National Association of Catholic Chaplains

August 21, 2022

Chaplain Teresa Durbak Sipos DMin, RN

Background music

“God Taught Me” by Zauntee

Free download

https://www.youtube.com/watch?v=jZNlBi3q18c
As a result of this workshop, participants will:

1. Articulate the value of NACC Nurse-Chaplain Call Group and nurse-chaplain partnerships.

2. Describe how to train and encourage nurses as partners in the provision of spiritual care.

3. List the benefits vs. risks of nurses assisting in provision of spiritual care, especially during the COVID-19 pandemic.

Presenter will provide research data results from student nurse surveys regarding the development of educational interventions for the call of teaching nurses to provide spiritual care during the COVID-19 pandemic crisis.

‘Three theological pillars to be discussed include grace, the benefit of suffering, and the nurses’ holy vocation with supportive church documents, e.g. *Salvifici Doloris*, *Gaudium Et Spes*, *Lumen Gentium*, and *Mulieris Dignitatem*.

This educational intervention was developed as part of the requirement for the St. Mary Seminary and Graduate School of Theology Doctor of Ministry program, near Cleveland, Ohio.
As you listen to this presentation as a Chaplain, seek to understand the frame of reference of your healthcare partner, the nurse. Before engaging nurses as partners in hospital ministry, listen to the research background of nurses. Be aware of nurses’ lack of theological or spiritual education to the detriment of nurses and patients. You are in a position to teach, partner, co-minster and mentor.
THESIS

To synthesize Roman Catholic theology into reflective holistic nursing praxis in order to provide spiritual healthcare.

THEOLOGY
PASTORAL AND MORAL THEOLOGY

RESEARCH
BASELINE NEEDS ASSESSMENT OF STUDENT NURSES

RESULTS
DEVELOPMENT OF A 12-HOUR COURSE FOR NURSES AND HEALTHCARE WORKERS

IMAGO DEI IMAGE OF GOD

DIGNITY
Holy Spirit imparted within each person

RESPECT
Therefore, each person is to be treated reverently, as sacred, holy, because all persons belong to God and are made in His image.

EVERY PERSON IS
an immortal embodied soul created by God. A person’s soul is the innermost aspect made in God’s image.

CCC 336
THEOLOGICAL PILLARS

Prevenient Grace
Benefits of Suffering
Holiness: Holy Vocation

Grace
Benefits of Suffering
Holiness: Holy Vocation

1ST THEOLOGICAL PILLAR: GRACE
Grace is love, the free and undeserved help that God gives us to respond to his call… special graces called charisms…meaning ‘favor,’ ‘gratuitous gift,’ “benefit…sometimes it is extraordinary…and are intended for the common good of the church.” CCC 1996

Theologian Dom Anscar

Grace can be described as “additional helps given by God to the soul, the Divine Assistance that helps us in our spiritual life at a given moment, in a given difficulty”.

PREVENIENT GRACE AND PRAYER

“Every time we begin to pray to Jesus it is the Holy Spirit who draws us on the way of prayer by his prevenient grace.” CCC 2670

Karl Rahner

• all are created to hear God and to discern
• IT IS UP TO GOD TO DECIDE HOW WE ARE TO HEAR HIM
• ATTUNEMENT OR RECEPTIVITY
• HEARING GOD, IS GRACE

FORGIVENESS AND RECONCILIATION

An examination of conscience and after prayerful reflection, Catholics have the benefit of grace which enables a “conversion of the heart, interior conversion” CCC 359

FRUIT AND GIFTS OF THE SPIRIT

• Character of God e.g. Love
• Gifts of God, e.g. Wisdom

Prevenient Grace
Benefits of Suffering
Holiness: Holy Vocation

2ND THEOLOGICAL PILLAR: SUFFERING
SUFFERING

GAUDIUM ET SPES

“poisons” or crimes; vs described hope as “throwing the light of the Gospel on them and supplying humanity with the saving resources which the church has received from its founder under the prompting of the Holy Spirit.”

SALVIFICI DOLORIS

The Good Samaritan parable related to nurses. “How much there is of ‘the Good Samaritan’ in the profession of the doctor, or the nurse, or others similar!” SD, 29.

