

A Professional Perspective: Spiritual Care's Effect on the Health of the Whole-Person in a Medical Setting

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Abstract:

Spiritual care is essential to providing a holistic approach to healing. However, spiritual care is largely overlooked in a hospital setting. It is difficult to measure or quantify the work that a spiritual care team can provide to patients, families and staff to benefit a person's overall health. The focus has always been on research to provide the best medical care for our bodies and minds. The human spirit is also an important part of the whole person. The goal of integrated care is to provide the most holistic, evidence-based, person-centered care. It is essential to address both patient and clinician spirituality to achieve this goal because spirituality is an irreducible dimension of every person regardless of their spiritual, cultural, religious, or other identification.¹ Although care for the spirit is difficult to assess, it is important to incorporate a whole-person care approach to assist our patients, families and staff to cope with difficult diagnoses and life-changing effects from medical events. It also helps the team to take a proactive approach to care giving as they understand the emotions and feelings a patient may experience during a medical encounter.

It was late in the afternoon. The surgeries for the day had been completed, and it was about time for the surgical team to wrap up the day as they usually would. However, this afternoon was different. The surgical team had witnessed a tragic medical outcome for a patient the previous day. This tragedy had the whole team rattled. I was invited as a spiritual care professional to meet with the team to process what they experienced the previous day. To begin, I asked them to tell me about what they experienced. They performed a relatively routine surgery on an infant. This team consisted of surgeons, anaesthesiologists, physicians' assistants, nurses and nurse techs. They explained that even though this was a relatively routine surgery, there was a little concern as to why the infant needed the surgery. The infant had a tracheostomy, and they were concerned about doing the surgery with the tracheostomy still in the patient. Through complications during the process, the procedure was unsuccessful, and the patient was rapidly declining. There was nothing more the team could do. It was time to call the family. The patient died a few hours later after being transferred back to the Neonatal Intensive Care Unit (NICU) so the family could spend the last moments together with their child.

When I was visiting with the team, they expressed to me a range of emotions and feelings that included despair, guilt, failure, anger and loss. We continued to process this unfathomable tragedy. I was overwhelmed with how difficult this experience was for the team, the family and everyone else who, even for a moment, shared life with this young child. Tragedies, like this, can affect us all. Whether you are a patient, family member, friend, medical team member or any other discipline that provides care for the patient and family, we all experience suffering and loss. We are trying to find meaning and hope in our most difficult medical experiences. It can be difficult to find strength and meaning in tragic medical situations. These events can be life altering and influence us as we try to understand, cope and process what is happening. It cuts us to our core, pulling out various emotions that can only be addressed in our spiritual being.

Everyone is Spiritual

Alexia Torke defines spirituality as a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.² Although not everyone will refer to themselves as religious, everyone is spiritual. Michelle Shields states that extensive experience with asking care providers what they believe to be core spiritual needs of human beings - regardless of culture, origins, religion - revealed consistent responses, including: connection, community, self-worth, self-esteem, hope, peace, meaning, to love, to be loved, reconciliation, and forgiveness. Shields outlined that the spiritual care giver can identify the needs of meaning and direction, self-worth/belonging to a community, and to love and be loved/reconciliation.³ There are many people affected by a significant medical event. The spiritual needs of the patient, family and staff are all areas in which response and appropriate care should be given in order to contribute to the whole-person health.

Spiritual care in the medical setting has generally been reserved for the spiritual care professional also known as the chaplain. Hospital chaplains are theologically trained and have gone through clinical pastoral education. Many of them have received board certification as chaplains. This education and certification have trained them to navigate conversations within a broad spectrum of settings that would include religious, nonreligious,

interfaith and cultural. Chaplains are taught to remove their biases, which would include religious, personal history and others as they meet the patient where they are. They are highly trained in the interpersonal aspects of communication, including active listening, recognizing and responding to emotions, and using spiritual care interventions to reduce anxiety and promote a sense of peace.⁴ Even though the chaplain is considered as the spiritual care professional, spiritual care relies on a multidisciplinary team (e.g. chaplains, physicians, nurses, social workers) and requires standard inclusion of a spiritual history as part of a comprehensive medical history.⁵ Spiritual care calls for compassionate care. It is that compassionate care that calls these disciplines to walk with people during their pain, to be partners with patients rather than experts dictating information to them.⁶ In addressing the spiritual care of the patient, the Spiritual Care Team (SCT) can (1) identify the spiritual needs of patients related to medical illness; (2) competently address those spiritual needs; (3) create an atmosphere where patients feel comfortable talking about their spiritual needs with the physician and other team members; (4) address the whole-person needs of healthcare team members related to patient care; and (5) provide whole-person health care to all patients they serve.⁷

