4. Reassessing needs for Follow-up and Closure. [6]

C. THE RHMC SLIDING SCALE OF SPIRITUAL HEALTH

RHMC Chaplains are trained to identify the state of Spiritual well-being of patients and families, placing them on a sliding scale of spiritual health, which helps guide Chaplain pastoral care as follows: [7]

Spiritually Coping Well - Spiritual Concerns - Spiritual Distress - Spiritual Despair

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[3] 3, Nursing Diagnosis Handbook, "Spiritual well-being," Definition, p 1153.
[4] 3, Nursing Diagnosis Handbook, "Spiritual well-being," Defining Characteristics, p 1154.
[5] 2, 2008 RHMC Chaplain Orientation Manual, p 21.
[6] 2, 2008 RHMC Chaplain Orientation Manual, p 5. The Clinical Pastoral Process.
[7] 2, 2008 RHMC Chaplain's Orientation Manual, p 13. 2008. The spiritual health scale used at RHMC.

Spiritually Coping Well **-** This person is "…coping well with their circumstances by using well-rooted spiritual resources and emotional maturity, even in dire circumstances. People in this category are often a low priority for the Chaplaincy Services."

Spiritual Concerns **-** This person has "emerging spiritual concerns" that "present as pre-crisis states, where people rely increasingly on existing spiritual resources, as they feel more at risk. Chaplaincy here focuses on mobilizing existing resources."

Spiritual Distress **-** This person is "…most likely to benefit from their initial conversation with a Chaplain. Spiritual Distress is a crisis state requiring a pastoral response that helps draw out and identify points of distress, and helps the person reframe their beliefs and values to better meet the current challenge."

Spiritual Despair **-** This person is experiencing a deep hopelessness of withdrawal and failure of spiritual coping of the soul. They generally "…do not respond well to conversation based, short-term Chaplaincy involvement. The Chaplain must gauge how deeply into despair the person has withdrawn. Chaplaincy with persons in despair requires a longer-term plan, involving regular contacts with the Chaplain, identification of the points of despair, reframing ideas of hope, and a greater degree of interdisciplinary cooperation."

D. THE MOUNT CARMEL SPIRITUAL ASSESSMENT INSTRUMENT

The "Mount Carmel Spiritual Assessment Instrument" [MCSAI] "…is an instructional tool to assist Chaplains in learning a systematic method of spiritual assessment, care planning and evaluation. The SAI utilizes a four-dimensional model for assessing spirituality in hospitalized patients… [The] four assessment areas [are] based on a qualitative analysis of themes arising from… clinical pastoral practice… and further informed [by] the framework… [of] Paul Pruyser's diagnostic terminology:" [8] [9]

Assessment Area	Pruyser's Diagnostic Categories
Concept of GOD	Awareness of The Holy
Subjective Meaning of Illness	Sense of Providence, Grace & Repentance
Approach to Hoping	Faith & Vocation
Relation to Support Systems	Communion

[8] 4, Mount Carmel Medical Center, Pastoral Care Department, "Spiritual Assessment Instrument [SAI]." 1989.

[9] 5, Pruyser, "The Minister as Diagnostician." Chapter V, "Guidelines for Pastoral Diagnosis," p 60-79.

Chaplains at The Reading Hospital Medical Center [RHMC] are trained to elicit and listen to the patient's Story using The MCSAI as follows: [10]

Initial Question:
"What has happened that you are in the hospital?"
Meaning Making:
"What sort of thoughts have you had about why this might be happening?"
Sustaining Hope:
"What is your hope in all of this?"
Community Support:
"How are the people closest to you handing (doing with) your situation?"
Concept of GOD: (If there has been no mention of GOD)
"What sorts of thoughts have you had about GOD or a higher power here in the hospital?

I have modified these tools for my own hospital Chaplain practice for each of the four categories, assessing for presence and connectedness noted, and typified by the following questions:

I. Concept of GOD or The Holy [Religion & Spirituality]
"Do you have a sense that GOD is somehow with you through your illness?"
II. Relation to Support Systems [family, friends, Faith community]
"I am wondering what kind of support you have from family, friends and community?"
III. Approach to Hope [hope for and hope in]
"What do you hope for? Where do you put your hope in?"
IV. Meaning of Illness [finding purpose]
"Are you able to find meaning or make sense of all this in some way?"

E. SOLUTION FOCUSED BRIEF COUNSELING

Russel Sabela has designed the "Solution Focused Brief Counseling" model with these very things in mind. The focus is not on the problems but on the solutions. Clients are "encouraged to think about times when their problems did not exist… and how to recreate such circumstances in their present situations. Focus is on the client's strengths and abilities, rather than their weaknesses. Solutions are derived by clients themselves and therefore, not only are they more involved in their success, but the solutions fit their unique lifestyles. Finally, because the clients find their own solutions that work, often self-esteem is increased." [11]

[10] 2, 2008 RHMC Chaplain Handbook, p 12. "Step Two – Exploring Assessment Themes." [See The Caregiver Journal. (1990)]
[11] 6, Sabella, "Solution Focused Brief Counseling." "How does this approach differ from other counseling approaches?" p 2.