ST. POPE JOHN PAUL II

trampling upon the basic rights of the human person; “pain in the soul” needs more than traditional medical treatment

JOB

But he saves the unfortunate through their affliction, and instructs them through distress” (Job 36:15 NAB)

THEOLOGIAN PASCAL PARENTE

“When suffering is accompanied by the love of God, it seems to lose the meaning of punishment... under the purging and satisfying effect of divine love, was turned into gold of supernatural merit, into a just claim to a crown of glory and to never-ending joy.”

TYPES OF SUFFERING

SELF

From one’s own hands due to mistakes or intentional sin, or from omission or failure to do good

OTHERS

By another’s hands, whether by negligence, omission of doing good, or purposeful sin

EVIL

Deception, ignorance or fear requiring Divine Assistance
TYPES OF SUFFERING (CONT’D)

CORRECTIVE SUFFERING, ALLOWED BY GOD, FOR GOOD

TEACHES
The Discipline of the Lord, do not spurn...For whom the Lord loves, he reproves Prov. 3:11-12

REDEEMS
Value of redemptive suffering, sacrificial love, later realize helpful and only God “can turn all things to the good” Rm 8:28

TRANSCENDS
Parente: “God’s transcendent wisdom, power, and providence...when accompanied by the love of God, loses meaning of punishment...purging...the gold of supernatural merit”
HOLINESS

LUMEN GENTIUM
“perfect in their lives that holiness which they have received from God. They are told by the apostle to live ‘as is fitting among saints’ (Eph 5:3), and ‘as God’s chosen ones, holy and beloved, to show compassion, kindness, lowliness, meekness, and patience’ (Col 3:12), to have the fruits of the Spirit [see Gal 5:22, Rom 6:22] for their sanctification” LG 40

ST. THOMAS AQUINAS
links holiness with habits or virtues: “We come now to the consideration of habits specifically. And since habits, as we have said are divided into good and bad, we must speak in the first place of good habits, which are virtues, and other matters connected with them, namely the Gifts, Beatitudes, and Fruits
MOTHER TERESA: be a transparent vessel

THEOLOGIAN SERVAIS PINCKAERS
The Beatitudes leads to happiness

SALVIFICI DOLORES
Pope St. Pope John Paul II comments on the meaning of holiness: Jesus explained with great simplicity what it means to be holy when he gave us the Beatitudes (cf. Mt 5:3-12; Lk 6:20-23). In the Beatitudes, we find a portrait of the Master, which we are called to reflect in our daily lives

NURSE’S HOLY VOCATION
Grace
Suffering
Holiness
Transforms the nurse

HOLY VOCATION
4 SURVEYS

PROJECT RESEARCH

8 THEMES

PHQ-9
DEPRESSION, SUICIDE, SUFFERING

SPIRITUAL CARE FOR NURSING
48% INTERESTED IN A COURSE ON SPIRITUAL HEALTHCARE (35% NEUTRAL)

SPIRITUAL BELIEF SURVEY
70% BELIEVE SPIRITUAL INTERVENTIONS IMPROVED PATIENT OUTCOMES 63% EFFECTIVE FOR SNS

PEER SURVEY
100% NURSING SCHOOLS SHOULD TEACH HOW TO PROVIDE SPIRITUAL CARE. 90% PEERS WANT A COURSE

3/30/2022

19

PROJECT THEMES

1. SN BASELINE KNOWLEDGE
50% SN self-rated themselves as knowledgeable about faith and spiritual beliefs, 97% responded with appropriate interventions

2. SPIRITUAL DISTRESS DX
58% SNs agree that Spiritual Distress is an approved nursing diagnosis (authorizes nurses to provide spiritual care). 76% of PEERS agreed

3. RESPECT OTHER RELIGIONS
98% strongly agree or agree to respect for other religions

4. PROFESSIONAL BOUNDARIES
89% SNs strongly agree or agree that they would not push their spiritual beliefs on others

3/30/2022

20
5. SN BIAS ETHICAL CONCERN?

Respect other faith/spiritual beliefs other than my own: 89% strongly agree or agree

6. CONFLICT BETWEEN SN BELIEFS AND PATIENT BELIEFS

Concern about SNs without faith, however 80% endorse personal faith and 81% believe spiritual interventions are r/t positive health outcomes

7. SN SPIRITUAL BELIEFS

74% strongly agree or agree that “my faith/spiritual beliefs are important to me”

Additional theme emerged: Nurses’ suffering measured as depression (PRE-COVID)

RESEARCH

33% current SNs reported current or past treatment for depression
95% PEERS agree that nurses suffer depression
California HEALER study reported up to 97% nurse depression for self-referred nurses assessed by the PHQ-9 questionnaire

INTERVENTION

JAMA PSYCHIATRY article reported 5-7 fold decrease in nurse’s suicide who attended a religious service once a week.

