Numerous polls and studies have documented the fact that most Americans believe that spirituality plays an important role in their health and quality of life. Spirituality is often used interchangeably with religion, although the terms are not synonymous. Whereas religion refers to a set doctrine of faith and guiding moral principles, spirituality can encompass many different concepts, including belief in a higher power that works in the universe, a sense of interconnectedness with all living things, or simply an awareness of the purpose and meaning of life. Although it shares many aspects with various forms of religion, spirituality can be nurtured outside religion; in fact, some agnostics and atheists may choose to describe themselves as "spiritual."

If the majority of patients seen in U.S. hospitals view prayer and spirituality as a component of healing and health, can physicians and other clinicians attend to this aspect of health care without understanding their own feelings on the subject? Mission—and through it, spirituality—purports to play a significant role in Catholic health care. But if the practitioners in a Catholic facility do not incorporate that aspect into the care they provide, what use does the facility’s mission statement serve?

**Spirituality at Avera Health**

Avera Health, based in Sioux Falls, SD, is a regional health care system with four main facilities and more than 100 smaller locations in the upper Midwest. To Avera, spirituality is a vital part of healing. But incorporating spirituality in physicians’ work there has been the result less of a specific, targeted effort than of infusing spirituality at every level of the system—and letting physicians explore the concept in their own ways.

Bob Voglewede, Avera’s senior vice president of mission services, recalls that the current focus on spirituality began developing organically almost a decade ago. At that time, Michael McVay, MD, a physician at Yankton Medical Clinic, Yankton, SD, asked Voglewede about opportunities for physicians to approach the topic of spirituality. “I was doing something with managers around spirituality at Avera at that time, so I said I would be privileged to meet with him to discuss this further,” recalled Voglewede. “What grew out of that initial conversation was an informal group of physicians that began meeting once a month to discuss issues relevant to spirituality. As word traveled, two other groups of physicians connected with Avera formed for the same purpose.”

Now officially referred to as “physician spirituality/reflection groups,” these three groups have been meeting monthly from September through May for the last six to eight years. Membership is
informal and voluntary. Each group has both core members who have stayed through the years and others who attend when possible. As many as 14 of the latter may come to a given meeting.

The groups are based at McGreevy Clinic in Sioux Falls, SD; Brown Clinic in Watertown, SD; and Avera Sacred Heart Hospital in Yankton. Brown Clinic, although not an Avera facility, is an independent hospital with a strong relationship with Avera Health. The Avera Sacred Heart group has members from the Yankton Medical Clinic, as well as from the hospital, and is open to nurses and pastoral care chaplains.

Readings are an important part of the groups’ agendas (see Box), and a wide variety of topics is open for discussion. “We don’t want it to be just about religion,” said Patricia Peters, MD, the facilitator of the McGreevy Clinic group. “We cover literature, history, politics, wars, the Holocaust, Gandhi—we are never at a loss for topics. As we discuss these things, we learn more about ourselves, which makes us better doctors and better human beings.”

Clark Likness, MD, group facilitator for the Brown Clinic, agreed that discussion is at the heart of the groups’ purpose. “We look at every side of the physician’s perspective and practice; we look at how situations affect us, asking what we have learned from each other, such as how to approach anger, medical mistakes, and tough ethical issues.”

Likness, a former Avera board member, explains how his participation in board meetings left an impression and influenced his decision to start a reflection group in Watertown. “Bob [Voglewede’s] mission sessions at the start of every board meeting, which lasted 20 to 30 minutes, were very, very moving,” Likness said. “They dealt with bioethics, care of the poor, and personal dilemmas; they always put us in the focus of what Avera Health should be doing in light of hospitality, compassion, and stewardship. He always focused on mission-driven values.

**SUMMARY**

Avera Health, Sioux Falls, SD, is committed to providing opportunities for physicians to grow spiritually as well as professionally. This commitment has resulted in several initiatives, among which are the formation of several spirituality/reflection groups for doctors and the practice of beginning physician council meetings with sessions on mission.

In a round-robin discussion accompanying the article, several leaders of physician spirituality/reflection groups explain how Avera’s emphasis on spirituality has helped them avoid burnout and become better doctors. A list of suggested readings used by the reflection groups reveals the diversity of topics that can fall under the heading of “spirituality.”

**Suggested Readings for Physicians**

- Olsen, Arthur, et al, eds., The Call to Care: Dimensions, Dilemmas, and Directions of Caring, Ex Machina Publishing for the Center for Ethics and Caring at Sioux Valley Hospital, Sioux Falls, SD, 2003.

In addition, the groups have been reading articles from Health Progress and other publications. They also discussed the Avera Health publication Caring Voices, a collection of 15 essays by people who have been involved in various ways with dying and death. A limited number of copies are available. Avera has produced an 18-minute video detailing how mission and spirituality are expressed in the system. The video is available at www.chausa.org/mem/mainnav/missionintegration/currentinitiatives/physicians/miprministryinitiatives.htm.