F. GOAL SETTING

Goals need to be down to earth, relevant and doable in the sufferer's real world of daily struggles. Arina Nikitina's "SMART Goal Setting" acronym offers us this model: "Specific; Measurable; Attainable; Realistic; Timely." First, goals should "focus our efforts and clearly define what we are going to do." Second, goals should "establish concrete criteria for measuring progress." Third, goals should "stretch you slightly so you feel you can do it and it will need a real commitment from you." Fourth, goals should "be realistic for you and where you are at the moment." Fifth, goals should set in a time frame that "gives you a clear target to work towards." [12]

Daily spiritual coping plans should be focused on the patient's proven life practices that have been effective in the past, and may be hopefully applied in the present, to meet a specific primary goal to overcome a clearly defined primary emotional or spiritual problem. Therefore the acronym "SMART" is most fitting in such pastoral care: Simple; Measurable; Attainable; Reasonable; Timely.

IV. DESIGNING THE OVERAL SPIRITUAL ASSESSMENT SCORE [OSAS]

I graded each of the 4 quadrants of the MCSAI [The Holy; Support; Hope; Meaning] on a scale of 4 to 1. A score of 4 of 4 in any given quadrant represents ***Spiritually Coping Well*** in that area. A score of 3 of 4 in any given quadrant represents ***Spiritual Concerns*** in that area. A score of 2 of 4 in any given quadrant represents ***Spiritual Distress*** in that area. A score of 1 of 4 in any given quadrant represents ***Spiritual Distress*** in that area.

I then added the total number of points. Since there are 4 quadrants of spiritual assessment in the MCSAI model, I divided the total point score by 4. This gives the average or "Overall Spiritual Assessment Score," the OSAS. I then took the RHMC Chaplain sliding scale of spiritual health and assigned each category a score of 4 to 1 out of 4. I then plotted the OSAS of each patient on this Spiritual well-being scale:

I placed patients with an OSAS of 3.6 and above as ***Spiritually Coping Well.*** Those with an OSAS of between 3.5 to 2.5 as ***Spiritual Concerns.*** Those with an OSAS score of 2.4 to 1.5 as ***Spiritual Distress.*** And those with an OSAS of 1.4 or less as ***Spiritual Despair.*** This method helped to confirm and quantify my more subjective impressions of the state of Spiritual well-being of my patients, as well as direct my pastoral care:

4……3.6**3.5……..…2.5**2.4……..1.5**1.4…….....1
Spiritually Coping Well(4) - Spiritual Concerns(3) - Spiritual Distress(2) - Spiritual Despair(1)

[12] 7, Nikitina, "SMART Goal Setting."

V. CHOOSING CASES FOR THIS STUDY

Patients who were ***Spiritually Coping Well*** [OSAS 3.6 and above] have a Spiritual well-being that is fully intact and functioning in spite of duress. They are fully able to process the situation without unresolved spiritual duress remaining. They already have a daily spiritual coping plan and are effectively carrying it out, even if they are not aware that they are doing so formally. They don't need a new one. Scarce hospital Chaplain resources and time are better spent on other cases. I therefore excluded such patients from my study.

Patients who were in a state of ***Spiritual Despair*** [OSAS 1.4 or less] have a Spiritual well-being that is completely compromised and not functional in the presence of the duress. They are totally unable to process the situation and overwhelming spiritual duress remains. Such patients are typically suddenly being initially immersed in an emergent crisis situation, such as the initial stages of serious trauma or a life-threatening medical emergency, in the Emergency Room. Or typically they are suddenly confronted by an unexpected terminal diagnosis and imminent death for which they are not prepared. Such patients and their families need clear structure and simple supportive pastoral presence. They are often not ready to initially begin to cope spiritually without outside help and are in no condition to identify a daily spiritual coping plan. I therefore excluded such patients from my study.

Patients in a state of ***Spiritual Concerns*** [OSAS between 3.5 to 2.5] have a Spiritual well-being that is fully intact and functioning in the presence of duress. They are able to process the situation fully, but some spiritual duress remains. Clearly identifying and putting into practice a daily spiritual care plan will likely help such patients and families continue to process their through situations. Such pastoral care is most likely to help prevent deterioration of Spiritual well-being and facilitate resolution of spiritual stress. I therefore included these patients in my study.

Patients in a state of ***Spiritual Distress*** [OSAS between 2.4 to 1.5] have a Spiritual well-being that is partly compromised and partly functional. They are approaching or at their limits of being able to cope with and process the situation, with significant spiritual duress remaining unresolved. Such patients and families likely need more active pastoral care, support and guidance. Identifying and facilitating a daily spiritual care plan in such cases is a priority to help prevent deterioration of Spiritual well-being into Despair. Such pastoral care is most needed to help move people towards a more effective Coping. I therefore included these patients in my study.

