

# THE SPIRITUAL SIDE OF ILLNESS

## *Spirit Care Process Implements a Systematic Approach to Spiritual Healthcare*

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Although “holistic care”—care of the body, mind, and spirit—has become a familiar medical phrase in the 1990s, genuine care of the whole person may in fact be less available today than formerly. This is certainly the way many patients see it. According to a recent focus group study, “the increasing corporatization of healthcare in structure, behavior, language and communication strongly conflicts with people’s deep-seated perception of healthcare as a human service that touches their hopes, fears, and deep emotions.”<sup>1</sup>

As a group of Catholic system executives and sponsors reiterated last fall, Catholic healthcare remains dedicated to “spirituality and healing, as opposed to just ‘curing.’”<sup>2</sup> However, the knotty question is: How can a healthcare organization deliver spiritual healthcare and create a culture of healing?

Spirit Care, a process created in 1996 by the Daughters of Charity National Health System—South Division, St. Louis, has developed one response to this question (see Sr. Marie Agnew, “‘Spirit Care’ Treats Both Soul and Body,” *Health Progress*, July-August 1998, pp. 76-77 and 85).

### **SPIRIT CARE’S APPROACH**

Spirit Care’s approach has four components.

**It Defines Spiritual Disease and Describes the Behaviors That Foster Spiritual Healthcare** The dictionary defines disease (dis-ease) as “a condition . . . that impairs normal functioning.”<sup>3</sup> Spiritual disease is lack of hope, purpose, and meaning and a sense of lost connections to family and community.

Effective treatment of spiritual disease requires respecting people as they are in the context of their day-to-day lives. How this is done is essential to spiritual care. Spirit Care encourages care-

givers to develop their own personal compassionate behaviors.

**It Assigns Responsibility for the Provision of Spiritual Healthcare** In the Spirit Care approach, everyone connected with a healthcare facility is responsible for spiritual healthcare. Sponsors, board members, and managers should promote it. Caregivers and support workers should be aware of the ways it is delivered—or not delivered—through their behaviors. An organization with a common vision of spiritual healthcare, and whose members thoroughly understand its importance, is well on the way to fashioning a culture of healing.

**It Shows How a Common Vision Can Be Realized** An organization’s members begin to share a common vision of spiritual healthcare as they realize that spiritual disease interferes with the overall healing process. Spirit Care videos help caregivers think about spiritual disease. They also provide a vocabulary of the terms used in discussing spiritual healthcare and a description of the behaviors used in treating it.

**It Demonstrates How an Organization Can Identify and Address Spiritual Healthcare Issues on a Day-to-Day Basis** Most spiritual healthcare issues manifest themselves in the daily work world. If spiritual disease is a lack of hope, purpose, meaning, and connectedness, one must ask: Where in the everyday life of the organization or community are these

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symptoms found? The answer will make the spiritual issue concrete and enable the spiritual caregivers to:

- Design a plan of action based on such respect
- Design a set of outcomes that tracks spiritual healing

### A 10-STEP ACTION PLAN

Following is a suggested plan for implementing a spiritual care program:

- Designate a spiritual care champion (or champions) at a high leadership level.

- Show the Spirit Care videos *An Invitation to Healing* or *Called to Care*<sup>4</sup> to sponsors, board members, the leadership team, and others at a meeting or retreat. Then ask the audience: What constitutes spiritual healthcare delivery in our organization?

- Ask department heads to show the video at staff meetings. Engage in a brief discussion in which department members talk about their own understanding of spiritual healthcare delivery. (The videos offer sample questions.) Arrange a follow-up session at which department members provide feedback on the initial meeting. Keep the sessions brief and focused.

- Identify interested staff members and invite them to form a Spirit Care team.

- Ask the team to identify a spiritual healthcare issue. Begin by asking them where, in the organization or community, there seems to be a particularly severe loss of hope, purpose, or meaning. Once team members have identified a target problem, ask them: What can we do about it? (Be specific here.) What outcomes would we like to see? How can we measure these objectives? Are there other community organizations we might seek as partners in this effort? (If so, invite them to join the team.)

- Ask other staff members to support

the team. Celebrate its success.


- Organize additional teams, as needed, to address other spiritual healthcare issues.

- Include a showing of the *Called to Care* video in the orientation of new board members, employees, and volunteers.

- Involve mission, pastoral care, and human resources staff members in identifying and addressing spiritual healthcare issues, thereby deepening the common vision. Keep the process growing and expanding.

- Do not follow these steps slavishly. Be creative. Adapt them to fit your own organization.

Once an organization has developed strong, ongoing efforts to promote conscious spiritual healthcare behaviors in its staff members, a healing culture will begin to thrive there and the mission and values of the Catholic health ministry will flourish. □

 For more information about Spirit Care and its videos and other resources, contact Sr. Marie Agnew, DC, 801 N. 2nd St., Suite 306, St. Louis, MO 63102; phone: 314-436-4033; fax: 314-436-8519.

### NOTES

1. American Hospital Association, *Reality Check II: More Public Perceptions of Health Care, Change and Hospitals*, 1998, p. 13.
2. "CHA System Execs, Sponsors Grapple with Catholic Identity," *Catholic Health World*, November 15, 1998, p. 1.
3. *Merriam-Webster's Collegiate Dictionary*, 10th ed., Springfield, MA, 1993, p. 332.
4. Both produced by the Daughters of Charity National Health System—South Division, St. Louis, 1998. *Called to Care*, a companion to *An Invitation to Healing*, was designed for professional groups to use as a discussion starter or opening reflection. It describes behaviors fostered by the Spirit Care process.

## WHY INVEST IN OTHERS' NATIONS' HEALTH?

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Republic, China, Sierra Leone, and Angola. To date, more than 600 women religious and lay workers have been trained.

**Collaboration with Other Relief Agencies** In 1995 Seton and DCNHS joined Catholic Relief Services (CRS), Baltimore, in reestablishing a hospital in Balombo, Angola. That project was so successful that Daughters of Charity from several counties have now established a permanent house there; the sisters and CRS still operate the hospital, despite a continuing civil war.

Seton also seeks opportunities for collaboration with other international healthcare relief organizations. In fact, it is one of eight members of the newly organized Consortium for International Health Services, which also includes Catholic Health East, Newtown Square, PA; Catholic Health Initiatives, Denver; Catholic Healthcare Partners, Cincinnati; the Catholic Medical Mission Board, New York City; CRS; Mercy Health Services, Farmington Hills, MI; and the Sisters of Providence Health System, Seattle.

### LIKE THE LOAVES AND FISHES

Human justice and compassion forbid us to ignore the suffering of our brothers and sisters, whether they live around the corner or on the other side of the globe. The Gospels teach us that if we trust God and are wholeheartedly generous in sharing our resources—no matter how limited they appear—those resources will multiply, like the loaves and fishes with which Christ fed the multitude. □

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