Life-saving: TEACH NURSES SPIRITUAL INTERVENTIONS FOR THEMSELVES FIRST, NOT JUST AS CAREGIVERS
THEOLOGY EDUCATION
SPIRITUAL INTERVENTIONS

FRUIT AND GIFTS
OF THE HOLY SPIRIT
Introduce SN, apply to nursing practice e.g., Love=Listen=Leave the nurse’s station

VIRTUES
Faith, Hope and Love
Especially focus on the meaning of Prudence, Courage, Justice, Temperance

BEATITUDES
Teach as a path to happiness (Pinckaers) e.g., merciful, pure of heart, peacemakers

ETHICAL RELIGIOUS
DIRECTIVES
Free download, added to syllabus, to be discussed in course and mention free bioethics consults

WORKS OF MERCY
Teach, affirm, and discuss Spiritual and Corporal Works of Mercy (that most nurses are already doing daily, but unaware) e.g., feed the hungry, drink to the thirsty, clothe the naked, shelter the homeless, visit the sick, visit the imprisoned, bury the dead

THE PURPOSE OF THESE DIRECTIVES is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today. Most nurses unaware of this teaching.

3 OF 6 CATEGORIES THAT OVERLAP WITH THIS NURSE EDUCATION PROJECT ARE:

1) the commitment to promote and defend human dignity
2) responsibility for the spiritual dimensions of the person
3) the professional-patient relationship, which is the holy vocation of nurses

INTERVENTION: 12-HOUR INTERACTIVE COURSE

COURSE CONTENT

• I. Grace
  • Fruits and Gifts of HS
  • Reflection
  • group process
  • communication skills
• II. Suffering
  • Forgiveness
  • Prayer
  • Listening presence
  • Resources
  • Praise and Worship
• III. Holy Vocation
  • Virtues
  • Works of Mercy
  • Beatitudes

SUGGESTED ACTIVITIES

• Develop and Spiritual Distress Nursing Care Plan*
• Attend an outside religious service
• Introduce Ethical Religious Directives
• Individual Reflection, Group Process
• Research article
• Class Presentations

SPIRITUAL DISTRESS*

NANDA DEFINITION
Impaired ability to experience and interpret the meaning and purpose of life through connection with self, others, art, music, literature, nature, or a power greater than one’s own self. Treats patient suffering.

RESEARCH RESULTS
SCN 58% student nurses strongly agree or agree and 76% PEER endorse nursing diagnosis Spiritual Distress which authorizes nurses to provide spiritual care.
Most patients respond well to the following supportive pastoral interventions while providing temporary, emergent spiritual care:

- A compassionate listening presence;
- Being treated with dignity, respect, and kindness;
- Assistance in facilitating contact with loved ones;
- Requests for written faith-based materials including the Word of God found in Bibles, daily meditation booklets, and other inspirational readings;
- Occasional humorous relief;
- Praise and worship music that lifts a patient’s mood;
- Prayer to uplift patients’ souls and give hope.

For Catholic patients, nurses serving as on-site Eucharistic Ministers providing Holy Communion is vital.

Sometimes patients may want to discuss, process, and reflect on the meaning of their current healthcare crisis.

If available and patients are able, attending or viewing a worship service provides much needed spiritual support while hospitalized.

* Example from this chaplain: Psych patient in restraints often (high risk for injury to staff and patient), patient has great deal of faith. Prayed with patient The Lord’s Prayer—patient joined in and was quickly released from restraint and seclusion, back in right mind. Created a Spiritual Distress Nursing Care Plan.