I informally screened cases over a 3 month period during my daily hospital Chaplain duties on various units. Guided by this model, I excluded initial contact cases that were major trauma or life threatening medical emergencies in the Emergency Room. I excluded cases where an unexpected terminal diagnosis was just received and where an unexpected death was imminent. I arbitrarily stopped after finding 6 cases that met my criteria of being in a state of ***Spiritual Concerns*** or ***Spiritual Distress.***

VI. CARRYING OUT THE STUDY

A. THE STORY

Step 1 – Elicit The Story: First, I elicited the patient's story using empathetic listening, reflecting back, redirecting, rephrasing and summarizing. I listened for the patient's history, experience and feelings

B. THE SPIRITUAL ASSESSMENT

Step 2 – Perform The Spiritual Assessment: Second, in listening to the patient's story, I listened for the strength versus weakness of the 4 quadrants of spiritual assessment of the MCSAI: I. The Holy. What is the patient's religion and spirituality? II. Support. What and how deep is the patient's support from family, friends, Faith community or support groups? III. Hope. What does the patient hope for and where do they place their hope in? IV. Meaning. What purpose do they see in their illness? The patient's OSAS score was then calculated. I correlated this with the category of Spiritual well-being on the RHMC sliding scale of spiritual health.

C. THE SOLUTION FOCUSED BRIEF COUNSELING

Step 3 – Solution Focused Brief Counseling & Goal Setting: Third, I helped the patient identify and explore these 5 questions: 1. What is your primary problem? 2. What is the impact of this primary problem in your daily life? 3. What is the primary goal you need to set to overcome this problem? 4. What is the "SMART"-est way to frame this goal? [13] 5. How is your own care plan to be carried out day to day to meet this goal?

D. THE DAILY SPIRITUAL CARE PLAN

Step 4 – Form The Spiritual daily Coping Plan: Fourth, I then helped the patient state and crystallize up to 6 items as part of a daily spiritual care plan. After review and editing by the patient, I provided them with a simple, easy-to-read printout of their daily spiritual coping plan.

VI. THE CASES

I present the following 6 case studies, labeled 1 to 6, each in 4 parts: 1. THE STORY; 2. THE SPIRITUAL ASSESSMENT; 3. THE SOLUTION FOCUSED BRIEF COUNSELING; 4. THE DAILY SPIRITUAL COPING PLAN.

A. CASE ONE

MW is a 59 y/o female, admit with severe hematuria & blood loss. I visited for 40 minutes and 60 minutes.

1. THE STORY

History

Multiple Sclerosis, unable to walk, wheelchair bound & otherwise bedridden since 1990. Husband died cancer 1990. Was living alone in marital home x 40 years until forced to

[13] 7, Nikitina, "SMART Goal Setting." "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

sell due to tax foreclosure. Family had to dispose of pt's cats due to same. Forced to live in nursing home since then. Estranged from her children x 1 year.

Experience
Multiple painful losses. Widowhood and loss of independence due to MS has led to increasing isolation. Loss of marital home was painful. Blames children for loss of cats, which she valued highly.
Feelings
Feels alone and forgotten by her children. Feels she is slowly adjusting to nursing home. Talks rapidly, shares freely, "What else will I loose next?"

2. THE SPIRITUAL ASSESSMENT

The Holy – score = 3/4
**religion
Lutheran. Lifelong member of local Church, but distant last several years due to MS condition and increasing withdrawal.
**spirituality
Finds prayer of comfort, but no longer prays as regularly as she use to.
Support – score = 2/4
**family
As noted, widowed 1990 after many decades of happy marriage. Estranged from 3 children x 1 year.
**friends
Making some friends slowly at nursing home.
**community
Slowly opening to becoming part of community at nursing home.
Hope – score = 2/4
**hope for
Hopes for more and closer friendships at nursing home community and reconciliation with children.
**hope in
Strong sense that GOD is listening, but questions why GOD has allowed so many losses.
Meaning – score = 3/4
**making sense of illness
Searching for meaning in midst of multiple painful losses and limitations. Finds purpose and fulfillment in being friend to those she sees as worse off than herself in nursing home. Finds increasing joy in taking part in community activities and deepening friendships.
Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)
Points = 10/16. OSAS = 10/4 = 2.5. ***SPIRITUAL CONCERNS.***

3. THE SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Feeling alone and forgotten by others and at times by GOD.
**What is the impact of this problem in your daily life?
Makes pt sad and withdrawn, discouraging her from reaching out to new relationships.
**What is the primary goal you need to set to overcome this problem?
Reach out in some way every day to overcome isolation and feelings of aloneness.

**What is the SMART-est way to frame this goal? [14]
What can I do every day in my new community to be open to new friendships?

4. THE DAILY SPIRITUAL CARE PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Pray daily, as with The Serenity Prayer.*
2. *Listen to calming music.*
3. *Being with new friends in my new community.*
4. *Look for opportunities to encourage and help others.*
5. *Take part in social activities, such as playing cards.*
6. *Talking and sharing experiences my burdens, feelings & joys with others.*

B. CASE TWO

LO is a 64 y/o male, admit for total occlusion right superficial femoral artery. Hx diabetes, coronary artery disease, s/p right femoral artery surgery, anticipates similar surgery left leg. I visited for 60 minutes and 40 minutes.