For more information, contact Bob Voglewede at Avera Health (605-322-4708).
Making Room for Spirituality

Avera’s continual focus is on who they are, what they’re about, and why they do what they do. Vogelweide himself attributes the development and continued popularity of these groups to the physician leaders, whom he calls the “secret” to the success of the meetings. “I think it’s because there isn’t an opportunity to talk and share like this anywhere else. The physicians value the opportunity to share in a setting where no one is trying to impress anyone else.”

**Representative Councils**

Another way that Avera has encouraged physician spirituality is by devoting time to it at every bimonthly meeting of its two Representative Councils, which are composed of one physician from every clinic affiliated with Avera McKennan Hospital, Sioux Falls. (The councils currently have 18 members from clinics in Sioux Falls and 15 members from small town rural clinics at some distance from Sioux Falls).

David Flicek, vice president of clinic operations at Avera McKennan, sets aside the first 30 minutes of each of these groups’ meetings for a structured discussion of mission-oriented topics, such as religious diversity or case studies concerning care of the poor. Facilitation rotates from physician to physician with each meeting, which is begun with a reflection or prayer.

“Some of these physicians are from isolated rural sites, up to 175 miles away,” said Flicek. “These discussions give them a sense of unity, that they are not the only ones dealing with specific issues. It helps them know they are connected to the mission and to the organization through each other.” New members to the council tend to be quiet and assess the situation before participating. “All physicians are invited to share their experiences,” said Flicek. “And once they realize it’s a safe environment, just about every-

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**Physician Roundtable**

The leaders of the physician reflection groups that grew from Avera’s nurturing of a culture of spirituality agreed to speak with Health Progress about their experiences and insights into sharing and discussing personal opinions with peers in an open, informal environment. Patricia Peters, MD, is a physician with McGreevy Clinic in Sioux Falls; Clark Likness, MD, is a physician with Brown Clinic in Watertown; and Michael McVay, MD, is a physician with Yankton Medical Clinic.

Health Progress: How have you benefited from participating in these reflection groups?

Likness: I’m a better person— at times more empathetic, more caring. I know myself and my own barriers and limitations better. I’ve learned I don’t have to know everything. Part of being a better physician is knowing your limitations. I’m a small part of God’s work—it helps me move forward from patient to patient and avoid burnout.

McVay: I have found deeper meaning for myself. Before, I was trying to look at how to connect to patients on certain core faith beliefs. But I found that when a patient is suffering from an illness, the way to approach it is to find out what gives meaning to the patient. This experience has given me the framework to ask the right questions.

Peters: I find it personally and professionally rewarding, not just in the doctor/patient relationship, but in the human/human relationship. It spills over into other aspects of life as well; we talk about so many topics that involve the greater world, which is important because not everyone is just like us.

Likness: Renewal is a huge part of this—supporting each other by discussing cases of sudden death and dying, for example. Sometimes you do everything you can but get a bad outcome. Those really hurt, and you wonder if there was more you could have done. This program helps me to not get angry or frustrated, to recognize that God is with us every day.

Health Progress: Do you think a better appreciation of spirituality is important to physicians?

McVay: Physicians are the hardest group to crack; some are too busy, some feel threatened by the topic of spirituality. But for the most part, that’s because of the culture of medicine.

Peters: Sometimes our experience and treatment in medical school and residency affects how we view medicine today—especially women, who may have had a rough go. In this group there are times we can visit that topic.

McVay: Competition intensifies with residency. Young doctors become more...
After hearing more than seven years of physician feedback, Flicek knows that council members are happy that a meeting's first focus is on mission. "The doctors really appreciate the fact that we discuss spirituality, not just the bottom line. The day-to-day life of the physician may feel like all paperwork, all business, and worry about the bills being paid. Taking time to reflect on why they are physicians makes them feel good."

The expectation of Representative Council meetings is that participating physicians will take what they have experienced back to their own clinics. "When they go back to their day-to-day grind, how can they incorporate what they have experienced here with their partners?" said Flicek. "The councils have started talking about how to move these conversations into the local clinics. We are trying to get that dialogue going. We want to foster physician-to-physician discussion to get the mission deeper within the medical staff."

Cultivating an atmosphere that encourages spirituality has reaped benefits for the system as well as the physicians. "I think it builds a certain loyalty to Avera, a certain appreciation of Avera for supporting this opportunity for reflection," Voglewede said. "It nourishes people, and they appreciate that.

"People tell us that we are different from our competitors," he continued. "Everyone at Avera has a sense of what that means; it's spiritual, it's interpersonal, it's the way we treat one another. If we're going to continue that tradition, we have to spend time thinking and talking about how we do it. For that we need physician leaders—physicians who get it, appreciate it, and will speak up for it. Physicians need to think about spirituality and be conscious of and nurture this kind of culture."