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**SUMMARIZE KEY RESEARCH**

1. My faith/spiritual beliefs are important to me 28 (45%) 18 (29%) 9 (14.5%) 6 (9.7%) 1 (1.6%)

2. My faith/spiritual beliefs help me cope with problems effectively 24 (38.7%) 17 (27.4%) 12 (19.3%) 8 (12.9%) 2 (3%)

3. I have no faith/spiritual belief 4 (6.5%) 6 (9.7%) 15 (24%) 35 (56%)

4. Spiritual Distress is a NANDA approved Nursing Diagnosis 11 (17.7%) 25 (40%) 24 (38.7%) 2 (3%) 0

5. I am comfortable providing spiritual care 13 (21%) 23 (37.7%) 16 (26%) 6 (9.8%) 3 (4.9%)

6. I pray for others 24 (40%) 17 (28.3%) 10 (16.6%) 7 (11.6%) 2 (3.3%)

7. I would never push my faith/spiritual beliefs upon others 45 (72.5%) 10 (16%) 4 (6.5%) 3 (4.8%) 0

8. Faith/spiritual beliefs are an important part of holistic healthcare 26 (42.6%) 26 (42.6%) 9 (14.7%) 0 0

**RESEARCH SURVEY RESULTS**

Very encouraging SN spirituality research results (have faith and willingness)

**NURSE CHAPLAIN PARTNERSHIPS**

#1: EDUCATION NEEDED FOR NURSES ON ERD’S, THEOLOGY, ROLE OF CHAPLAIN, ROLE OF NURSE

**CHALLENGES AND OPPORTUNITIES**

Opportunity: tag current moral injury nursing research r/t covid; note previous spiritual distress research studies pre-covid
9. Faith/spiritual beliefs are related to positive health outcomes
27 (42.8%) 24 (38%) 12 (19%) 0 0

10. I respect other faith/spiritual belief backgrounds other than my own
48 (77.4%) 13 (21%) 1 (1.6%) 0 0

11. I am very knowledgeable about faith/spiritual beliefs
10 (15.8%) 22 (35%) 18 (28.5%) 12 (19%) 1 (1.5%)

12. I practice my faith/spiritual beliefs on a regular basis
22 (35%) 8 (13%) 21 (34%) 7 (11%) 3 (4.9%)

13. I would be interested in a course on Spiritual Healthcare
14 (22.5%) 16 (25.8%) 22 (35%) 9 (14.5%) 1 (1.6%)

14. A Campus Minister/Chaplain would be beneficial for students
15 (25%) 26 (42.6%) 19 (31%) 1 (1.6%) 0

I practice my faith/beliefs: Daily 21 (47%) Weekly 5 (11%)
Monthly 2 (4%) Occasionally 14 (31%) Never 3 (7%)

RESEARCH RESOURCES


One of two key articles cited for project. "In cohorts of US women, frequent religious service attendance was associated with a significantly lower suicide rate". Pulls data from the Nurses’ Health Study of 89,708 nurses aged 30–55 years from 1992-1996 and states a five-fold lower suicide rate for women in the study who attended religious services once per week, compared to women in the study who never attended a religious service. Note seven-fold decrease in suicide rate for Catholic nurses who attended a weekly religious service. Formerly called “The Harvard Nurses’ Study".

One of two key articles for this ministry research project. Abstract begins with "Our goal is to break through the culture of silence regarding suicide among nurses so that realistic and accurate appraisals of risk can be established, and preventative measures can be developed." Describes a Healer Education Assessment and Referral (HEAR) program for suicide prevention of several professions, which eventually included nurses. Of those who self-referred participation in the screening "97% of the 184 nurses...were found to be moderate or high risk [of depression]." Disclaimer states: "This paper is intended to help inform and stimulate discussion". Results of this study will be taught to student nurses.


Free open access dissertation surveying 206 nursing faculty participants, centering on four research questions: What are nursing faculty's understanding of the terms spirituality and spiritual care? How does nursing faculty perceive their ability to teach spirituality to nursing students? How does nursing faculty integrate spirituality education in the nursing curriculum? and Do faculty members feel that they receive sufficient support and guidance in teaching related to spirituality and spiritual care? Author utilized the same nursing diagnosis, Spiritual Distress, as this researcher with similar survey questions. Concluding remarks helpful to this researcher's ministry project—spiritual care not taught because nursing faculty were not taught.