1. THE STORY

History
Pt experienced severe post-op pain right leg. Discharge home delayed due to "sugar sky high in 700's." Married with 1 son, daughter-in-law and 2 grandchildren who moved away to Colorado in 2005. Several marital separations r/t pt's "drinking problem." Lost high paying successful job in nuclear power plant in 1998. Drove truck for some time thereafter, severe financial strains on family that resulted in loss of 30 year marital home due to tax forclosure.
Experience
Pain now well controlled with narcotics. Fearful he "can not handle" undergoing similar level of post op pain for pending future surgery left leg.
Feelings
Feels weary from multiple losses last 10 years. Had been self sufficient most of his life, but now "can't hold it all in any more." Arterial blood clot in leg "just too much." Cries bitterly on/off as he shares story.

2. THE SPIRITUAL ASSESSMENT

The Holy – score = 1/4
**religion
Protestant. No Church or Faith community support.
**spirituality
"I believe in GOD." Loss of Faith in face of losses last 10 years.
Support – score = 2/4
**family
Lives with wife. Several marital separations r/t pt's ETOH abuse as noted. Feels distant from son and his family after they moved away out-of-state 4 years ago. Dreams of moving in with son & family.
**friends
Not discussed
**community
Not discussed

[14] 7, Nikitina, "SMART" goals - Simple; Measurable; Attainable; Reasonable; Timely.

Hope – score = 2/4
**hope for
That future pain r/t femoral artery surgery to be managed better. That he and his wife might be closer to their son and his family, possibly going to live with them.
**hope in
Lacks optimistic hope in the future. Believes in GOD, but does not put hope in Him.
Meaning – score = 1/4
**making sense of illness
Is unable to find meaning in life losses, or in present and anticipated future physical suffering. Uses alcohol to cope, at times resulting in marital separation.
Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)
Points = 6/16. OSAS = 6/4 = 1.5. ***SPIRITUAL DISTRESS.***

3. THE SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Wounded relationships with wife, son and his family.
**What is the impact of this problem in your daily life?
Retreat into alcohol, past marital separations and son moved his family out-of-state
**What is the primary goal you need to set to overcome this problem?
Finding peace that will allow relationship healing.
**What is the SMART-est way to frame this goal? [15]
What can I do on a daily basis to find greater peace?

4. THE DAILY SPIRITUAL COPING PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Reach out to GOD in prayer.*
2. *Share feelings with others.*
3. *Reconnect with wife with Church of their choice.*
4. *To Scripture verses on GOD's Peace, such as PSALM 23.*

C. CASE THREE

AV *is a 71 y/o male, admit with End Stage Liver Failure. I visited once for 30 minutes.*

1. THE STORY

History
Grew up in 7 foster homes. Retired USMC career NCO. Happily married, 3 children, 4 grandchildren. Never defeated in life. Previously healthy. Deep love of family, which is his primary source of joy and life purpose.
Experience
Poor risk for liver transplant. Realistic. Sees illness as a defeat. Shocked at discovering, "This I can't beat."
Feelings
Loss of control, powerlessness, feels very discouraged.

[15] 7, Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

2. THE SPIRITUAL ASSESSMENT

The Holy – score = 3/4
**religion
Lutheran. Attends several Churches with family sporadically.
**spirituality
Talks to GOD and prays privately often.
Support – score = 2/4
**family
Children have grown and moved out of home. Lives alone with wife, who is RHMC RN who works nights. Wife does not feel pt is safe to be alone at night. "Close family."
**friends
Not discussed.
**community
Not discussed.
Hope – score = 3/4
**hope for
To return home, spend as much time as possible with loved ones, especially grandchildren.
**hope in
Love of family, sense that GOD is always listening.
Meaning – 1/4
**making sense of illness
Struggling to accept his illness is terminal and there is no cure. Understands intellectually that there is nothing he can do to overcome illness, but does not yet accept this in his heart.
Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)
Points = 9/16. OSAS = 9/4 = 2.25. SPIRITUAL DISTRESS.

3. SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Accepting that his illness is terminal.
**What is the impact of this problem in your daily life?
Feels "defeated," which makes him feel deeply sad, bewildered and discouraged.
**What is the primary goal you need to set to overcome this problem?
To spend remaining time celebrating & loving his family. To find greater peace in acceptance of reality of his terminal condition.
**What is the SMART-est way to frame this goal? [16]
To find 1 way to enjoy his family every day.

[16] 7, Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

4. THE DAILY SPIRITUAL COPING PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Be with 1 family member every day – wife, children & their spouses, grandchildren.*
2. *Explore reconnecting with Church together with his family.*
3. *Work on accepting reality of his situation re terminal illness.*
4. *Continue to be open to sharing feelings with family daily.*
5. *Pray or meditate on Serenity Prayer daily.*

D. CASE FOUR

SK is a 77 y/o female, admit for Acute Myocardial Infarction, Diabetes (blood sugar high of 1,000), Acute Renal Failure I visited once for 30 minutes.

