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Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago

A Thesis Project Report Submitted to

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in Candidacy for the Degree of

Doctor of Ministry

by

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT
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Despite the importance of spiritual care as an act of holistic healing process, there has continued to be a problem of imbalance between the physical care, and the spiritual and emotional care with cardiac care patients. The purpose of this DMIN action research project is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment. This project's main goal is to promote a sense of connectivity across the various aspects of physical, social, emotional, and spiritual care for cardiac care patients at Swedish Hospital in Chicago. Utilizing qualitative research methods for data collection, the interdisciplinary team at Swedish Hospital in Chicago provided insights into current care practices and identified opportunities for improvement. The qualitative data were analyzed using the thematic analysis structure as a framework to interpret the data based on five different themes: holistic care, the need for support system, effective communication and collaboration, impact of spiritual and emotional care interventions, and barriers to integration of spiritual care. The data were further coded and tallied to ascertain the response frequencies and percentages using the multiple-response model where each coded response had the opportunity of reoccurring multiple times. The results were presented point by point, addressing the research questions of the study. From the findings, this work asserts that by providing training opportunities for healthcare providers, some barriers to effective spiritual care can be overcome, and equal attention can be given to patient's physical, spiritual, social and emotional care, and their health and recovery process can be enhanced.

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Abbreviations

AED	*Automated External Defibrillator*
APC	*Association of Professional Chaplains*
CPR	*Cardiopulmonary Resuscitation*
DMIN	*Doctor of Ministry*
HPCT	*Hospice Palliative Care Team*
IRB	*Institutional Review Board*
NACC	*National Association of Catholic Chaplains*
NIV	*New International Version*
PTSD	*Post-Traumatic Stress Disorder*
RISE	*Resilience in Stressful Events*
SC	*Spiritual Care*

CHAPTER 1: INTRODUCTION

Introduction

The interconnected worlds of spiritual care and the practice of holistic healing have arisen as helpful avenues toward a more all-encompassing approach to health and wellbeing. Regardless of how each person finds or defines their sense of meaning and purpose, all persons need to be cared for physically, spiritually, and emotionally.[1] Beyond the conventional limitations of medical interventions, these disciplines acknowledge the vast tapestry of the human experience and the fact that true vitality comprises the subtle threads of spirituality, emotions, and connectivity in addition to physical health. It is important to highlight that spiritual needs change. At times, it could be an overwhelming sense of loneliness, guilt, and fear, or ranging from simple spiritual needs like wanting to feel listened to and valued, to much more complex spiritual needs like understanding one's place in the world and one's relationship with God and people.[2] Embracing the notion that a person's complete wellbeing depends not only on the physical body but also on the sustenance of the soul and the cultivation of mental and emotional balance, the combination of spiritual care and holistic healing represents a paradigm shift.

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[1] Ewan Kelly, John Swinton, and Jessica Kingsley, *Chaplaincy and the Soul of Health and Social Care: Fostering Spiritual Wellbeing in Emerging Paradigms of Care* (Jessica Kingsley Publishers, 2019): 57, ProQuest Ebook Central.

[2] Ibid.

This chapter describes the ministry context, problem statement, and purpose statement and concludes with the project's thesis statement. The ministry context explores the origins of Swedish Hospital in Chicago, its demographics, ministry, and the researcher's ministry engagement. The problem statement is an imbalance between the physical care and the spiritual and emotional care of cardiac care patients. The purpose statement is to develop and implement a model of a holistic approach for integrating spiritual and emotional care alongside physical treatment. The project's key concepts are defined in the definitions section, which also includes the researcher's fundamental assumptions regarding project implementation. Finally, the project's limitations and delimitations are described, and the project thesis is stated.

Ministry Context

The ministry context for this DMIN action research thesis is The Swedish Hospital, located on the North side of Chicago, in Illinois. It is a Safety Net Hospital in a federally designated health professional shortage and medically underserved area. Swedish is in the neighborhood of Andersonville. Andersonville is known for its cultural diversity and inclusive community[3], which could lead to a hospital patient base with a mix of different ethnicities, races, and socioeconomic backgrounds.

Origins of Swedish Hospital in Chicago

The Swedish Hospital in Chicago has its origins in the history of Swedish immigration to the United States.[4] It started as a Home of Mercy, approved at the Covenant Annual Meeting in 1885 and established in Chicago by 1886 to provide care to the Swedish community in Chicago,

[3] *Swedish Hospital Part of NorthShore: Overview of Pastoral Care Department Orientation Manual*, (updated 2023): n.p.

[4] Ibid.

especially for orphans, helpless widows, and the sick. It was initially named the Swedish Covenant Hospital, reflecting the Swedish heritage and the covenant (agreement) among the founders to serve the healthcare needs of the community.[5]

By 1903, this Home of Mercy had transformed into a full-scale hospital facility with a dual goal to serve the aged and the sick. From a single building at Foster and California Avenues, Swedish Hospital is now a campus of nine buildings including a medical exercise center, three professional buildings, a child-care center, a women's health center, cancer treatment center, outpatient surgery, neurosurgery center, a foundation, and a medical group.[6]

Demographics

Given its historical ties to the Swedish community, the hospital was envisioned to serve Swedish immigrants. But today, Swedish serves people from more than 60 nations, counting immigrants and refugees. Swedish serves the third most diverse zip code in the United States and the staff reflects this same diversity. Of the over 200,000 individuals served by the organization in 2022 across inpatient and outpatient services, 38 percent of patients were White, 25 percent Hispanic, 16 percent Asian, 8 percent African American, and 13 percent others. Among all these patients, over 80 languages are spoken.[7]

Swedish has over 300 licensed beds; and an average census of about 225 inpatients, including emergency medicine, acute care, rehabilitation, psychiatry, and obstetrics. Swedish also serves a large portion of patients with financial barriers to care. Across inpatient and outpatient services in the last year, 36 percent of patients were on Medicare, 45 percent were on

[5] *Swedish Hospital Part of NorthShore*, n.p.

[6] Ibid.

[7] Ibid.

Medicaid, and 6 percent of patients were uninsured. These data illustrate that the patient population is not only culturally and linguistically diverse, but comes from a variety of socioeconomic backgrounds that present unique challenges to medical access.[8]

Ministry

Swedish Hospital's mission is to provide a continuum of excellent healthcare services to Chicago's north and northwest sides, dedicated to serving the physical, psychological, and spiritual needs of its culturally diverse community and patient population. Consequently, Swedish Hospital's community programs and ability to provide financial assistance for underserved populations are critical to the community's health. Additionally, Swedish Hospital regularly studies the health needs of her local community and identifies opportunities for improvement through collaboration and partnership.[9]

The Nutrition and Diabetes Center is one of many community programs run by Swedish Hospital. The Community Breast Health Program offers free services for breast cancer diagnosis and screening. Integrative and psychosocial assistance are offered via the Integrated Cancer Care Program. Swedish community-wide Bystander CPR and AED (Automated External Defibrillator) training programs are organized for people. The Housing Connections Program links homeless people who frequently use the emergency room with supportive housing and services, while the Food Connections Program links patients who lack food with extra resources. The Pathways Program assists victims of domestic abuse, sexual assault, and human trafficking.[10]

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[8] *Swedish Hospital Part of NorthShore*, n.p.

[9] Ibid.

[10] Ibid.

Swedish also places a high value on staff wellbeing. Staff care activities throughout the hospital include the Employee Wellbeing program. The R.I.S.E. (Resilience In Stressful Events) team provides support and intervention, as well as routine check-ins with staff during rounds and pastoral care encounters with staff members as requested. The spiritual care staff also offer compassion, hope, and a healing presence to people in crisis; available 24 hours a day. These caregivers have had specific training in crisis pastoral ministry and represent a variety of cultural backgrounds.

The Researcher's Ministry Engagement at Swedish

The researcher is a full-time staff of the Pastoral Care Department, which provides spiritual care to patients, families, and staff. The full-time Swedish Pastoral Care staff consists of three chaplains. One is board certified by the NACC (National Association of Catholic Chaplains), two are board certified by the APC (Association of Professional Chaplains). The part-time staff, providing on-site and on-call chaplaincy services during overnight and weekend shifts, is made up of experienced and well-trained chaplains with a variety of professional credentials and religious affiliations. The entire staff is trained to respectfully provide support for people from various faiths as well as those who do not identify with any faith.

As a chaplain, the researcher, alongside other chaplains, visit all newly admitted patients, those having surgery, critical situations, and others by referral or request. Chaplains are notified of every death in the hospital to provide support in the initial stages of grief and give guidance for next steps in arranging for the deceased's final disposition. During times of personal or family illness, chaplains assist patients and families to connect with religious or spiritual resources and provide support for addressing spiritual concerns that may arise with illness. The

department also supports and participates in the Medical Ethics program and consultation service.

A chaplaincy program that comprises members of several faiths has also been formed by the hospital, giving patients access to a spiritual care team that reflects the variety of the neighborhood. For instance, the chaplaincy has a Greek Orthodox priest from St. Demetrios, Jewish Rabbis from Mitzvah Campaign, Jehovah's Witness visitors, and Roman Catholic Priests and Eucharistic Ministries. At the core of Swedish Hospital's philosophy lies a commitment to addressing the spiritual needs of patients, acknowledging people's diverse faith traditions and personal beliefs. [11] This commitment is encapsulated in the art of holistic healing, where healthcare practitioners collaboratively weave together medical expertise with the nurturing of the human spirit. By offering a sanctuary for introspection, reflection, and connection, the hospital creates an environment where patients find solace and purpose amidst their health journeys.

Problem Presented

Many individuals diagnosed with heart conditions experience increased worry, anxiety, and fear which can negatively affect their general health and ability to recover. Patients may feel ignored and unsupported if the emotional and spiritual parts of care are not adequately addressed, which could result in subpar health outcomes and decreased patient satisfaction. Addressing this imbalance is crucial for enhancing the overall quality of care at Swedish Hospital in Chicago. Patients' experiences and outcomes can be greatly enhanced by incorporating a holistic strategy that includes both medical treatments and emotional and spiritual assistance. By giving one a

[11] *Swedish Hospital Part of NorthShore*, n.p.

safe place to voice one's worries and anxieties, counseling services, support groups, and chaplaincy programs can promote emotional healing and resilience.

