

that it took such a drastic event to bring the family together. We learned and witnessed, even at the time of approaching death, that Dana was an extremely strong-willed and generous person. She said she wished she could take all of the family's illnesses with her, so no one else had to go through the suffering she experienced.

Adding to all we have learned from this book, we have come away with a deeper understanding of palliative care. When palliative care was mentioned to

us as an option for Dana's health care, we really were not sure what it meant. From Keyssar we learned that palliative care is about relieving suffering, whether a person is in hospice care or not.

Keyssar's recommendations validated for us that we were taking the right approach to Dana's last days. We visited Dana at her home in Oklahoma at least once a month. Encouraged and inspired by *Last Acts of Kindness*, we strove to go where our hearts led us during this sacred time for our family.

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## WINDOWS TO AN ORGANIZATION'S SOUL

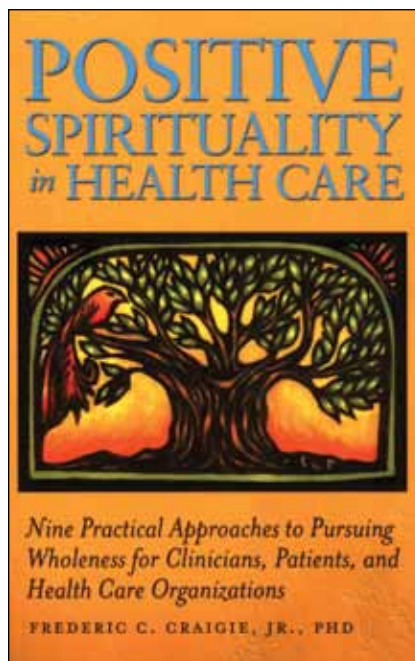
BY MARY JO QUICK, RN, M.H.A.

*"We all have the power within us for doing good."*

The Venerable Mary Potter, founder,  
Little Company of Mary Sisters

I begin this review with this quote from the founder of an international community of women religious because it captures a continuous thread that runs through *Positive Spirituality in Health Care*. The author, Frederic C. Craigie, Jr., not only encourages all caregivers to support patients, their families and their colleagues through deeper conversations, but also challenges us to notice how often we are already doing it and to recognize the significance of the outcomes.

Craigie is a list-maker, as his subtitle indicates. In his first four chapters, he cites four research studies on spirituality (cross-sectional studies, longitudinal studies, meta-analytic reviews and intervention studies) demonstrating the positive medical and emotional health outcomes of people who attest to a strong faith life, religious connections, awareness of being prayed for, and so on. He also provides a number of definitions and dimensions of spiritu-



**POSITIVE SPIRITUALITY IN HEALTH CARE**  
NINE PRACTICAL APPROACHES TO PURSUING  
WHOLENESS FOR CLINICIANS, PATIENTS, AND  
HEALTH CARE ORGANIZATIONS

BY FREDERIC C. CRAIGIE, JR.

Mill City Press

412 pages, \$21.95

ality and invites us to reflect on what it means and why it matters. He expresses great confidence in the idea that we have opportunities to open spiritual conversations with patients. Unexpectedly, he writes, our seemingly non-spiritual questions may open windows on patients' thoughts about meaning and purpose in the context of their immediate health realities.

In a particularly helpful section, Craigie frames "three arenas of spiritual care": the personal, the clinical and the organizational, arenas that offer opportunities for formation in working with staff, managers, executives and physicians. For example, he quotes pediatrician Robert A. Prendergast, MD, on the personal arena:

*"I have to be a person of integrity, grounded in compassion and the intention to be a channel of healing for my patients ... it starts with me."*

In exploring the clinical arena, Craigie emphasizes the significance of an earlier definition of spirituality: "helping patients connect with the things that

*really matter to them.*” He provides many anecdotal examples of how physicians and health care workers facilitate discussions with patients through *intention and presence* even though they may not think of their work with patients in terms of specific “spiritual skills.”

He devotes a good amount of attention to spiritual care professionals, those chaplains, clergy and spiritual directors who, by virtue of their background in theology and pastoral education and their training, possess tools for spiritual care, such as an understanding of sacred texts and the ability to plan and oversee sacred rituals. He continues to reiterate, however the ability and opportunity for all health care workers — not just these “spiritual experts” — to positively contribute to spiritual re-

lationships with their patients.

In the organizational arena, the “organizational soul” addresses the culture of a place and questions around mission integration, staff empowerment, patient satisfaction and quality outcomes. Having worked in health care myself for more than 30 years, I know that the spiritual environment of the workplace affects every person and every outcome. Craigie cites research studies to back that up, demonstrating the importance of organizational spirituality in developing “soulful organizations.”

As Chapters 5 through 10 unfold, they provide abundant resources for any health care leader, physician and staff person. These include strategies, templates and goals. Examples of narrative exchanges between patient and

providers invite readers to reflect on the possibility of missed opportunities in their own encounters.

The final four chapters continue to teach, remind and encourage through examples: quotes from many beloved authors, humanitarians and human rights activists demonstrating that our own humanity and lived experiences, coupled with our clinical and professional backgrounds, give us not only the “stuff” we need to be spiritual healers, but the responsibility as well.

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