1. THE STORY

History

Previously active & relatively healthy lady experiencing chest pains due to heart attack. Faces making choice within 24 hours for coronary stents vs. CABG vs. new experimental coronary procedure at distant hospital.

Experience

Does not know which Tx to choose, is agitated, talks nonstop, does not want to die, wants more time to be with family, is primary caregiver for husband at home with Alzheimers.

Feelings

Overwhelmed and paralyzed with fear. Feels nobody but she can adequately care for husband. "I don't want to die. Is it selfish to say that, to pray to not die now?"

2. THE SPIRITUAL ASSESSMENT

The Holy – score = 4/4

**religion

Catholic. Places high value and receives great peace in Sacraments.

**spirituality

Prays often using Rosary. Feels GOD is always with her and family. Looks for signs of Providence and direction in daily life circumstances and events.

Support – score = 4/4

**family

Happily married for many years. Close relationships to children.

**friends

Close friend visited yesterday, gave pt prayer card.

**community

Good Church support. Taught Church CCD ("Catholic Christian Doctrine") to school children for many years.

Hope – score = 3/4

**hope for

GOD to "show" her which choice to make for Tx; to live longer to be with family. "Is it okay to pray to not die yet?"

**hope in

Life vocation is caring for her family. Strong Faith in GOD, The Sacraments and prayer.

Meaning – score = 1/4

**making sense of illness

Re what treatment choice to pick, "I'm praying, but I'm not getting any answers."
Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)
Points = 12/16. OSAS = 12/4 = 3.0. ***SPIRITUAL CONCERNS.***

3. THE SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Fear and agitation related to having to decide within 24 hours what coronary treatment to choose. Fears she may die soon if she chooses the wrong one.
**What is the impact of this problem in your daily life?
Constant paralyzing worry that robs her of peace, to care for sick husband at home, to be with other family.
**What is the primary goal you need to set to overcome this problem?
To have greater peace, which will help her choose best care decision tomorrow and to heave peace "no matter what each day brings."
**What is the SMART-est way to frame this goal? [17]
"What can I do daily to have more peace and decide which treatment choice I should make?"

4. THE DAILY SPIRITUAL COPING PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Pray The Rosary daily, stopping at each decade to speak out a one-sentence intention to GOD.*
2. *Be open to sharing your feelings with Pastor, family, friends & caregiver.*
3. *Give yourself permission to cry when you need to.*
4. *Give thanks for one blessing each day.*

E. CASE FIVE

MC is a 26 y/o female, admit for early 2nd trimester pregnancy with vaginal bleeding and threatened premature delivery. I visited once for 30 minutes.

1. THE STORY

History
Pt admitted 11 days ago with danger of premature delivery of then 22-week gestation pre-borne baby girl (Analia Faith). First pregnancy. "I was 4 cm dilated, membranes were visible. If baby born now, not likely they could save her." Hx Non Insulin Dependent Diabetes, on oral anti-hyperglycemic prior to pregnancy.
Experience
Pt placed on bed-rest, "bleeding better until yesterday." Baby is now "24 weeks" gestation.
Feelings
Afraid she & her husband may still loose the baby, her 1st pregnancy.

2. THE SPIRITUAL ASSESSMENT

The Holy – score = 4/4
**religion
Catholic.
**spirituality
Has Catholic inspirational materials at bedside. Reads daily "Magnificat" prayer & Scripture devotional. Prays often. Feels she is finding greater calmness. Sees

[17] 7, Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

miraculous healing of GOD as pregnancy becomes increasingly stable as answer to prayers of herself and husband.
Support – score = 3/4
**family
Pt reports husband and family are loving and encouraging.
**friends
Not discussed.
**community
Local Catholic Church supportive. Husband is Catholic. Pt is not formally Catholic yet. However, pt was attending weekly RCIA [Right of Christian Initiation for Adults] new membership study class at Church, which Priest is continuing for pt by personally visiting her weekly in the hospital. Pt is not able to receive Sacraments of The Church yet, but Priest personally prays for pt, husband and baby during each visit to pt.
Hope – score = 4/4
**hope for
Sees increasing hope for unborn baby to be safely delivered at or near due date. Hopes that she and husband will continue to be drawn closer to one another and to GOD through course of pregnancy.
***hope in*
Places hope in GOD, Who pt sees as answering her prayers for baby's safety. The Teachings & Sacraments of The Catholic Church. The Word of GOD, which she reads eagerly and with a strong Faith.
Meaning – score = 3/4
**making sense of illness
Pt feels she and her husband (Magdiel) are being drawn closer to each other and to GOD through present trial. "At first it was overwhelming. Now closer to GOD. All things happen for a reason."
Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)
Points = 14/16. OSAS = 14/4 = 3.5. ***SPIRITUAL CONCERNS.***

3. THE SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Fear that unborn baby will be born prematurely and die.
**What is the impact of this problem in your daily life?
Carries worry for baby every minute of every day.
**What is the primary goal you need to set to overcome this problem?
Stay close to GOD.
**What is the SMART-est way to frame this goal? [18]
What things can I do daily to stay close to GOD to feel less worried?