According to Roberts, "The spiritual needs of many patients in health care institutions are not being met. All too often, health care workers do not consider the spiritual needs of their patients to be a priority."[12] Therefore, healthcare professionals must be trained to recognize and address the psychological impact of cardiac conditions, allowing for more personalized care plans that cater to both the physical and emotional needs of patients. By embracing a holistic approach to cardiac care, Swedish Hospital can reaffirm its commitment to patient-centered healthcare and better meet the diverse needs of its cardiac care patients. The problem at Swedish Hospital in Chicago is an imbalance between the physical care and the spiritual and emotional care of cardiac care patients.

Purpose Statement

The purpose of this DMIN action research project is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment. This project's main goal is to provide a comprehensive framework that promotes a sense of connectivity across the various aspects of physical, emotional, and spiritual care. This model will include a variety of interventions, all specifically designed to meet the special needs of cardiac patients, such as counseling, mindfulness techniques, chaplaincy services, and group support. The project aims to reduce patients' concerns, anxieties, and feelings of isolation which are frequently felt during hospitalization, by creating a loving and sympathetic environment. Swedish Hospital in Chicago hopes to establish a new benchmark for care for cardiac patients by

[12] Stephen B. Robert, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook*, 5th ed. (Woodstock, VT: Skylight Paths Publishing, 2016): 23.

implementing this holistic healing model, emphasizing one's emotional and spiritual wellbeing as much as one's physical health, leading to a more comprehensive and efficient healing process.

Heart patients can benefit greatly from the successful blending of spiritual and emotional support with physical treatment. One may have a more optimistic attitude twoard one's healing process if one feels supported not only in one's physical recovery but also in the person's emotional and spiritual wellbeing. This study can also act as a model for other healthcare organizations battling comparable inequalities in patient treatment, encouraging the care recipient to adopt a more thorough strategy that acknowledges the interdependence of the mind, body, and spirit in the healing process. This Doctor of Ministry action research project ultimately has the potential to alter the patient experience and establish a new standard for cardiac care that puts the needs of the whole person together.

Basic Assumptions

This action research project's basic assumption is that people are complex beings with the ability to heal themselves and advance. It also recognizes the interdependence of the mind, body, and spirit. This fundamental idea encourages optimism, resilience, and constructive thoughts by empowering people to take an active role in one's healing process. Assuming that everyone has the capacity for self-healing and growth, spiritual care and holistic healing promote the idea that addressing physical health as well as emotional, mental, and spiritual wellbeing supports and enhances the body's natural ability to recover, adapt, and thrive. This empowers people to take an active role in one's healing journey and fosters a co-creative environment.

A varied and individual part of the human experience is spirituality. This work holds the assumption that people's feeling of meaning, purpose, and connection to something more than themselves is greatly influenced by one's spirituality. Spiritual care recognizes and encourages

one to discover and nurture one's sense of purpose. The underlying premise of "healing and purpose" in spiritual care and holistic healing asserts that people experience higher levels of resilience and wellbeing when one's quest for wholeness includes not only the restoration of physical health but also the discovery and cultivation of personal meaning. It includes connection to larger contexts, a sense of purpose, and a realization that living in accordance with one's inherent purpose and values plays a crucial role.

Being fully present and mindful is essential for providing spiritual care and facilitating holistic healing. It is a cornerstone of holistic treatment and the provision of spiritual care. It involves cultivating a conscious and non-judgmental awareness of the present moment, both in oneself and when interacting with others. Caregivers can forge sincere relationships, be empathetically sensitive to people's emotional and spiritual needs, and build a safe, compassionate environment for healing by cultivating a strong sense of presence. This process recognizes the interdependence of the mind, body, and spirit, enabling a deeper comprehension of suffering as well as personal development and transformational journeys towards a person's wellbeing and wholeness.

It is assumed that cultural sensitivity and respect should be demonstrated in spiritual care and holistic therapy. Different spiritual practices and healing philosophies from other cultures should be considered when providing care. Understanding the unique fabric of beliefs, values, and traditions that form people's identities can help people accept and embrace other cultural backgrounds with an open mind and respect. Care providers can personalize one's care to fit the spiritual and emotional needs of each person by appreciating the value of cultural context, creating a climate of inclusivity and trust. According to this viewpoint, cultural understanding

not only enhances the healing process but also fosters a closer bond that respects the complexity of human experiences and encourages overall wellbeing.

A “collaborative approach” stands as a foundational assumption in spiritual care and the realm of holistic healing, emphasizing the importance of a supportive partnership between the caregiver and the care recipient. This approach recognizes that each person holds an innate wisdom about one’s own wellbeing, and the caregiver’s role is to facilitate a shared journey of exploration, understanding, and growth. By actively engaging in dialogue, active listening, and mutual respect, caregivers can empower individuals to actively participate in their healing process, fostering a sense of ownership, autonomy, and co-created solutions that integrate physical, emotional, and spiritual dimensions. This approach ultimately underscores that the combined expertise of both the caregiver and the individual serves as a potent catalyst for achieving holistic wellness.

Definitions

This Doctor of Ministry action research project concerns itself with the provision of spiritual care as an art of holistic healing at Swedish Hospital in Chicago. It looked at necessary definitions of key concepts utilized throughout this study and briefly explained the meanings of terminologies important to the study. Establishing a common language and context that guarantees readers’ understanding of the terms used is vital when the research digs into difficult subject matter. This section improves the overall clarity, communication, and scholarly rigor of the research by defining the subtleties and relevance of these concepts, laying the groundwork for a perceptive examination of the research, and setting the stage for an insightful exploration of the topic at hand.

Cultural competence. Cultural competence involves developing a deep understanding of different cultural norms, values, and practices, and adapting to one's behaviors and communication styles accordingly. According to Lucy and Lavery, "Cultural competence refers to the process of safe delivery of care, which holistically meets the patient's needs, considering cultural aspects."[13] Culturally competent individuals can engage in respectful and meaningful interactions, bridging cultural gaps and promoting inclusivity and mutual understanding.

Cultural sensitivity. "Cultural sensitivity is an essential component of cultural competence and is one of the most important pillars of intercultural communication skills."[14] It involves recognizing and appreciating the diversity that exists among various groups and being mindful of potential cultural differences in communication, behavior, and interactions. Practicing cultural sensitivity fosters inclusivity, minimizes misunderstandings, and promotes effective cross-cultural communication and collaboration.

Emotional care. "Emotional care involves providing support and attention to a person's emotional wellbeing. A better approach to emotional care is the "support response," in which we invite the distressed person to talk more about whatever is bothering them. Allowing someone to talk through their emotions is often the kindest and most supportive thing we can do."[15] Emotional care aims to create a safe and nurturing environment where emotions are validated and individuals are empowered to seek the assistance and resources necessary for one's emotional health.

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[13] Lucy Reeve and Joanna Lavery, "Navigating Cultural Competence in District Nursing," 28, no. 7 (July 2, 2023): 338. https://doi.org/10.12968/bjcn.2023.28.7.338.

[14] Majid Purabdollah et al., "Intercultural Sensitivity, Intercultural Competence and Their Relationship with Perceived Stress among Nurses: Evidence from Iran," *Mental Health, Religion & Culture* 24, no. 7 (June 1, 2021): 688. https://doi.org/10.1080/13674676.2020.1816944.

[15] Sarah B. Martelli, *Memory Eternal: Living with Grief as Orthodox Christians* (Chesterton, IN: Ancient Faith Publishing, 2022): 133.

End of life. This phase represents the cessation of functioning, operation, or viability, often marked by a gradual decline or a sudden halt in activity. In the context of living beings, it signifies the natural conclusion of life processes, resulting in death. Aydan and Erden posit that "End-of-life care aims to relieve the pain of the individual in the death process and provide a dignified death experience from the moment when the curative treatment no longer brings any benefit."[16]

Grief. "No matter how many definitions there are to describe grief, the bottom line is this: "care of those who are grieving is integral to the nature of human beings and deeply present in the spiritual care of those who suffer."[17] Garten et al. say that "Grief is the normal reaction to a significant loss."[18] It is a complex emotional response to the loss of someone or something significant. Often, it involves a range of feelings such as sadness, longing, anger, and confusion, and can manifest both emotionally and physically.

Holistic care. "Holistic care is a treatment philosophy that sets different and high expectations for standards of care for health care facilities and for all the members of the health care team."[19] This approach seeks to advance general harmony and wellbeing while acknowledging the interconnection of these dimensions. It entails "determining and meeting the "spiritual needs" of patients, such as their quest for inner tranquility, the meaning of life, the

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[16] Ulviye Aydan Nacak and Yasemin Erden, "End-of-Life Care and Nurse's Roles," *The Eurasian Journal of Medicine* 54, no. Supp1 (January 18, 2023): S142. https://doi.org/10.5152/eurasianjmed.2022.22324.

[17] Robert, *Professional Spiritual & Pastoral Care*, 313.

[18] Lars Garten et al., "Palliative Care and Grief Counseling in Peri-and Neonatology: Recommendations From the German PaluTin Group," *Journal of Frontiers in Pediatrics* 8 (February 27, 2020): 6. https://doi.org/10.3389/fped.2020.00067.

[19] Robert, *Professional Spiritual & Pastoral Care*, 22.

purpose of suffering, hope, a relationship with God, or "greater strength."[20] It focuses on achieving balance and harmony within these aspects to promote overall wellbeing.

Interdisciplinary collaboration. It refers to the "process where individuals from different health professions work together to positively impact patient care."[21] It involves integrating knowledge, methods, and perspectives from multiple academic disciplines to address complex problems or topics. "Through interdisciplinary collaboration, the preferences, hopes, and values of the patient and caregiver can be integrated into the treatment plan, which is key in providing the delivery of optimal care."[22] According to Myrhoj et al., "This collaborative approach integrates the unique skills and expertise of each professional through negotiated interaction, contributing to comprehensive patient care."[23]

Pastoral care. The care for souls, within the Christian religion, is referred to as pastoral care and is linked to the notion of guiding. "It represents a means by which the shepherd and leader of the church fulfills his spiritual and social responsibility to the church."[24] "The term "pastoral" is derived from the Latin term pascere, which means "to feed." In view of this Latin root, the adjective "pastoral" suggests the art and skill of feeding or caring for the wellness of others, especially those who need help most."[25] Pastoral care aims to provide shepherding,

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[20] Maciej W. Klimasiriski, "Spiritual Care in the Intensive Care Unit," *Anesthesiology Intensive Therapy* (2021): 2. https://doi.org/10.5114/ait.2021.109920.

[21] Myrhoj B. Caecilie et al., "Interdisciplinary collaboration in serious illness conversations in patients with multiple myeloma and caregivers: A Qualitative Study" *BMC Palliative Care* 22 (2023): 2. https://doi.org/10.1186/s12904-023-01221-5.

