

Spiritual Assessment of the Patient Chaplain

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SPIRITUAL ASSESSMENT PROTOCOLS HAVE BECOME commonplace in the practice of professional chaplaincy in the healthcare setting. This is due in large measure to the greater inclusion of spiritual care and practices in the care of patients. It is also a testimony to the advancement in the professional aspect of our ministries. No longer is the chaplain just a nice religious person (usually a white, Protestant male) dropping by for a quick visit and a word of prayer. Chaplaincy has become a highly sophisticated, multidimensional intervention in the life, and sometimes the dying, of patients. Spiritual assessment is part of the observation, diagnosis and treatment to be provided by the spiritual care practitioner, if you will. In many settings, the spiritual assessment becomes part of the individual's all important medical record.

Depending on the tool used, spiritual assessment may include several factors:

- Relevance of faith and spirituality in the life of the patient.
- Patient's involvement in religious practice.
- Emotional status of the patient.
- Spiritual issues in play in the illness experience.
- Spiritual resources available to the patient for resolution and/or coping.
- Family and community connections and support.

Observing and sharing this information accurately with others on the medical team makes an impor-

tant contribution to the care and the healing of the patient.

As chaplains, we believe in the primacy of the person as a whole. Our meeting with the patient is an intersubjective event that engages us as much as it does the patient. Through the singular training required for professional chaplaincy, we are taught to use ourselves as the tool for listening, understanding and responding to the patient. This is the unique aspect we bring to the bedside.

This article suggests that we, the professional chaplains, need to be as rigorous and astute in assessing ourselves as we are in assessing patients and families. We owe it to our patients, to our colleagues and, ultimately, to ourselves to ask the question "How am I doing?" even as we enter the patients' spaces and seek to engage and to be engaged by them and/or their families. We need to be honest about the issues that will affect our ability to be present, to hear, to feel, to respond. Consider the following as some suggestions for the chaplain's spiritual self-assessment.

Spiritual status, issues and resources

How am I doing spiritually? Do I feel connected and vitalized by what is sacred to me? Do I have a sense of that Presence in my own journey that sustains, guides and nurtures me? Do I have confidence that the Sacred is truly alive and active in my care for others as well as in my care for myself? Am I feeling that Presence with me now as I enter this patient's space? Am I open to what will happen spiritually in the encounter? Are there any growing edges in my current spiritual life that will enhance or hinder my ability to engage

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Assessment . . .

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others in my work? Am I involved in a community of faith? Am I connected to a particular fellowship of believers who know me, support me and whom I know and support as well?

Emotional status check

What am I feeling in this moment? Expectant, anxious, worried, sorrowful, happy, content, angry, harried, burdened, distracted? Do I feel especially needy or vulnerable? Do I feel centered and focused, or is there a feeling of unease or discontentment? Am I needing love, acceptance, appreciation, respect, drugs or sex to fill a void in my life right now? Do I have a prior connection with this patient or a family member whom I am about to visit? Is that connection especially gratifying or satisfying to me so that I look forward to being with him or her? Have I felt a heightened sense of power or of weakness with this patient? Have I had a negative response to the patient leaving me tense, angry or depleted? Do I avoid seeing this patient again?

Staff relations and resources

Do I feel known, supported and cared for by the team I am working with on the floor as well as by those in my department? Do I know, support and care for them? Are there issues that are being worked through or need to be worked through to improve the quality of care and professional functions of our team? Are there staff and/or collegial concerns that I have right now that may interfere with my ability to be totally present and engaged by the patient and family? Do I know

how to work through such issues or know how to get help? Do I have someone to turn to in the institution when problems arise? Do I actually reach out to them in such situations, or do I hold back?

Professional development

Am I where I should be right now in my professional life? Do I believe that I am doing my job at the highest level possible? Are there issues I need to learn more about or specific areas and skills that I need to address in order to do my job even better? What are the situations that throw me out of my comfort level so that I act in ways that are not helpful? Where do I go to get feedback on how I am doing or where I can get the next level of training? Am I getting better at my job and truly enjoying doing what I do? If not, how long am I going to be unhappy about my work?

Personal well-being

Am I physically healthy? Are there health issues or illness that I am dealing with or am concerned about? Do I feel rested and energetic? Am I eating properly, exercising, getting enough sleep, not abusing drugs? Am I feeling loved, supported and nurtured in my life away from work?

Are there difficult relationships that I am focused on that take away much of my attention and energy? Am I in relationships that are interfering with my quality of life? Do I have relationships that bring me joy, pleasure and meaning? Do I have a sense of personal wholeness? Are there people, events or situations at work that I “take home” with me and continue to think about?

Final thought

There are, of course, many ways to do a self-assessment. These are just a few suggestions. The important thing is actually to do one on a regular basis. We need to be at least as aware of our own status as we are those of the patients and families whom we serve. ♦



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