4. THE DAILY SPIRITUAL COPING PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Follow orders of Doctors and Nurses for bed-rest and self care.*
2. *Continue to pray and read devotional daily.*
3. *Continue to study in preparation for officially joining The Catholic Church.*
4. *Continue to share feelings with husband and Priest.*

[18] 7, Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

F. CASE SIX

LP is a 63 y/o female, admit for Short Bowel Syndrome, chronic abdominal pain. I visited twice for 30 minutes and 60 minutes.

1. THE STORY

History

Awoke in hospital ICU 3 years ago after rupture of bowel aneurysm, "1/2 of my stomach and intestines gone." Repeated GI surgeries, loss of much of bowel, iliostomy, malabsorption syndrome & marked emaciated body wasting, "not absorbing nutrition."

Experience

"Lived in hospital most of time for last 3 years, lost 86% of body fat, watching myself self digest."

Feelings

Feels increasingly fretful re welfare of her loved ones and of her Church as she sees her death slowly approaching.

2. THE SPIRITUAL ASSESSMENT.

The Holy – score = 2/4

**religion

Lutheran. Deeply religious.

**spirituality

Strong sense of GOD's call on her life. Prays daily for blessings, family and for her Church. Seems to lack inner peace r/t seeing her slowly approaching death & having increasingly less time to live.

Support – score = 3/4

**family

Lives alone. 1st husband "died as a drunk driver" in MVA 1981 Daughter & grandchildren nearby and all actively supportive. Separated from 2nd husband, lives nearby, also supportive. Alienated from brother, who is a Catholic Priest.

**friends

Stays in touch with several High School girlfriends.

**community

Church Elder and on Church council, deeply involved in Church, "my Second Home."

Hope – score = 2/4

**hope for

Loss of ability to be deeply involved in work of her Church directly due to lengthy hospitalizations. Loss of this has been painful. Deeply worried for her Church, now without a permanent Pastor. Hopes to see her Church again more stable and thriving.

**hope in

In GOD for daily strength in time left to live.

Meaning – score = 3/4

**making sense of illness

Taking inventory of what is of comfort, important and life priorities. Rediscovering purpose in ministering to healthcare workers caring for her during lengthy hospitalizations. "GOD has a purpose."

Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)

Points = 10/16. OSAS = 10/4 = 2.5. ***SPIRITUAL CONCERNS***.

3. THE SOLUTION FOCUSED BRIEF COUNSELING

**What is your primary problem?
Lengthy and now seemingly terminal condition.
**What is the impact of this problem in your daily life?
Prevents pt from being actively involved in her Church, her "Second Home."
**What is the primary goal you need to set to overcome this problem?
How do I spend the time left?
**What is the SMART-est way to frame this goal? [19]
What spiritual things can I do to care for myself every day?

4. THE DAILY SPIRITUAL COPING PLAN

**How will you carry out your own care plan daily to meet this goal?

1. *Continue daily prayer.*
2. *continue to celebrate relationships with loved ones.*
3. *Do 1 thing every day to help my Church survive and thrive.*
4. *Stay connected with High School girlfriends.*
5. *Periodically visit Humane Society animal shelter.*

VII. ANALYZE THE DATA

There are 6 patients in this study. 4 patients are female and 2 male. 5 are Caucasian and 1 Hispanic. All are English speaking. All are Christian – 3 Lutheran, 2 Catholic and 1 Protestant with no Church affiliation. There were no family members present during my visits. The age range of the patients is 28-75 years old. The average age is 61 years. 5 cases were on medical/surgical units and 1 case on the maternity unit. 4 cases were acute and 2 were chronic. 2 cases were medical in nature, 2 surgical, 1 cardiac and 1 obstetrical. None were Emergency Room cases, either trauma or medical. None were imminently dying.

The Diagnoses were as follows: Case 1 was an acute medical case with uncontrolled hematuria with severe blood loss and bedridden with Multiple Sclerosis. Case 2 was an acute surgical case, post surgery x several days for correction of an occluded Superficial Femoral Artery with pain control issues. Case 3 was a chronic medical case, diagnosed with End Stage Liver Failure, where death was expected but not immediately imminent.

Case 4 was an acute cardiac case who suffered an Acute Myocardial Infarction and Acute Renal Failure, with a history of Diabetes and Coronary Artery Bypass Graft Surgery possibly pending. Case 5 was an acute obstetrical case, a 1st pregnancy early in the 2nd trimester with vaginal bleeding and threatened premature delivery. Case 6 was a chronic surgical case with Short Bowel Syndrome, chronic abdominal pain and severe body wasting, after suffering a ruptured bowel aneurysm several years prior, with several bowel resections and multiple surgical and Gastro-Intestinal complications.