[22] Ibid., 1.

[23] Ibid., 2.

[24] Xolisa Jibiliza, "The Evolution of Pastoral Care Ministry through the Ages." *Pharos Journal of Theology* 102 (2021): 1. http//:www.phrarosjot.com.

[25] Vhumani Magezi, "Positioning care as 'being with the other' within a cross-cultural context: Opportunities and challenges of pastoral care provision amongst people from diverse cultures," *Verbum et Ecclesia*, (2020): 2. http://dx.doi.org/10.4102/ve.v41i1.2041.

comfort, guidance, and a sense of connection to one's faith or spirituality during times of need. Thus, "Pastoral caregivers who work in secular institutions provide care to religious and nonreligious people alike, and in several Western societies the term pastoral care is used in relation to nonreligious (humanist) care."[26]

Religious Diversity. "Religious diversity is a social phenomenon in which two or more clearly defined religions exit simultaneously within a region or society."[27] Respecting and recognizing one's freedom to follow one's chosen religion while fostering tolerance, understanding, and peaceful relationships amongst those from different religious origins is part of the process of embracing religious diversity.

Spirituality. "Spirituality is a broad concept that can include or exclude religion."[28] According to Best et al., "Spirituality is a dynamic and intrinsic aspect of humanity through which individuals seek ultimate meaning, purpose and transcendence, and experience their relationships with family, others, community, society, nature and the significant/sacred."[29] Spirituality is a personal and subjective sense of connection to something greater than oneself. Spiritual beliefs may be religious or non-religious and can include concepts of the divine, the universe, nature, or inner wisdom.

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[26] Carmen Schuhmann and Annelieke Damen, "Presenting the Good: Pastoral Care in a Secular Age." *Journal of Pastoral Psychology* (June 21, 2018): 406.

[27] Xiaobiao Lin et al., "Exploring the Trend in Religious Diversity: Based on the Geographical Perspective," *PLoS ONE* 17, no. 7 (July 14, 2022): 1. https://doi.org/10.1371/journal.pone.0271343.

[28] Barbara Clyne et al., "Patients' Spirituality Perspectives at the End of Life: A Qualitative Evidence Synthesis," *BMJ Supportive & Palliative Care* 12 no. e4 (November 26, 2019): e559. https://doi.org/10.1136/bmjspcare-2019-002016.

[29] Megan C. Best et al., "Australian Patient Preferences for the Introduction of Spirituality into Their Healthcare Journey: A Mixed Methods Study," *Journal of Religion and Health* (August 3, 2022): 1. https://doi.org/10.1007/s10943-022-01616-3.

Spiritual Assessment. "Spiritual assessment is a component of the holistic or biopsychosocial-spiritual approach of caring for the patient."[30] It "enables the chaplain to evaluate the care recipient's spiritual, emotional, and relational resources."[31] Spiritual assessment "summarize and communicate the current spiritual, emotional, and relational state of the recipients of our care."[32] As a dynamic process, "it often begins before we even enter the room with the other."[33] Peng-Keller and Neuhold state that "The purpose of this process is to identify patients/families with potential spiritual or religious struggle, as well as those who would like to receive chaplaincy support."[34]

Spiritual Care. Spiritual care can encompass various practices, including counseling, prayer, meditation, and rituals, tailored to an individual's spiritual beliefs and values. "Our vision of spirituality is closely linked to the ordeal of illness and the suffering it can engender."[35] Spiritual care recognizes the significance of spirituality in a person's overall wellbeing and aims to promote spiritual growth, understanding, and connection. "When talking about the spiritual dimension of human beings, many works focus on the meaning and ultimate aim of human existence."[36]

Transcendency. Transcendence often goes beyond the experience of ordinary limitations, boundaries, or concepts, and is associated with profound spiritual, philosophical, or existential

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[30] Allison Kestenbaum et al., "Spiritual AIM: Assessment and Documentation of Spiritual Needs in Patients with Cancer," *Journal of Health Care Chaplaincy 28, no.4* (December 5, 2021): 415. https://doi.org/10.1080/08854726.2021.2008170.

[31] Simon Peng-Keller, and David Neuhold, *Charting Spiritual Care: The Emerging Role of Chaplaincy Records in Global Health Care* (Cham, Switzerland: Springer Nature, 2020): 34.

[32] Ibid., 33.

[33] Ibid.

[34] Ibid., 39.

[35] Ibid., 59.

[36] Ibid., 60.

insights. “Self-transcendence is defined as the inner capacity that enables people exposed to stressful life events to find a new purpose and meaning in life.”[37] It involves surpassing the usual constraints of human perception and understanding, leading to a heightened sense of awareness and connection to something greater than oneself.

Wellness. Wellness is often seen as a dynamic process that involves making positive lifestyle choices and actively pursuing activities and practices that contribute to a state of holistic health. According to Greg and Oates, “Wellness is not simply the absence of disease. It is a journey of self-awareness to manifest harmony between the various dimensions of wellbeing in a constantly changing world.”[38] It is a state of optimal physical, mental, emotional, and spiritual wellbeing.

Limitations

It is anticipated this DMIN action research thesis will encounter certain constraints beyond the control of the researcher. These constraints may arise in resources, methodology, or external factors, and play a significant role in shaping the research process and its findings. The researcher may also find it difficult to make specific judgments regarding the interventions’ efficacy in the absence of defined assessment techniques or metrics. Recognizing and addressing these limitations will help to refine the research objectives and manage expectations.

For the researcher, ethical considerations could present difficulties. It is critical to strike a balance between the requirement for thorough research and some ethical treatment of study participants. Careful consideration must be given to informed consent, privacy, and the

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[37] Seda Er et al., “The Effect of Psychosocial Distress and Self-Transcendence on Resilience in Patients with Cancer,” *Perspectives in Psychiatric Care* 58, no. 4 (May 10, 2022): 2632. https://doi.org/10.1111/ppc.13103.

[38] Greg Connolly, and Liza Oates, “The Wellness Industry: The Marginalisation of Naturopathy and Western Herbal Medicine,” *Australian Journal of Herbal and Naturopathic Medicine* 34, no. 3 (September 2022): 104. https://doi.org/10.33235/ajhnm.34.3.102-108.

possibility of psychological or emotional consequences while discussing spiritual and holistic issues. It can take more time and carefulness to ensure that the research upholds ethical standards while respecting patients' autonomy and cultural beliefs.

Patients in a cardiac care unit can vary widely in terms of their medical conditions, religious convictions, cultural backgrounds, and preferences for holistic interventions. For instance, some patients can engage while some cannot, some can adjust quickly to life changes, while some are in denial of the reality of the changes. It is difficult to generalize findings and evaluate the impact of these therapies globally due to this variation. Since patient characteristics can greatly affect how one responds to pastoral care for holistic healing. The researchers must take this variability into account in the study design and analysis. This diversity can make it challenging to assess the impact of holistic healing universally.

The availability and willingness of hospital staff to participate in and support the study can influence the quality and depth of data collected, potentially leading to variations in the implementation of interventions like pastoral care and holistic healing. Patient treatment may be inconsistent or ineffective due to staff attitudes, views, training, and commitment to these interventions. Understanding and addressing these factors are essential for ensuring the reliability and validity of research findings, as they can significantly shape the practical application of holistic healthcare approaches in the hospital environment.

Restrictions to time, money, and skills are resources necessary for this research endeavor. The depth and scope of the research may be impacted by these resources' accessibility. The robustness of the results could be impacted if the researcher is unable to perform in-depth interviews, surveys, or observations due to a lack of resources. To gather valuable insights while respecting ethical and privacy considerations, there is the need for the researcher to foresee and

address these limitations by carefully designing one's research methodology, being open about potential biases and constraints, and collaborating closely with the hospital and relevant stakeholders.

Delimitations

The delimitations for this DMIN action research project will be focused specifically on spiritual care and the art of holistic healing practices provided to patients within Swedish Hospital in Chicago. It will not delve into other medical treatments, facilities, or hospitals outside the mentioned context. The study will primarily explore spiritual care practices in the context of major established religious and spiritual traditions. The emphasis of the study will be on the opinions and experiences of Swedish Hospital healthcare staff who are part of the care team and are concerned about the patient's holistic healing activities.

Geographically, the survey will be carried out at the Cardiac Care Units of Swedish Hospital in Chicago, that is, on five South and five East units. However, the findings from these areas of inquiry can be extended to other units at Swedish and to other healthcare organizations. Holistic healing approaches and spiritual care procedures at other hospitals or places will not be explored. The estimated age bracket would be between twenty-five to seventy-five years, with up to five years of working experience at Swedish Hospital.

Ethical concerns are crucial in directing the researcher's decisions and guaranteeing the responsible and respectful conduct of the study during the delimitation stage of this research work. While the study will discuss the ethical ramifications of spiritual care and holistic therapy, it will not analyze medical ethics in depth or engage in ethical discussions in the healthcare industry. The researcher will consider the requirement to uphold the integrity of the study process as well as participant rights, privacy, and wellbeing. The research will be conducted in a

way that respects participant's cultural sensitivities, avoids potential harm, and aligns with established ethical standards. By this, the researcher has a focus, and the action research work is more feasible and effective within the given constraints.

Thesis Statement

Holistic care of a patient goes beyond the physical illness and its symptoms. This is because, beyond physical health, there lies a web of spiritual and emotional complexities that influence the healing journey. A harmonious healing environment is produced by the interplay of physical, spiritual, and emotional care, which enhances the general wellbeing of patients. Patients' perspectives on treatment and recovery may be favorably impacted when they feel seen and acknowledged as people with complex needs, not merely as medical cases.

Healthcare professionals can develop closer relationships with patients and foster higher trust and adherence to medical advice by including spiritual and emotional care in the treatment plan. The advantages of an all-encompassing approach extend outside the hospital setting, as patients may continue to use the newly discovered emotional and spiritual resources even after being discharged. The goal of providing patients with equal attention to physical, spiritual, and emotional care is to empower patients to actively engage in their healing process and create a permanent sense of wellbeing. Additionally, addressing spiritual needs can provide patients a sense of meaning and purpose which can support them in difficult times and give them strength. Generally, a well-rounded strategy that values the complete person can increase patient satisfaction and health outcomes, paving the way for a cardiac care system that is more sympathetic and efficient. Therefore, if equal attention is given to physical, spiritual, and emotional care, then it will enhance the overall health and recovery process of cardiac care patients.