Spiritual Care is Valuable in All Healthcare Settings

Many times, spiritual care has only come to patients and families who are experiencing crisis events. As a result, you might see more chaplains in the hospital setting rather than the clinic setting. Spiritual care has a place within all phases of the healthcare setting. Whether it be inpatient or outpatient, ICU or primary care, spiritual care continues to address the whole person and walks with the patient and family as they navigate their needs given their current physical health. There are benefits of consistent spiritual care through the positive collaboration with the total treatment team and access to information systems that make it possible to achieve continuity of spiritual care.⁸ At the International Conference on Improving the Spiritual Dimension of the Whole Person Care, there were eight findings of spirituality and health outcome. They included (1) spiritual care is important for most patients; (2) spiritual needs are common; (3) spiritual care is frequently desired by patients; (4) spiritual needs are infrequently addressed in medical care; (5) spirituality can play a role in medical-decision making; (6) spiritual care is infrequent in medical care; (7) unaddressed spiritual needs are associated with poor patient quality of life; and (8) provision of spiritual care is associated with better end-of-life outcomes.⁹ Even in the primary care setting, there is an opportune context to integrate spiritual care across the continuum of prevention, early intervention, and crisis stabilization for a wide variety of health and mental health concerns.⁹

Spiritual Care is Whole-Person Care

Integrated care is providing the most holistic, evidence-based, person-centered care possible. Illness and treatment also play a role in patients' narratives about their lives and the way that an illness may be impacting their spiritual journey.¹¹ It is important to provide spiritual care to address all aspects of healing and support while the patient and families process the journey. Research shows there is a need for spiritual care to address the whole person. Studies have affirmed the importance of a patient's spiritual issues and the helpfulness of chaplains and found that 88% of psychiatric patients and 76% of medical inpatients reported having three or more specific religious needs during hospitalization.¹² Important studies affirm patient's view that physicians should play a role in spiritual assessment and intervention, at least in crisis situations.¹³ This helps make the argument that although the chaplain is the spiritual care professional, physicians can play a huge role in assessing the

patient's spiritual needs. As part of a SCT, the physician can ask some general questions, while they are visiting with the patient. Questions such as (1) Do you have a religious or spiritual support system to help you in times of need?; (2) Do you have any religious beliefs that might influence your medical decisions?; and (3) Do you have any other spiritual concerns that you would like someone to address?¹⁴ These questions can serve as a baseline as the physician does an initial assessment of the patient. Nurses can also play a role in the clinic or inpatient setting in discerning and addressing the spiritual needs of the patient. Besides the patient himself, the nursing staff may be the most accessible and informed source of information available to the chaplain. The chaplain can tap this information in a variety of ways, including direct questioning, informal conversation, and end-of-shift nursing reports.¹⁵ This SCT team would consist of a physician, spiritual care coordinator (nurse or clinic manager), chaplain and social worker. This team would be able to integrate spirituality into patient care in a way that embraces their ability to provide whole person healthcare that includes spiritual care.¹⁶ Once the initial assessment by the physician and coordinator is complete, then the chaplain is called to help support the patient and family in ways that have already been addressed in this paper.

Spiritual Care for the Caregivers

Although the primary focus of spiritual care is related to the patient, much of the spiritual care is needed for the families and others closest to the patient, especially in a critical situation. For example, an Intensive Care Unit (ICU) admission represents a significant life crisis that often triggers profound distress for the patient's family, both during and after hospitalization.¹⁷ Not only is the patient affected by the critical medical diagnosis or treatment, but the family is also affected in a significant way as they provide care for their loved one. In the ICUs that I am a chaplain for many times the patient cannot communicate with the chaplain due to their current medical state. Many of them are intubated, sedated, or lack abilities in other ways to communicate with the team. The family then serves as their voice in making medical decisions on behalf of their loved one and thus carrying a huge emotional burden themselves. In a sense, this is when the family members of loved ones become the patient and the spiritual care intervention is aimed at supporting them. The chaplain should be able to discern the needs and be able to support the family. If there is a death involved, then the focus becomes directly on the family. At this point, all the spiritual care should focus on the whole-person health and well-being of the family.

