

How to Recognize a “Spiritual” Issue

1. A spiritual concern is raised in initial assessment	<ul style="list-style-type: none"> ● Intake assessment reveals that a primary concern of the patient is a spiritual matter (e.g. meaning/purpose, faith, self-esteem). ● The person says something that reveals that they <i>used to</i> have a strong faith and now <i>wish</i> it were available as a resource.
2. When a health care team member notes a person struggling with questions or deep emotions . . .	<ul style="list-style-type: none"> ● “Is there anything sacred?” ● “What is the meaning of all of this?” ● “I can handle this all by myself.” ● “Why is God doing this to me?” ● “I don't deserve this! It isn't fair!” ● “What if . . .?” or “If only . . .” ● “I can't take any more.” ● “Why me?” ● “This is hopeless.” ● “I'm all alone.” ● “Who can I trust?” ● “I can't forgive myself.”
3. At times the questions above may be masked in psycho-emotional terms. The person may actually be . . .	<ul style="list-style-type: none"> ● anxious: e.g. - facing potential discharge ● guilty: e.g. making decisions based on guilt or to avoid guilt ● shocked: e.g. - with new medical information just received ● lonely: e.g. - no family to visit ● angry: e.g. - at being hospitalized ● afraid : e.g. - the diagnosis, dying ● rebellious: e.g. - at suggested treatments / routines ● feeling unwanted & useless: e.g. - loss of independence
4. Alienation	<ul style="list-style-type: none"> ● The person is alienated from family/friends because of circumstances beyond their control.
5. When people, angry at the situation, project anger onto the staff or health care system	<ul style="list-style-type: none"> ● “Staff are just using me!” ● “Staff don't know what they are doing!” ● “Staff don't care!” ● “They don't listen to me!”
While the indicators above may alert the health care team to spiritual needs (which may be addressed by a variety of people – physicians, nurses, social workers, volunteers, family members, other staff, parish clergy), there are times when our Spiritual Care staff are often called. E.g.:	
6. When a person is actively dying	<ul style="list-style-type: none"> ● To be with the person. ● To be with the family as they begin/continue their grief process. ● To assist health-care team members to deal with this event.
7. When staff senses that the presence of a spiritual care professional with the person or family would be helpful	<ul style="list-style-type: none"> ● Because a person (or their family member) requests it. ● Because there is a major change in the person's condition. The person becomes more upset than usual, or more withdrawn, etc. ● When staff find it difficult working with a family or family members. (Families, out of their own guilt at institutionalizing a loved one, may add great stress to staff caring for that person.)
8. For religious rites	<ul style="list-style-type: none"> ● The person is requesting religious rites (Spiritual Care staff will seek to contact clergy from the person's faith community, but may offer such services in emergencies).
9. Chaplains are also available to staff to talk about . . .	<ul style="list-style-type: none"> ● Spiritual / ethical /religious matters. ● Grieving the loss of a person or one of their own family members. ● Other issues which may come up.