CHAPTER 2: CONCEPTUAL FRAMEWORK

This work addresses the need for health care organizations to focus not only on physical ailments but also on the patient's spiritual, mental, and emotional needs for the purpose of holistic healing. The researcher reviewed the significance of spiritual care, cultural competence, and sensitivity, and how to live through suffering. The researcher also looked at effective spiritual care, some challenges to effective spiritual care, and strategies for overcoming these challenges. This work reviewed the need for educating healthcare providers on holistic care through enhancing spiritual care programs and expanding holistic healing initiatives for the purpose of the whole person's healing and recovery.

The theological foundation of this work asserts that human beings are not merely physical entities, but also possess an inner dimension that craves purpose, connection, and transcendence. The art of holistic healing, within this theological framework, integrates the dimensions of body, mind, and spirit, acknowledging that true wellness emerges from the harmonious alignment of these facets. With this concept as its theological foundation, spiritual care transforms into a religious undertaking that aims to fulfill the deepest aspirations of the human soul by providing consolation, direction, and solace through times of adversity, pain, and illness.

The idea that the spiritual, emotional, mental, and physical facets of life are inextricably entwined with one another is the theoretical basis for holistic healing and spiritual care. This method recognizes the enormous influence that spiritual ideas, values, and connections have on a

person's general health and that true healing goes beyond the relief of physical symptoms. Consequently, the theoretical foundation of this work emphasizes the need to address the spiritual dimension in healthcare practices, providing care recipients with opportunities for introspection, personal development, and a feeling of meaning.

Literature Review

From the researcher's point of view, spiritual care plays an important role in helping the care recipient navigate through suffering. When a person is unwell, loses a loved one, or has a difficult healthcare experience, there is frequent emotional, psychological, and spiritual anguish. At such time, one is extremely susceptible, and medication alone should not be the only treatment; patients also require psychological and spiritual connection.[1] When one experiences some level of emptiness and confusion, the person's greatest need is the presence of someone who cares.[2] In a research study by Abu-El-Noor and Nasser, healthcare providers are mandated by international authorities and organizations to attend to patients' spiritual needs, in addition to the national obligation.[3]

The spiritual caregiver places a higher priority on providing a loving presence and forming connections of support.[4] By addressing one's spiritual and existential needs, offering emotional support, and helping the search for meaning and purpose in the face of suffering,

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[1] Mysoon Khalil Abu-El-Noor and Nasser Ibrahim Abu-El-Noor, "Mapping the Road for a New Spiritual Care Policy: Identifying Barriers and Enhancing Factors for Providing Spiritual Care to Cardiac Patients," *Journal of Religion, Spirituality & Aging* 28, no. 3 (February 17, 2016): 188. https://doi.org/10.1080/15528030.2015.1085482.

[2] Sarah A. Butler, *Caring Ministry: A Contemplative Approach to Pastoral Care* (New York: Continuum, 1999): 20.

[3] Mysoon Khalil Abu-El-Noor and Nasser Ibrahim Abu-El-Noor, "Mapping the Road for a New Spiritual Care Policy," 191.

[4] Butler, *Caring Ministry: A Contemplative Approach to Pastoral Care*, 16.

spiritual care takes a compassionate and all-encompassing approach. Thus, in the field of health care, the importance of comprehending and treating the full person, including the body and spirit, has come to be better understood. So, "holistic care" has become a widely accepted idea, and according to studies, a holistic approach to care improves patient happiness and efficiency.[5]

Life crisis or suffering sometimes plunges one into the reality of one's human frailty.[6] The integration of spiritual care in healthcare acknowledges that individuals possess multidimensional aspects, including physical, emotional, social, and spiritual dimensions. Focusing on one's feelings, paying attention to what attracts one's attention, beginning to see the unique person that God loves, and recognizing the person's inner experience are what caring for one's spiritual needs entails.[7] Recognizing and addressing these spiritual needs, which might also include religious convictions, moral principles, existential worries, and the search for meaning and purpose in the face of sickness is essential. Spiritual care has been discovered as a means to improve physicians' quality of life and the patient–clinician experience[8]. While other research shows that even among patients who are not religious, there is a considerable need for pastoral care on a spiritual level.[9]

Numerous studies have explored the impact of spiritual care on patient outcomes and overall healing. Findings consistently indicate that integrating spiritual care into medical treatments positively influences patients' physical and mental health. Thus, Swinton posits:

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[5] Robert, *Professional Spiritual & Pastoral Care*, 23.

[6] Butler, *Caring Ministry: A Contemplative Approach to Pastoral Care*, 20.

[7] Ibid.

[8] Laura Finn and Alva R. Roche, *Supportive Care Strategies: Optimizing Transplant Care* (Cham, Switzerland: Springer, 2020): 225.

[9] Katherine K. Henderson, John P. Oliver, and Patrick Hemming, "Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic." *Journal of Pastoral Care & Counseling* 77, no. 2 (2023): 81. https://doi.org/10.1177/15423050221147901.

"Religious spirituality has been positively associated with the alleviation of depression, anxiety, PTSD (Post-traumatic stress disorder), schizophrenia, anorexia, and personality disorder."[10] People who receive spiritual care report reduced levels of anxiety, improved coping mechanisms, and increased overall satisfaction with one's healthcare experience.

Abdolkarimi, in "The relationship between spiritual health and happiness in medical students during the COVID-19 outbreak," reviewed other scholarly materials and found that spiritual health is so important that without it, other biological, psychological, and social dimensions of health cannot function properly, and the highest level of quality of life cannot be achieved.[11] This means that some sense of positive spirituality is a common human need, and everyone needs a sense of meaning and purpose, however one discovers or defines it.[12] Thus, Swinton argues that spirituality is about the whole-person care and a holistic way of viewing the individual.[13] Even the care provider becomes more capable of fostering relationships of care, authenticity, and equitable uses of relational power if one connects to the vivifying energy of life.[14]

Following the need for a holistic approach in providing care to the care recipient, the researcher is studying some themes and subthemes within the field of study to develop and implement a model of holistic feeling for integrating spiritual and emotional care alongside physical treatment for cardiac care patients.

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[10] John Swinton, *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges* (Grand Rapids, MI: Willian B. Eerdmans Publishing Company, 2020): 33.

[11] Mahdi Abdolkarimi et al., "The Relationship between Spiritual Health and Happiness in Medical Students during the COVID-19 Outbreak: A Survey in Southeastern Iran." *Journals of Frontiers in Psychology* (August, 2022): 2. https://doi.org/10.3389/fpsyg.2022.974697

[12] Kelly, Swinton, and Kingsley, *Chaplaincy and the Soul of Health and Social Care*, 57.

[13] Swinton, *Finding Jesus in the Storm*, 32.

[14] Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene, OR: Cascade Books, 2018): 127.

Holistic Healing and the Role of Spiritual Care

An approach to treatment known as holistic healing takes the full person into account, addressing not only physical ailments but also an individual's emotional, mental, and spiritual needs. It is a treatment philosophy that sets dissimilar and high expectations for quality of care, both for health care facilities and for all the interdisciplinary team.[15] This approach seeks to advance general harmony and wellbeing while acknowledging the interconnection of these dimensions. It entails determining and meeting the "spiritual needs" of patients, such as a patient's quest for inner tranquility, the meaning of life, the purpose of suffering, hope, a relationship with God, or "greater strength."[16]

Spiritual care, which recognizes the relevance of spirituality in the healing process is an essential part of holistic healing. Regardless of a person's religious identity, spiritual care offers support, compassion, and understanding in one's spiritual journey. Thus, newer studies validate that the spiritual needs for chaplain care are indeed strong across patient populations, even in nonreligious patients.[17] It involves treating others as one would like to be treated if in the same situation. That is, showing sincere care, compassion, and acceptance, and helping others to rediscover meaning out of despair.[18] It promotes a greater feeling of purpose and meaning in the life of the care recipient by encouraging one to explore ideas, values, and inner resources. "It is also of importance that an atmosphere of trust is created, without which the patient may not be able to reveal his/her inner experiences, fears and hopes."[19]

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[15] Robert, *Professional Spiritual & Pastoral Care*, 23.

[16] Klimasiriski, "Spiritual Care in the Intensive Care Unit, 2.

[17] Henderson, Oliver, and Hemming, "Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic," 81.

[18] Kelly, Swinton, and Kingsley. *Chaplaincy and the Soul of Health and Social Care*, 58.

[19] Klimasiriski, "Spiritual Care in the Intensive Care Unit," 6.

Studies have found that patients who receive holistic care, experience improvements in their mental and emotional wellbeing, which can lead to better management of physical symptoms and more positive treatment outcomes. Thus, spirituality is the aspect of humanity that refers to the ways in which people seek and express meaning and purpose as well as the ways in which one feels connected to the significant or sacred, to nature, to self, others, and to the present."[20]

Significance of Spiritual Care

The development of tailored religious support activities for accompaniment and emotional support that also aim to reaffirm spiritual beliefs and values, without necessarily involving forms and objects of worship, is significant in spiritual care. They are given by religious leaders as well as qualified health professionals and attempt to, among other things, encourage, reassure, boost confidence, hope, and faith.[21] Sharing a profound closeness and connection, whether with God or one another, calls for brave vulnerability to reveal the core of one's being to another, as well as faith in the strength of relationships. It also needs a foundation of appropriate relationships and trust."[22] This significance lies in its recognition of the intrinsic spiritual dimension of human beings and its profound impact on overall wellbeing.

By attending to individuals' spiritual needs, beliefs, and values, spiritual care offers a holistic approach to healing, promoting emotional resilience, inner peace, and a sense of purpose and meaning in life. "It is an approach that should be shown to all service users and can be

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[20] Clyne et al., "Patients' Spirituality Perspectives at the End of Life," e550.

[21] Claunei C. D. Dutra and Henrique S. Rocha, "Religious Support as a Contribution to face the Effects of Social Isolation in Mental Health During the Pandemic of COVID-19," *Journal of Religious and Health* (2021): 102. https://doi.org/10.1007/s10943-020-01140-2.