Spiritual Care for the Multidisciplinary Team

Outside of the patient and family, there is another group that is affected by events or care in the medical setting. This is the highly skilled, always ready, do your job no matter what the outcome, keep your emotions boxed up and continue to press on medical team and staff. Many times, this group is lost in relation to spiritual care. Since much of the focus is spent on the patient and family, many times this group gets neglected. It's almost as if this is the transactional, robotic group that must continue to provide care no matter how they might feel. They may be affected emotionally, mentally and physically by the care they continue to provide, especially in our higher acuity medical settings. They are human and are affected by the patients and families that they care for. They struggle with the weight of their own emotions while continuing to provide care and compassion to the patients and families they serve. In addition to the patient and family, the medical team needs spiritual care or whole-person care too.

Spiritual care can be provided in many ways to our medical professionals. Dropping in on the team is helpful. As I round with different medical teams, I can check in on them and see how they are doing personally and professionally. This helps bridge the gap. Many times, spiritual care can be provided on an individual basis as the spiritual care professional forges professional relationships and checks in with the staff regularly, and especially after a critical event. Sometimes, spiritual care is given to a larger group or team affected by a difficult patient encounter or a series of events that have impacted the entire team or unit. In both cases, spiritual care should be provided to the medical team and staff to help with daily processing, coping and self-care to reduce burn out and empathic distress which is all too common in healthcare.

Spiritual Care is Not Exclusive to the Religious

Spiritual care professionals (chaplains) are theologically trained. This can surely help in the spiritual care encounter. In a study of heart transplant recipients *Religious coping and the threat of heart transplantation*, many mentioned that their health and their transplant changed their views about religion and about their belief in God. They also reported relying most heavily on their faith during the post-transplant period. As they distanced themselves from the surgical experience, they also felt that their beliefs were somewhat less influential, and they reduced their reliance on prayer.¹⁸ Even with the spiritual care giver, there are ebbs and flows to conversation while treating the same patient. Although there is a religious component in many encounters, it is not always appropriate to engage in a theological conversation. Theology is the study of God. To engage in theological conversations the chaplains should let the recipient guide this conversation even if they are convinced that the recipient is religious and they have previously had religious conversations. This will provide respect for the recipient and give them agency over their care. Although many chaplains have a religious background and are trained in that area, it is important that the chaplain does not initiate theodicies. Theodicies are attempts to explain God's ways in light of suffering and evil. Judith Cook explains five different theodicies that are used in a critical situation or loss of a family member. These include (1) blaming God, allowing for both positive and negative outcomes; (2) blame the bereaved, often leading to poor adjustment; (3) place the event beyond comprehension but assert God's purpose nonetheless, often resulting in good coping; (4) regard the suffering primarily as a matter of definition, promoting either good or poor adjustment; and (5) define the death in fatalistic terms, again with a poor outcome likely.¹⁹ It is important for the chaplain to be aware of these theodicies, and other religious explanations for suffering, to be able to speak to them if the patient or family uses them to process the loss. However, it is not helpful to speak to these reasons on the chaplain's own accord. This is also helpful to the entire care giving team to be reassured that the spiritual care professional is not promoting any a specific religion over general spirituality and is essentially meeting the patient, families and staff where they are spiritually.

Conclusion

The human body is amazing and fascinating. It can be seen as a trichotomy. It consists of the body, mind and spirit. In addressing healthcare needs, all three function within each other to affect the whole-person health. As we continue to explore new ways to treat the body and mind, we should continue to treat the spirit. Assessments and interventions discussions contribute to a plan of care that more fully considers the patient's values, preferences and key sources of spiritual and emotional support in making health care decisions.²⁰ As patients and families process medical diagnoses, they will continue to be influenced by their emotions and

feelings. These emotions and feelings help guide us all on processing and coping with our health situations, whether we are the patient, family or care-giver. This will also contribute to which steps we may or may not take to affect our whole person.

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