Religion Responses for 2019 CSCC SN and 2019 Pew Research of US Adults

<table>
<thead>
<tr>
<th>Religion</th>
<th>2019 CSCC SN</th>
<th>2019 Pew US Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Total (includes NDC(9%) and Catholic (15%))</td>
<td>42%</td>
<td>65%</td>
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<tr>
<td>Higher Power</td>
<td>15%</td>
<td></td>
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<tr>
<td>“Nothing in particular” or uninvolved/NRNS: no current faith, no affiliation [or the Nones]</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>SNR**</td>
<td>12%</td>
<td></td>
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<tr>
<td>“God”</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Agnostic</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Atheist</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Muslim</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Jewish</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Don’t know/refused</td>
<td>2%</td>
<td></td>
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</tbody>
</table>

Today’s nursing culture may instead express a philosophy of secular humanism, relativism, scientism, indifferentism, agnosticism, or atheism. Nurses may also describe themselves as the “nones” or those who are not affiliated with any religious group. “Higher Power” usually refers to a term referred to in 12-Step fellowships meetings, e.g. AA, NA, CA, Al-Anon, OA, GA, SA, as “a Power greater than myself”. *Not Religious and Not Spiritual is designated as NRNS. **Spiritual but not Religious (SNR) is a newer category. [https://www.proquest.com/docview/2666888569](https://www.proquest.com/docview/2666888569) Helpful to ask religious denomination?
engages nurses include utilizing venues of new staff orientations, newsletters, bulletin boards, email blasts, and inservices.

helpful communication strategies include the recommendation for chaplains to be concise, be concrete, explain rationale, use illustrations,

invite shadowing, seek new staff out for personal connection, identify nurse champions, provide train the trainer sessions,

use "usual care" as opportunities to educate,

and share articles from the literature, especially evidenced based research articles,

Before and after patient visits, discuss the visit with the patient's RN as part of a collaborative health care team (with discretion),

participate in regular rounding, participate in team conferences, and speak up, avoiding chaplain "code language" found in charting as not helpful.

Elizabeth Johnston Taylor's research
Loma Linda University School of Nursing, "Cedars-Sinai Chaplain Conference: Exploring Evidence and Practice Implication" June 22, 2022 webinar, see article "Healthcare Chaplain's Perspectives on Nurse Chaplain Collaboration: An Online Survey" 1-7-20
Springer Science+

COURSE OBJECTIVES:
1. Demonstrate effective clinical communication skills, distinguishing between therapeutic (e.g., use of silence, offering self) and non-therapeutic (e.g., making stereotyped comments, giving advice) communication techniques (see Townsend). 154
2. Engage in reflection of spiritual care concepts as applied to nursing practice.
3. Increase self-awareness of personal spirituality and its impact on health, by comparing and contrasting spiritual beliefs with peer's spiritual beliefs, respectfully.
4. Demonstrate knowledge of these specific theological concepts: Fruits & Gifts of the Holy Spirit; Theology of Grace, Suffering, and Holiness; Theological and Cardinal Virtues; Ethics; The Beatitudes; and Corporal & Spiritual Works of Mercy applied to Nursing Practice
5. Grow in respect and awareness of a faith tradition other than their own.
6. Critique research articles related to spiritual care.
7. Apply ANA professional nursing standards of practice regarding spiritual nursing care, e.g. "render compassionate, respectful, and competent care".
8. Demonstrate an awareness of professional boundaries when providing care for patients with the nursing diagnosis of Spiritual Distress. 9. Create an effective Nursing Treatment Plan for the diagnosis of Spiritual Distress, with the patient. 10. Reflect on one's own efficacy in the provision of effective, safe spiritual nursing care and create a personal growth plan.

CONCLUSION: NURSING SPIRITUALITY COURSE
INTEGRATING SPIRITUAL HEALTHCARE INTERVENTIONS INTO NURSING PRACTICE
Mini-CPE group process and reflection course, teach basic theological components, ERDs, reinforce communication and professional boundaries.

OPEN DIALOGUE IS THE GOAL
Increase awareness of other faiths, inform the role of Hospital Chaplain as member of Health Care Team, correct misinformation
MUST ATTEND A FAITH GROUP SERVICE NOT THEIR OWN
Process and discuss with peers. Define nurses' role. Provide support to nurses.
PROPOSED IMPLEMENTATION STRATEGIES

- Design a “train the trainers” course at Diocesan level or hospital
- Provide interactive online course
- Offer the course through college Theology Departments and Catholic Health Care professional associations (NACN, NACC)
- Expand to all healthcare workers of all faiths
- Consider dissemination to secular organizations
- Use social media to promote the course
- Offer one-day nurses’ retreat
- Submit articles for publication in professional journals e.g. *Vision*

DISCUSSION, Q & A
THANK YOU

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Available to offer nursing spirituality course at your diocese, parish, professional organization or hospital

https://www.proquest.com/docview/2666888569