[22] Baldwin, *Trauma-Sensitive Theology*, 74.

practiced by any member of the clinical team as a part of holistic care."[23] It plays a crucial role in healthcare settings by complementing physical and psychological treatments, facilitating coping mechanisms during times of crisis, and offering comfort and support in the face of suffering or end-of-life experiences. From Clyne et al.'s analysis, one of the most salient factors that arose was that, as participants felt validated and valued by healthcare professionals, which in turn supported one's desire to find meaning in one's remaining days and months, relationships with healthcare specialists, as part of good holistic patient-centered care were meaningful to them.[24]

Spiritual care is inexpensive and does not call for specific equipment because it starts with a patient-centered, all-encompassing approach. The caring minister must not arrive armed with answers but with faith and the courage simply to be mindfully present to someone in pain.[25] Clyne et al. identified two main categories of spiritual care resources, which are the individual's personal resources and resources related to the professional support provided within the healthcare organization.[26] Simply discussing spirituality might offer spiritual assistance. This is far different from forcing someone to adopt one's religion or imposing one's views. While having a religious outlook does not make complaints go away, it does influence one's feeling of hope or despair.[27]

Incorporating Spirituality in Healthcare Settings

Incorporating spirituality in healthcare settings involves recognizing and valuing the spiritual dimension of patients' lives and integrating it into one's care. This includes

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[23] Kelly, Swinton, and Kingsley, *Chaplaincy and the Soul of Health and Social Care*, 58.

[24] Clyne et al., "Patients' Spirituality Perspectives at the End of Life," e559.

[25] Butler, *Caring Ministry: A Contemplative Approach to Pastoral Care*, *20.*

[26] Clyne et al., "Patients' Spirituality Perspectives at the End of Life," e559.

[27] Klimasiriski, "Spiritual Care in the Intensive Care Unit," 11.

understanding patients' beliefs, values, and religious backgrounds, and offering respectful and non-judgmental support to address the care recipient's spiritual needs. Conversations should encourage patients to spend time thinking about what is important at this time and what type of interventions and situations should be avoided.[28] Healthcare professionals can engage in active listening and empathetic communication to foster trust and facilitate discussions about spirituality and its impact on health and healing. A better approach is the "support response," where the care provider urges the distressed person to talk more about whatever is bothering him/her. Often, allowing someone to process one's emotions is the most kind and uplifting support that the care recipient deserves.[29]

Additionally, creating a welcoming environment that accommodates diverse spiritual practices and providing access to chaplains, spiritual counselors, or support groups can further enhance the integration of spirituality in healthcare. Robert asserts that to aid one in one's quest for healing, one must establish safe spaces where one can share one's experiences while being watched over by a caregiver who approaches this sacred moment with creativity, compassion, collaboration, and competence.[30] By doing so, healthcare providers can promote holistic wellbeing, emotional resilience, and improved patient outcomes while nurturing a sense of comfort, purpose, and connectedness for individuals facing health challenges.[31] While being sensitive to the care recipient's cultural and religious preferences, Robert argues that caregivers are the guides for those travelers who seem to have lost the way to better health journey.[32]

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[28] Finn and Roche, *Supportive Care Strategies*, 195.

[29] Martelli, *Memory Eternal*, 133.

[30] Robert, *Professional Spiritual & Pastoral Care*, 122.

[31] Ibid.

[32] Ibid.

Interdisciplinary Approach to Holistic Healing

An interdisciplinary approach to holistic healing involves integrating diverse fields and perspectives to address an individual's well-being on multiple levels, physical, mental, emotional, and spiritual. "Through interdisciplinary collaboration, the preferences, hopes, and values of the patient and caregiver can be integrated into the treatment plan, which is key in providing the delivery of optimal care."[33]

Numerous studies point to the positive outcomes of patient care through interdisciplinary cooperation between team members in the provision of excellent and beneficial treatment. A scholarly debate in an academic environment at Heidelberg argues for the need to prioritize the study of the outer empirical (physical) world or the inner unconscious and psychological world of individual experience.[34] In the researcher's opinion, the procedures and approaches used in psychology and medicine should not be modified for the human mind. Instead, people should complement one another by sharing ideas and techniques to comprehend the human mind from the standpoint of the person and to explain the physical reactions from a biological and behaviorist perspective.[35]

To address the physiological and psychological components of a patient's illness, medical experts collaborate with psychologists and counselors in the patient's plan of care, because "there is a close body-mind relationship that must be explained, and the body and mind must be understood separately and in relation to each other."[36] Thus, diet plans created by nutritionists'

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[33] Caecilie et al., "Interdisciplinary Collaboration in Serious Illness Conversations in Patients with Multiple Myeloma and Caregivers," 1.

[34] Line Joranger, *An Interdisciplinary Approach to the Human Mind: Subjectivity, Science and Experiences in Change* (Abingdon, Oxon: Routledge, 2019): 33.

[35] Ibid.

[36] Ibid.

support recovery by nourishing the body. Caregivers look at spiritual and emotional support, prayer, and yoga as examples of mindfulness techniques that assist people in reducing stress, improving mental health, and developing a closer relationship with one's inner self. Consequently, an interdisciplinary approach to holistic care acknowledges that health is a dynamic interaction of several elements, with self, as autonomous center of self-reflection.[37] Therefore, when the team draws on the knowledge of numerous disciplines, one can experience dramatic alterations in one's overall wellbeing.

Myrhoj et al., studied the experiences and opinions of patients, caregivers, doctors, and nurses in relation to interdisciplinary collaboration during serious and complicated illness.[38] Despite its goal and success, the researchers found that interdisciplinary relationships can sometimes be fragmented and uncoordinated due to challenges such as imbalance of authority, limited understanding of others' roles and responsibilities, or even gaps in communication. These can directly affect the contributions and roles of each profession during conversations and plans of care.[39] Acknowledging that human health is complicated and interdependent, and that no one academic field can offer an all-inclusive solution, practitioners are encouraged to work together to develop an individualized treatment plan that tackles the underlying causes of health issues by using ideas from fields including medicine, psychology, nutrition, mindfulness, and alternative therapies.

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[37] Line Joranger, *An Interdisciplinary Approach to the Human Mind: Subjectivity, Science and Experiences in Change* (Abingdon, Oxon: Routledge, 2019): 40.

[38] Caecilie et al., "Interdisciplinary Collaboration in Serious Illness Conversations in Patients with Multiple Myeloma and Caregivers," 2.

[39] Ibid., 25.

Cultural Competence and Sensitivity

Cultural competence and sensitivity in spiritual care are essential components of providing holistic and patient-centered healthcare. Reviewing this subtheme is important to this literature because, in the researcher's opinion, most people studiously avoid those who follow different moral standards, particularly in this day and age that celebrates diversity. Brooks asserts that some people tend to avoid individuals who hold different ideals than persons from different racial backgrounds.[40] One of the main challenges the Prophet Muhammed faced was convincing people to look beyond certain identity markers to see the heart and soul within an individual.[41] By using examples from Western, Asian, and African contexts to demonstrate how culture affects counseling practices, pastoral counseling in multi-cultural contexts explores ways in which pastoral counseling reflects cultural preferences and suggests the need for respect for the universal, cultural, and unique aspects of all people.[42] Showing people sincere care, compassion and acceptance, and helping one to rediscover meaning out of despair is essential.[43] This is because spiritual caregiving is a professional practice of compassionate ministry that is most frequently done in secular institutions, seeking accommodation for all without the establishment of a specific religion.[44]

People today are seen as embodying several identities. These identities are all divinely intended and are given to humankind by God as a gift so that one can connect with creation's

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[40] Arthur C. Brooks, *Love Your Enemies: How Decent People can Save America from the Culture of Contempt* (New York: Harper Collins Publishers, 2019): 103.

[41] Muhammad A. Ali et al., *Mantle of Mercy: Islamic Chaplaincy in North America* (West Conshohocken, PA: Templeton Press, 2022): 64.

[42] Vhumani Magezi, "Positioning Care as 'Being with the Other' within a Cross-Cultural Context," 3.

[43] Kelly, Swinton, and Kingsley, *Chaplaincy and the Soul of Health and Social Care*, 46.

[44] Ali et al., *Mantle of Mercy*, 42.

variety and richness.[45] The revelation of the kingdom of God as a new counterculture is the aim of the gospel.[46] This new culture is characterized by a love for one another and a commitment to the virtues of patience, kindness, goodness, faithfulness, gentleness, and self-control.[47] As Muhammad Ali et al. posit, "I see beauty in all our differences. As somebody who lived in places other than his native country for two decades, I grew accustomed to diversity in race, culture, language, and religion."[48] Therefore, Christians are called in Matthew 22:37–40, to love God, and to love one's neighbor as oneself, and John 13:34 says "A new command I give you: Love one another. As I have loved you, so you must love one another" (New International Version).

While several healthcare institutions have recognized the importance of cultural competence and sensitivity in spiritual care, many hospitals have implemented the initiative to enhance the organization's care practices, taking into consideration the following:

Culturally Tailored Education

The United States has become more diverse. It is now a place where all cultures are expected to be accepted and appreciated.[49] This diversity is directly seen in governmental facilities, jails, hospitals, and clinics.[50] By understanding cultural nuances, providers can offer spiritual care that aligns with patients' beliefs and values, acknowledging personal biases, learning about different cultures, and being open to challenging one's assumptions to provide the best possible spiritual care. Despite being skills medical trainees are required to possess, formal

[45] Ali et al., *Mantle of Mercy*, 65.

[46] Swinton, *Finding Jesus in the Storm*, 208.

[47] Ibid.

[48] Ali et al., *Mantle of Mercy*, 48.

[49] Robert, *Professional Spiritual & Pastoral Care*, 407.

[50] Ibid.

instruction in the areas of humanism, professionalism, communication, and teamwork is not frequently and adequately incorporated into medical education.[51] Indeed, newer studies validate that the need for spiritual care is indeed strong across patient populations, even in nonreligious patients.[52] Whilst this is acknowledged as key to patient care, many nurses and other medical personnel do not feel adequately equipped to offer spiritual care due to insufficient skills and confidence.[53]

So, Robert points to the need for healthcare professionals to advance toward patient's overall wellbeing, by actively working to understand the cultural origins and worldviews of the care recipient, for the purpose of one's overall wellbeing.[54] By that, spiritual care professionals can develop a trustworthy and sympathetic relationship with patients that will promote a deeper connection by acknowledging and respecting peoples' cultural differences.

Respect for Religious Diversity

Spiritual practices of patients can be effectively included in care programs by spiritual caregivers who are competent. This may involve arranging for specific religious rituals, prayer spaces, or access to religious texts and resources. By including these components, healthcare ministers can build a more welcoming and encouraging environment, fostering a sense of comfort, and belonging for patients during one's healthcare journey. A new study validates that the spiritual needs for chaplain care are indeed strong across patient populations, even in

[51] Finn and Roche, *Supportive Care Strategies*, 226.

[52] Henderson, Oliver, and Hemming, "Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic," 81.

[53] Mary R. O'Brien et al., "Meeting Patients' Spiritual Needs during End-Of-Life Care: A Qualitative Study of Nurses' and Healthcare Professionals' Perceptions of Spiritual Care Training," *Journal of Clinical Nursing* 28, no. 1–2 (August 29, 2018): 183. https://doi.org/10.1111/jocn.14648.