I saw 3 patients once and 3 patients twice. The range of visits was from 30 to 60 minutes, with an average visit time of about 45 minutes. Support and Hope averaged lowest at 2.7 each out of 4.0. Sense of The Holy scored a higher average of 2.8 out of

[19] 7, Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

4.0. Finding meaning scored the highest with an average of 3.0 out of 4.0. The range of the OSAS [Overall Spiritual Assessment Score] was between 1.5 to 3.5. The average OSAS for the 6 cases was 2.8. I assessed 4 cases as ***Spiritual Concerns*** (OSAS of 3.5 to 2.5) and 2 cases as ***Spiritual Distress*** (OSAS of 2.4 to 1.5):

Mount Carmel Spiritual Assessment Instrument sub-scores, average scores and OSAS

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Average	
The Holy (of 4)	3	1	3	4	4	2	2.8	
Support (of 4)	2	2	2	4	3	3	2.7	
Hope (of 4)	2	2	3	3	4	2	2.7	
Meaning (of 4)		3	1	1	1	3	3	3.0
Total points (of 16)	10	6	9	12	14	10	10.2	
OSAS	2.5	1.5	2.25	3.0	3.5	2.5	2.8	

A breakdown of the Solution Focused Brief Counseling process is as follows:

Patients identified their primary life problems as follows:
Case 1 – aloneness & isolation; feeling forgotten
Case 2 – wounded relationships
Case 3 – acceptance of terminal illness
Case 4 – fear of dying; making the best immediate major care choice
Case 5 – fear of death for unborn baby; paralyzing constant worry
Case 6 – lengthy illness; terminal condition

Patients identified how their primary life problems impacted their daily life as follows:
Case 1 - Sadness, withdrawal, being closed to relationships
Case 2 – withdrawal; substance abuse; marital stress; alienation from family
Case 3 – Feeling defeated, sad, bewildered, discouraged
Case 4 – worry, loss of peace, inability to care for family; unable to be with family
Case 5 – nonstop worry for unborn baby that excludes everything else
Case 6 – separation from Church

Patients set the following primary goals to overcome their life problems as follows:
Case 1 - Reaching out
Case 2 – finding greater peace, healing broken relationships
Case 3 – using remaining time to live wisely; celebrating and loving family
Case 4 – finding greater peace; making an immediate major care decision
Case 5 – staying close to GOD
Case 6 – using remaining time to live wisely

Patients framed their primary "SMART" goals as follows:
Case 1 – What can I do daily in my new community to be open to new friendships?
Case 2 – What can I do daily to find greater peace?
Case 3 – Find one way to enjoy family every day.
Case 4 – What can I do daily to find more peace and decide which care choice to make?
Case 5 – What can I do daily to stay close to GOD and feel less worried?
Case 6 – What spiritual things can I do daily for myself?

The components of patients' daily spiritual coping plans are as follows:

Patients listed their daily spiritual coping plans as follows:
Case 1 – prayer, calm music, connection with friends, helping others, social activities, share feelings
Case 2 – reaching out, prayer, share feelings, connection with Church, Scripture/devotionals
Case 3 – family relationships, connection with Church, acceptance, share feelings, prayer, meditation
Case 4 – prayer, share feelings, self permission to cry, thankfulness for blessings
Case 5 – compliance to medical/nursing orders, prayer, Scripture/devotional, connection with Church, share feelings
Case 6 – prayer, family relationships, connection with Church, connection with friends, time with animals

Common elements of daily spiritual daily coping plan:
6 of 6 cases: prayer
5 of 6 cases: share feelings
4 of 6 cases: connection with Church
2 of 6 cases: Scripture/devotionals; family relationships; connection with friends
1 of 6 cases: calm music; helping others; social activities; reaching out; acceptance; meditation; self permission to cry; thankfulness for blessings; compliance to medical/nursing orders; time with animals.

The most common element in patients' daily spiritual coping plan in this study is prayer (6 of 6 cases). Next is sharing feelings (5 of 6 cases). After this is connection with Church, either reestablishing or maintaining ties (4 of 6 cases). Less common is reading Scripture and/or devotionals; celebrating family relationships and maintaining connectedness with friends (2 of 6 cases). Least common is calming music; helping others; social activities; reaching out; reaching acceptance; meditation; self permission to cry; thankfulness for blessings; compliance to medical/nursing orders; time with animals (1 of 6 cases).

VIII. IN CLOSING

A. VALIDATIONS

This study validated the two most common aspects of my pastoral care as a hospital Chaplain – providing an empathetic listening presence and the use of prayer. It also validated the importance for many of my patients to reconnect or maintain connection to Church communities while in the hospital, which I place great value in facilitating, if I can easily do so, but always only with consent of the patient or family. This includes making sure those placed in my care have their religious and Sacramental needs met, which often are beyond my means and authority to provide, but which are frequently available from Church and other Faith communities.

This study also validated of my conviction and practice that speaking The Word of GOD in some form during many of my patient visits is a source of comfort to those patients of Faith and a duty of my pastoral care. Celebrating family relationships and maintaining connectedness with friends was also listed in several spiritual coping plans, which validates my pastoral practice of respecting and making space for family and friends at the patient bedside as much as possible.