[54] Robert, *Professional Spiritual & Pastoral Care*, 408.

nonreligious patients.[55] In providing care to a care recipient, a care provider will not ask why the person does not believe in God but will seek a way to establish a therapeutic relationship with the care recipient (patient, family, or staff.)[56]

Sometimes, Religious Support is commonly characterized as Religious or Spiritual Care, and relates to rituals that seek the reconnection of the care recipient with God or with his beliefs and values.[57] Higher levels of religious belief are associated with greater levels of happiness and health.[58] The study of various religions, Islamic theological instruction with Muslim scholars, and the encouragement of introspective self-knowledge and growth necessary for compassionate care were three major facets of education at Hartford Seminary that helped Ali et al. develop an understanding of what it means to be a shepherd for everyone, regardless of the client's religious affiliation.[59] Thus, there is need for care providers to have knowledge of various religious traditions and be receptive to learning about new ideas and customs because caregivers who work in secular organizations provide care to religious and nonreligious persons. This is the reason "Pastoral care" is sometimes replaced with "spiritual care" in secular contexts.[60]

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[55] Henderson, Oliver, and Hemming, "Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic," 81.

[56] Klimasiriski, "Spiritual Care in the Intensive Care Unit," 9.

[57] Dutra and Rocha, "Religious Support as a Contribution to Face the Effects of Social Isolation in Mental Health During the Pandemic of COVID-19," 101. https://doi.org/10.3389%2Ffpsyt.2023.1097598.

[58] Abdolkarimi et al., "The Relationship between Spiritual Health and Happiness in Medical Students During the COVID-19 Outbreak," 2.

[59] Ali et al., *Mantle of Mercy*, 38.

[60] Schuhmann and Damen, "Presenting the Good," 405.

Interpreter Services

Interpreter services is the use of virtual technology to communicate and assess patient's overall need.[61] Many healthcare institutions now offer language interpretation services to assist patients who speak languages other than the dominant one. It is feasible, acceptable, and effective in a variety of clinical settings.[62] In Swedish Hospital, as in the entire nation, some patients come to hospital with limited English, and it is challenging for the nursing, medical, and other staff to provide the necessary treatment to them.[63] Additionally immigrants often arrive with illnesses not listed in any nursing, medical, or social work textbooks.[64] For instance, different from other countries, Malaria is a common illness in Nigeria and the medications can be bought over the counter at any medicine store in Nigeria, but it is handled as a contagious and very serious disease in the United States and other countries. Given that malaria is a prevalent chronic health issue in Nigeria and that most people are aware of the disease's antecedent cause as mosquitoes, everyone is susceptible to contracting it and with less anxiety.[65] Understanding this and being able to communicate it effectively is essential in meeting the patient's need.

In a diverse community, patients generally come from different cultural and linguistic origins in a varied society, and excellent patient-provider communication is essential for precise diagnosis and treatment. Language barriers create challenges for clinicians in terms of obtaining an accurate patient history, care provision, discharge planning, and may also impact morbidity,

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[61] Petra J. Sprik et al., "Chaplains and Telechaplaincy: Best Practices, Strengths, Weaknesses—A National Study," *Journal of Health Care Chaplaincy* 29, no. 1 (January 23, 2022): 41. https://doi.org/10.1080/08854726.2022.2026103.

[62] Ibid.

[63] Robert, *Professional Spiritual & Pastoral Care*, 408.

[64] Ibid.

[65] Lauretta Ovadje and Jerome Nriagu, "Multi-Dimensional Knowledge of Malaria among Nigerian Caregivers: Implications for Insecticide-Treated Net Use by Children," *Malaria Journal* 15, no. 1 (October 21, 2016): 10. https://doi.org/10.1186/s12936-016-1557-2.

mortality, and length of stay.[66] Beyond merely translating languages, interpreter services can also aid in navigating cultural quirks and preferences that could influence medical choices.

According to a systematic review conducted in the USA, professional interpreters were used and patients who were cared for using professional interpreters had better health processes, outcomes, and utilization of health service.[67] A New South Wales-based study on communication in healthcare found that friends and family were prioritized above translators significantly in the emergency department.[68] Interpreter services guarantee that patients can appropriately explain their symptoms, worries, and medical history, and the medical professionals can effectively communicate information concerning diagnosis, treatment plans, and prescription instructions. A qualified interpreter acts as a cultural liaison, ensuring medical professionals are aware of any potential cultural obstacles that can influence diagnosis and treatment.

Community Engagement

Life is all about connections to and of free, boundless, limitless, fluid energy that creates and maintains life. Divine energy holds human relationships to God, to each other, and to self together.[69] Within the larger context of cultural competency and sensitivity, community participation is an essential subtheme. It places a focus on how individuals and organizations may actively contribute to learning and respecting the many cultural backgrounds and requirements of local communities and people. Believers have a responsibility to spread God's

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[66] Andrea Duronjic et al., "The Impact of Language Barriers & Interpreters on Critical Care Patient Outcomes," *Journal of Critical Care* 73, no. 154182 (2023): 1. https://doi.org/10.1016/j.jcrc.2022.154182.

[67] Ibid., 2.

[68] Duronjic et al., "The Impact of Language Barriers & Interpreters on Critical Care Patient Outcomes," 2.

[69] Baldwin, *Trauma-Sensitive Theology*, 126.

grace throughout their neighborhood.[70] The dynamic aspect of human existence deals with how people perceive, communicate, and/or seek meaning, purpose, and transcendence, as well as how persons relate to the present, to self, others, nature, the significant, and/or the sacred.[71] Community engagement encourages discussion and cooperation.

According to the researcher, a strong sense of community and involvement in caring for one another is a key component of African spirituality. Community members provide care for one another as well as for individuals and other members of the community.[72] People are dependent on God, according to Prophet Muhammad, and those who are compassionate toward God's creation are those God loves the most.[73] Ultimately, everyone has a deep need to be in touch with others. Even a self-centered person naturally wishes to have the kind of fiber that is willing to shoulder a fair portion of the agony and work because of this desire.[74] Thus, it is important for caregivers to be sensitive to specific communities in one's area and be able to provide spiritual care to individuals who need care.[75]

Engaging in a community challenges caregivers to develop competencies that enables individuals to function contextually in a global context,[76] to have a group of trusted friends that can pray and do lots of other things together.[77] A group is a tool to recognize and address one's

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[70] Jibiliza, "The Evolution of Pastoral Care Ministry through the Ages," 1.

[71] Michael Connolly and Fiona Timmins, "Experiences Related to Patients and Families' Expression of Spiritual Needs or Spiritual Support Within Healthcare Settings During the Covid-19 Pandemic: A Scoping Review." *Journal of Religious and Health* (April 19, 2022): 2143. https://doi.org/10.1007/s10943-022-01556-y.

[72] Magezi, "Positioning Care as 'Being with the Other' within a Cross-Cultural Context," 4.

[73] Sophie Gilliat-Ray, Mansur Ali, and Stephen Pattison, *Understanding Muslim Chaplaincy* (London and New York: Routledge, 2016): 30.

[74] Caryll Houselander, *Guilt* (Manchester, NH: Sophia Institute Press, 2022): 120.

[75] Robert, *Professional Spiritual & Pastoral Care*, 237.

[76] Magezi, "Positioning Care as 'Being with the Other' within a Cross-Cultural Context," 3.

[77] Debra Gustafson, *Departure Dialogues: Praying Like Jesus Prayed as He Faced Death* (Nashville, TN: Missional Press, 2021): 26.

own emotional barriers and limitations. Successful group members not only increase one's ability to relate to others but also gain more inner peace and have a much better grasp of one's own potential.[78] Thus, Martin Luther King Jr. posits: "All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence."[79] Accordingly, to feel dignified, one must be looked-for by others.[80] Therefore, community involvement promotes cross-cultural tolerance, fosters reciprocal learning, and eventually fosters a more peaceful and cohesive community/healthcare environment that values diversity and thrives on understanding.

Effective Spiritual Care

Everyone has the capacity to recover and find happiness by transforming from a very deep place within oneself. Facilitating this inner change that in the end will transform the person's whole being and experience of life is what all effective care is about.[81] When patients are navigating the healthcare system, effective spiritual care is a patient-centered approach that tends to the person's emotional and spiritual needs. This process includes inquiring about spiritual concerns, offering sympathy, and fostering purpose and hope during illness and pain.[82] Recognizing and meeting the needs of the human spirit, including spirituality through compassionate relationships, should be the focus of spiritual care.[83] It is naturally related to

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[78] Martelli, *Memory Eternal*, 166.

[79] Brooks, *Love Your Enemies*, 69.

[80] Ibid., 72.

[81] Anne George, Oluwatobi Samuel Oluwafemi, and Blessy Joseph, *Holistic Healthcare: Possibilities and Challenges* (Apple Academic Press: Waretown, NJ, 2017): 9.

[82] Grace Meijuan Yang et al., "Effect of a Spiritual Care Training Program for Staff on Patient Outcomes," *Palliative and Supportive Care* 15, no. 4 (November 29, 2016): 435. https://doi.org/10.1017/s1478951516000894.

[83] Kyung-Ah Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea: Development and Preliminary Evaluation," *BMC Palliative Care* 20, no. 1 (February 9, 2021): 3. https://doi.org/10.1186/s12904-021-00718-1.

greater patient wellbeing, happiness, hope, and appreciation.[84] It comprises encouraging patients and medical practitioners to have open and sincere discussions about their beliefs, morals, and existential concerns.

Spiritual care is effective when it recognizes the significant role that spirituality plays in a person's overall welfare while respecting the diversity of religious and spiritual traditions. Thus, an exploratory qualitative study engaged the question: "How do we develop a curriculum that facilitates reflection on psychological, moral, and spiritual experiences in caring for the critically ill and trains future professional caregivers in practices of self-care undergirding professionalism?"[85] Indeed, there is need to train healthcare professionals who actively listen, offer emotional support, collaborate with chaplains, and provide holistic treatment that respects a patient's spiritual preferences. Better spiritual wellbeing has also been linked to other areas of life quality, like psychological wellbeing and weariness.[86] It incorporates the spiritual aspect into the patient's care strategy, guaranteeing that one's religious beliefs and practices are respected and considered alongside medical interventions.

Effective spiritual care acknowledges the value of patient autonomy, ethical issues, and cultural competence. Having spiritual or religious beliefs can help people to cope and find meaning and gain peace of mind in serious illness or when approaching death.[87] It is a personal, subjective experience that is often motivated by the desire to comprehend the meaning of life and

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[84] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

[85] Christine M. Mitchell et al., "Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness: Student and Faculty Perspectives," *Journal of Pain and Symptom Management* 52, no. 5 (November 2016): 728. https://doi.org/10.1016/j.jpainsymman.2016.05.018.

[86] Yang et al., "Effect of a Spiritual Care Training Program for Staff on Patient Outcomes," 435.

[87] O'Brien et al., "Meeting Patients' Spiritual Needs during End-Of-Life Care," 183.

death.[88] The ultimate goal of spiritual care effectiveness is to improve the quality of healthcare overall, increasing patient satisfaction and promoting recovery and wellbeing. Thus, patients who feel or experience unmet spiritual needs report being less satisfied with the overall care and quality of treatment received.[89] "Patients with unmet spiritual needs are at increased risk of poorer psychological outcomes, diminished quality of life, reduced sense of spiritual peace and increased risk of depression."[90]

A tremendous deal of love is needed when providing such care, working with people's emotions and sexuality, helping the sick and insane in unlocking the darkest secrets and patiently spending endless hours helping neurotic people let go of mistaken notions.[91] However, there are challenges to providing effective spiritual care, such as the diversity of beliefs among patients, the need for healthcare professionals to receive adequate training in spiritual care, excellent communication skills, interdisciplinary collaboration, cultural sensitivity, time constraints in busy hospital environments, and legal and ethical concerns. Reducing these disparities will be facilitated by gaining a better knowledge of the obstacles these minority populations face when in severe illness or near death.[92]

Challenges to Effective Spiritual Care

As previously said, effective spiritual care faces several challenges that prevent staff members in medical practices from effectively communicating and understanding one another to

[88] O'Brien et al., "Meeting Patients' Spiritual Needs during End-Of-Life Care," 183.

[89] Ibid.

[90] Ibid.

[91] George, Oluwafemi, and Joseph, *Holistic Healthcare: Possibilities and Challenges*, 9.

[92] Donna P. Mayeda and Katherine T. Ward, "Methods for Overcoming Barriers in Palliative Care for Ethnic/Racial Minorities: A Systematic Review," *Palliative and Supportive Care* 17, no. 6 (July 26, 2019): 697. https://doi.org/10.1017/s1478951519000403.

better meet the requirements of patients.[93] These obstacles can hinder the provision of holistic healthcare that addresses the spiritual and emotional needs of one's care recipient. A study examined the effects of teaching nursing students two spiritual competency areas, spiritual patient care and spiritual awareness perceptions in oneself in a spiritual education course.[94] This study asserts that spirituality and spiritual needs are associated with cultural background and religious beliefs, and are important when evaluating nurses' spirituality."[95] Alternative training approaches and tools have been shown to be helpful in enhancing attitudes toward spiritual care, enhancing self-related competences, and increasing awareness.[96] Thus, addressing these challenges requires healthcare institutions to invest in training, foster a culture of respect and diversity, and develop clear policies and procedures for providing spiritual care. Some of the key challenges include:

Diversity of Beliefs and Practices

In a society where spiritual and religious customs are intricately knit together, the medical staff may encounter a range of belief systems, rituals, and values. This variety can make it challenging to provide treatment that is truly sensitive and appropriate to each person's unique spiritual demands. In a study, a nurse who describes herself as Christian expressed an ease feeling caring for Christian patients and worried about upsetting someone who practiced another

[93] Laura Hills, "Overcoming the Ten Most Common Barriers to Effective Team Communication," *PubMed* 29, no. 2 (November 16, 2013): 99.

[94] C.H.I.A.N.G. Yi-Chien et al., "A Spiritual Education Course to Enhance Nursing Students' Spiritual Competencies," *Nurse Education in Practice* 49 (October 2020): 2. https://doi.org/10.1016/j.nepr.2020.102907.

[95] Ibid.

[96] Yang et al., "Effect of a Spiritual Care Training Program for Staff on Patient Outcomes," 435.

religion.[97] True, patients come from various religious and spiritual backgrounds, and one's beliefs and practices can be vastly different. Given that spirituality and spiritual needs are linked to one's religious beliefs and cultural background, cultural context is crucial when assessing the spirituality of nurses and other medical staff.[98]

Spiritual care integrates cognitive, affective, and behavioral dimensions, such as spiritual self-awareness, managing self-beliefs, respecting other's spirituality, providing spiritual care for patients, respecting cultural diversity, and guaranteeing the quality of spiritual care.[99] As such, care providers need to be well-informed and culturally competent to navigate the potentially dangerous terrain of other beliefs and behaviors without unintentionally offending or misunderstanding. Since better spiritual wellbeing was found to be related to such other aspects of quality of life as psychological wellbeing and fatigue,[100] understanding that humans are spiritual beings, irrespective of one's religious background may be one of the strongest predictors for medical staff in providing spiritual care for patients.[101]

Lack of Formal Training

Many healthcare professionals lack formal training in providing spiritual care. Researchers have investigated why medical professionals, such as doctors and nurses, do not provide spiritual care more often, and one explanation for this could be insufficient training

[97] Robyn Keall, Josephine M. Clayton, and Phyllis Butow, "How Do Australian Palliative Care Nurses Address Existential and Spiritual Concerns? Facilitators, Barriers and Strategies," *Journal of Clinical Nursing* 23, no. 21–22 (February 23, 2014): 3202. https://doi.org/10.1111/jocn.12566.

[98] Yi-Chien et al., "A Spiritual Education Course to Enhance Nursing Students," 2.

[99] Ibid.

[100] Yang et al., "Effect of a Spiritual Care Training Program for Staff on Patient Outcomes," 435.

[101] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

rather than self-reported obstacles such as a lack of time or private place.[102] Training medical staff by hospitals on spiritual care issues had positive effects on patients' wellbeing,[103] and inadequate training is the strongest predictor of rare spiritual care provision.[104] Therefore, creating training for medical professionals to offer religious assistance would be a proactive measure to guarantee that spiritual care is provided to the degree that patients and healthcare providers want and as required by federal regulations.[105]

In the past, healthcare and caregiving environments have prioritized the physiological aspects of care, leaving practitioners frequently unprepared to handle the complex and profoundly personal aspects of spirituality. Van de Geer et al. found that a practical and concise training program on spiritual care and pastoral care for health-care professionals in teaching hospitals can improve staff attitudes and competencies, draw more attention to the spiritual dimension, and temporarily lower barriers to spiritual care for the medical staff.[106] A study by Yi-Chien et al. indicated that taking a spiritual education course was an effective means of improving nursing students' spiritual competencies for spiritual care and spiritual consciousness.[107] It demonstrated how multidisciplinary learning, interests, and spiritual competencies can be enhanced by a well-designed educational course.[108]

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[102] Yang et al., "Effect of a Spiritual Care Training Program for Staff on Patient Outcomes," 435.

[103] Joep van de Geer et al., "Multidisciplinary Training on Spiritual Care for Patients in Palliative Care Trajectories Improves the Attitudes and Competencies of Hospital Medical Staff: Results of a Quasi-Experimental Study," *American Journal of Hospice and Palliative Medicine* 35, no. 2 (February 14, 2017): 224. https://doi.org/10.1177/1049909117692959.

[104] Mitchell et al., "Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness," 728.

[105] Ibid.

[106] van de Geer et al., "Multidisciplinary Training on Spiritual Care for Patients in Palliative Care Trajectories Improves the Attitudes and Competencies of Hospital Medical Staff," 224.

[107] Yi-Chien et al., "A Spiritual Education Course to Enhance Nursing Students' Spiritual Competencies," 5.

[108] Ibid., 7

When there is gap in spiritual care knowledge and skills, it can be a significant barrier to providing effective and sensitive support to individuals facing spiritual or religious challenges. To increase team members' ability to provide patients with the spiritual care that is required, training is badly needed.[109] To find out how new educational initiatives for healthcare personnel in spiritual care will impact patient care, there is a need to develop a model, put it into action, and evaluate its effectiveness.[110] It is believed that because of the sensitive nature of spiritual care, extra training will be required for its implementation.[111] Thus, investing in formal education and training programs that teach medical personnel and other caregivers the skills and knowledge necessary to navigate a patient's spiritual world is crucial to bridging this gap.

Communication Skills

Effective spiritual care requires strong communication skills to facilitate open, empathetic, and nonjudgmental conversations about patients' beliefs and values. It helps one to share what is in one's mind and heart,[112] without fear of criticism, contempt or defensiveness, as it could be detrimental to effective communication.[113] Healthcare professionals have been tasked with reassessing and introducing the complex concepts of spirituality and spiritual care, not just in hospice care, but also in hospitals, other facilities, and home care.[114] These essential skills

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[109] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

[110] Joep van de Geer et al., "Training Hospital Staff on Spiritual Care in Palliative Care Influences Patient-Reported Outcomes: Results of a Quasi-Experimental Study," *Palliative Medicine* 31, no. 8 (November 11, 2016), 744. https://doi.org/10.1177/0269216316676648.

[111] Ibid.

[112] Elias Moitinho and Denise Moitinho, *Dream Home: How to Create an Intimate Christian Marriage.* (Dubuque, IA: Kendall Hunt Publishing Company, 2020): 84.

[113] Ibid.,73.

[114] van de Geer et al., "Training Hospital Staff on Spiritual Care in Palliative Care Influences Patient-Reported Outcomes," 744.

were not possible for some healthcare workers to possess, and some medical practice staff members take interpersonal communication for granted, just like most people do.[115] A study showed that discussing existential or spiritual issues with patients can lead to touchy subjects; however, good team communication and continuity of care needs to be balanced against the need for efficient collaboration and continuity of care.[116]

Since communication skills are essential for comprehending, honoring, and addressing an individual's spiritual and religious views, they can be a major obstacle to delivering good spiritual care. In a research study, several nurses stated that providing spiritual care requires effective communication skills.[117] When discussing questions of faith and spirituality, poor communication skills may cause misconceptions, insensitivity, or even accidental offense. "One hospital-based nurse reflected on how poor communication can make a difficult situation worse."[118] There is also a possibility for one to believe that an interpretation given to an event, behavior, or message is correct, even when it is in error.[119] To overcome this barrier, it is essential for healthcare personnel to receive training and ongoing education in communication techniques specifically tailored to fostering more effective and empathetic spiritual care.

Legal and Ethical Concerns

Balancing the ethical dimensions of care can be challenging. There may be legal and ethical considerations surrounding spiritual care, such as respecting a patient's right to refuse

[115] Hills, "Overcoming the Ten Most Common Barriers to Effective Team Communication," 99.