Less commonly used in my pastoral care are many skills and resources that appear least often in patients' spiritual coping plans in this study, but are not unimportant or ineffective. This suggests validation, in select cases, of my use of singing hymns and chanting PSALMS at the bedside; of exploring issues through a patient's favorite hymn in print form; of enabling outlets for altruistic activities for patients; of facilitating limited social activities at the bedside.

Further validation of my pastoral practice in select cases include encouraging patients to reach out, particularly regarding issues of forgiveness and reconciliation; of the use of guided image meditation of typically PSALM 23 for calming purposes; of giving patients permission, space and validation for their tears; of being open to sharing my own restrained tearfulness with patients in select cases; of encouraging patients to talk openly with their Doctors and Nurses about questions and issues related to medical/nursing care; of select use of arranging for pet therapy visits.

B. CRITIQUES

All of the patients in my study were very close to my Faith world view in religion and spirituality. This is partly a function of the more traditional community in which I minister, which is largely Christian, both Protestant and Catholic. I need to be prepared for openness with patients and families that have a dissimilar Faith from mine, who are spiritual but not religious or who have neither. This is increasingly the case with younger patients and as our society becomes more multicultural. All of my patients were English speaking. The changing nature of our society calls for hospital Chaplains to be able to use the resources available to effectively minister across language barriers as well.

The sample size of this study was extremely limited. The choosing of cases to include in my study was not objectively random, but influenced by my own subjective empathetic connectedness that I felt towards some patients more so than others. I was not able to follow up any of the patients in this study before discharge to evaluate the effectiveness of their daily spiritual coping plans, nor to see if they were in fact putting them into practice, nor to offer opportunities to revise them. I further did not design any post discharge contact to evaluate the effectiveness of daily spiritual coping plans with patients.

Lastly, my own more traditional and narrow view of support systems caused me to overlook an important possible area of spiritual assessment and connectedness. I assessed "Support" in Quadrant II of The MCSAI for "Family, Friends and Faith community." However, I did not assess for "other support groups," whether formal or informal, that might be a crucial component of the patient's support network. This might include a grief recovery group, an informal prayer group or a formalized recovery group like Alcoholics Anonymous. Support might actually be stronger than appreciated.

C. CONCLUSIONS

Saint Paul writes in EPHESIANS 5:15-16, "See then that ye walk circumspectly, not as fools, but as wise, Redeeming the time…" [20] Why? Because time is precious. Every day is a gift that is bestowed upon men from GOD in the breath of life that He sends upon us each day. This is especially so when pastoral caregivers are given a brief time to minister to those in distress. Such a precious and pressing charge of The Almighty calls those in ministry to make wise use of the time given on behalf of those in need.

It is particularly so in hospital Chaplain ministry, that pastoral care time is usually in short supply and multiple visits over time is the exception. So the question of how to best redeem the time is always paramount. There are many times outside of the emergent crisis and immediate grief support needs in hospital Chaplaincy when empowering patients to identify their own solutions and helping them develop a daily spiritual coping plan has the potential to bear much fruit.

Just as the hospital Nurse is not going home with the patient to make sure he takes his pills, the hospital Chaplain is not going home with the patient to make sure he says his prayers. For such pastoral care to be effective, those placed in our care must be in a spiritual state capable of this work and have the motivation to sufficiently invest him in such an effort.

The model of carrying out such pastoral care I offer involves the following: 1. Empathetically listening to the patient's story. 2. Doing a competent and professional spiritual assessment. 3. Providing solution-focused brief counseling. 4. Helping the patient identify and build a simple daily spiritual coping plan.

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[20] 1, KJV, EPHESIANS 5:15-16.

IX. REFERENCES

1. "King James Version [Bible]." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.

2 . "Chaplaincy Services Department, Chaplain's Orientation Manual." Chaplain Gregory A. Stoddard, D.Min, BCC, Director of Chaplaincy Services. The Reading Hospital Medical Center, West. Reading, PA. 2008.

3. "Nursing Diagnosis Handbook – A Guide to Planning Care, 7th Edition." Betty J. Ackley, MSN, EdS, RN and Gail B. Ladwig, MSN, RN, CHTP. Mosby, Inc, St. Louis, Missouri. 2006.

4. "Mount Carmel Spiritual Assessment Instrument [SAI]." Pastoral Care Department, Mount Carmel Medical Center, Columbus, Ohio. 1989.

5. Paul W. Pruyser, "The Minister as Diagnostician – Personal Problems in Pastoral Perspective." The Westminster Press, Philadelphia, PA. 1976.

6. "Solution Focused Brief Counseling – From Problem Solver to Solution Seeker." Russell A. Sabella, PhD. Florida Gulf Coast University, College of Education, Fort Myers, Florida. 2006. Retrieved 3/25/2009. http://coe.fgcu.edu/faculty/sabella/sfbc-handout.pdf

7. "SMART Goal Setting." Goal Setting Guide. Arina Nikitina. 2008. Retrieved 3/25/2009. http://www.goal-setting-guide.com/smart-goals.html