[116] Keall, Clayton, and Butow, "How Do Australian Palliative Care Nurses Address Existential and Spiritual Concerns," 3202.

[117] Ibid.

[118] Ibid., 3200.

[119] Hills, "Overcoming the Ten Most Common Barriers to Effective Team Communication," 99.

certain treatments or interventions based on one's spiritual beliefs. Any procedure involving people should be guided by the three moral principles of beneficence, fairness, and respect for individuals.[120] Thus, decisions about spiritual care may be complicated by issues with patient autonomy, informed consent, and the separation of church and state. In ethical procedures, written information is considered important, whether it is provided on paper or a mobile device.[121] In accordance with the informed consent principle, caregivers must provide participants with all the details required in decision processes[122] and ensure that the individual's rights and welfare are protected.[123] Finding the correct balance between upholding legal and ethical requirements and honoring an individual's spiritual beliefs can occasionally impede the comprehensive and tailored spiritual care that patients may require. This emphasizes the importance of having clear policies, training, and guidelines for navigating these.

Interdisciplinary Collaboration

Different healthcare professionals, including doctors, nurses, social workers, and chaplains, may have distinct specialties and approaches to dealing with spiritual issues. This uneven knowledge and application of spiritual care practices may lead to inconsistencies and gaps in the patient's support. Training in spiritual care can help with this self-awareness

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[120] Krystal S. Tsosie, Katrina G. Claw, and Nanibaa' A. Garrison, "Considering 'Respect for Sovereignty' beyond the Belmont Report and the Common Rule: Ethical and Legal Implications for American Indian and Alaska Native Peoples," *The American Journal of Bioethics* 21, no. 10 (September 23, 2021): 28. https://doi.org/10.1080/15265161.2021.1968068.

[121] Erica S. Spatz, Harlan M. Krumholz, and Benjamin W. Moulton, "The New Era of Informed Consent," *JAMA* 315, no. 19 (May 17, 2016): 1. https://doi.org/10.1001/jama.2016.3070.

[122] Barbara K. Redman and Arthur L. Caplan, "Should the Regulation of Research Misconduct be Integrated with the Ethics Framework Promulgated in the Belmont Report?" *Ethics & Human Research* 43, no. 1 (January 2021): 38. https://doi.org/10.1002/eahr.500078.

[123] Serebe Abay et al., "Rapid Ethical Assessment on Informed Consent Content and Procedure in Hintalo-Wajirat, Northern Ethiopia: A Qualitative Study," ed. Ute Vollmer-Conna, *PLOS ONE* 11, no. 6 (June 3, 2016): 12. https://doi.org/10.1371/journal.pone.0157056.

process.[124] Although most healthcare workers are not trained in the basic principles and techniques of spiritual care, the national practice guidelines highlight spiritual care as an area of care that can be provided by all healthcare providers in any context in which palliative patients are treated.[125] It targets the practical, spiritual, emotional, and needs of patients and patient's loved ones.[126]

Coordinating spiritual care with other aspects of healthcare, such as medical treatment and psychological care, can be challenging. Many medical professionals report a desire to provide spiritual support when a patient faces terminal illness, but, in reality, this happens less frequently than desired.[127] A more positive perspective on nursing care, spiritual care, and professional commitment is exhibited by higher spiritually healthy nurses.[128] Similarly, physicians are more likely to feel confident in engaging on spiritual matters with patients when one is comfortable in one's spirituality.[129] However, the competencies of medical staff as it relates to spiritual care are limited,[130] despite its relevance in the healthcare sector, interdisciplinary teamwork can occasionally get in the way of providing effective spiritual care.

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[124] Mitchell et al., "Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness," 728.

[125] van de Geer et al., "Training Hospital Staff on Spiritual Care in Palliative Care Influences Patient-Reported Outcomes," 744.

[126] Arianne Brinkman-Stoppelenburg, Bregje D. Onwuteaka-Philipsen, and Agnes van der Heide, "Involvement of Supportive Care Professionals in Patient Care in the Last Month of Life," *Supportive Care in Cancer* 23, no. 10 (March 3, 2015): 2899. https://doi.org/10.1007/s00520-015-2655-3.

[127] Mitchell et al., "Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness," 728.

[128] Yi-Chien et al., "A Spiritual Education Course to Enhance Nursing Students' Spiritual Competencies," 1.

[129] Mitchell et al., "Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness," 728.

[130] Yi-Chien et al., "A Spiritual Education Course to Enhance Nursing Students' Spiritual Competencies," 1.

Therefore, to overcome this challenge, there is need for healthcare facilities to prioritize the integration of spiritual care into the larger interdisciplinary care paradigm.

Grief and End-of-Life Care

Patients with terminal illnesses may experience a range of physical, psychological, or spiritual symptoms and issues that can be upsetting and negatively impact one's quality of life. Providing spiritual care at such times can be emotionally and spiritually challenging for patients and healthcare providers. Patients with life-threatening diseases may develop a variety of symptoms and problems, which can be distressing and detrimental to one's quality of life.[131] Experts in providing round-the-clock care to terminally ill patients such as hospice palliative care teams (HPCTs) are increasingly called upon to initiate spirituality-related conversations with patients and family.[132] Previous studies have shown that spiritual care presents a challenge for HPCTs often. As a result, healthcare providers are unable to provide patients with the spiritual care required for one's overall wellbeing.[133] Thus, to satisfy one of the most significant needs of human existence and provide spiritual care that is meaning-centered and oriented to one's spirituality, healthcare practitioners need to undergo some educational training for spiritual care skill acquisition.[134]

Given that a patient's anxieties, beliefs, and specific spiritual needs may change as the person approaches death, healthcare providers must constantly adapt to spiritual care approaches to meet one's spiritual needs. Studies show that most people would prefer to die as painlessly as

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[131] Brinkman-Stoppelenburg, Onwuteaka-Philipsen, and van der Heide, "Involvement of Supportive Care Professionals in Patient Care in the Last Month of Life," 2899.

[132] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

[133] Ibid.

[134] Ibid.

possible, in the comfort of one's home and surrounded by family and friends.[135] Thus, having a strong spiritual life may help one avoid feeling hopeless in the final stages of life, and receiving spiritual care is essential to receiving high-quality palliative care.[136] Accordingly, the significance of a patient-centered approach to spiritual care attuned to the changing needs of the care recipient during end-of-life experiences is underscored by the fact that failure to provide sensitive and adaptable spiritual support in these crucial moments can result in unmet needs and increased emotional distress.

Strategies for Overcoming Spiritual Care Challenges

Overcoming barriers to effective spiritual care involves a combination of empathetic listening and understanding, cultural and religious sensitivity, spiritual care education, self-care, and a commitment to providing holistic support. The quality of the patient's support network plays a significant influence in predicting how well the patient will respond to therapy, highlighting the caregiver's critical position as a member of the patient's multidisciplinary care team.[137] Firstly, healthcare providers should prioritize active listening and open communication with patients, regardless of one's faith or beliefs. Every medical practitioner will develop their own team communication strategy and demonstrate an active listening skill.[138] By creating a safe and non-judgmental space, one is more likely to share one's spiritual concerns and needs.

The integration of spiritual care into nursing programs, seminars, and in-service training in the workplace, as well as formal education for medical professionals, were among the

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[135] Mayeda and Ward, "Methods for Overcoming Barriers in Palliative Care for Ethnic/Racial Minorities," 697.

[136] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

[137] Finn and Roche, *Supportive Care Strategies*, 157.

[138] Hills, "Overcoming the Ten Most Common Barriers to Effective Team Communication," 100.

solutions suggested by participants in a study for overcoming barriers to providing spiritual care to heart patients.[139] Providing such care may contribute to one's overall health and wellbeing: Quality of life, anxiety, and dejection may all improve. In addition, one's hospital stays and admission rate may decrease, and the overall treatment expenses may be reduced.[140] To help with the process of reconstructing and redefining social roles and family ties, caregivers require continuous support and education. Long-term caretakers are also less likely to be offered or seek medical support, such as mental health assistance, despite reporting a lower quality of life.[141]

Self-care is an important strategy for improving quality of care. The inclusion of self-care is among the core principles of training in palliative care medicine. Self-care has several facets, including elements related to the body, mind, soul, relationships, and environment.[142] A great deal of time and energy is expended on caring for a patient with an advanced illness. This coupled with lack of sleep and fears of the uncertain may bring heavy fatigue and exhaustion to the caregiver and may be compounded by the perception of overall distress.[143] The impact of burnout or, say, "compassion fatigue" can be spontaneous and goes well beyond the negative effects on healthcare professionals. It includes job discontent and intent to quit the profession. It lowers the quality of one's interpersonal relationships, impacts one's immune function, causes depression, decreased lifespan, and even suicide.[144] By fostering this collaborative approach, healthcare institutions can break down the barriers to effective spiritual care, ensuring patients

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[139] Khalil Abu-El-Noor and Abu-El-Noor, "Mapping the Road for a New Spiritual Care Policy," 194.

[140] Ibid., 197.

[141] Finn and Roche, *Supportive Care Strategies*, 160.

[142] Ibid., 223.

[143] Ibid., 160.

[144] Kyle Rehder, Kathryn C. Adair, and J. Bryan Sexton, "The Science of Health Care Worker Burnout: Assessing and Improving Health Care Worker Well-Being," *Archives of Pathology & Laboratory Medicine* 145, no. 9 (August 30, 2021): 1097. https://doi.org/10.5858/arpa.2020-0557-ra.

receive holistic support that respects one's spiritual and emotional wellbeing, alongside physical health.

Theological Foundations

The practice of spiritual care as an art of holistic healing is deeply rooted in theological principles that recognize the interconnectedness of the physical, emotional, mental, and spiritual aspects of human existence. Drawing inspiration from diverse spiritual traditions, the theological foundation of this work asserts that human beings are not merely physical entities but created in the image and likeness of God and possess an inner dimension that craves purpose, connection, and divine existence. The Bible states, "God created mankind in his own image, in the image of God he created them; male and female he created them" (Gen 1:27, New International Version).[145] This fundamental biblical teaching emphasizes that humans created in the image and likeness of God have intrinsic worth, dignity, and holiness, regardless of upbringing or circumstances. Bearing the image of God, it is required of humankind to do justice, to love kindness, and to walk humbly with God (Mic 6:8), laying down one's life for the other (1 John 3:16).

This understanding of humankind, created in the image of God (Imago Dei) highlights the importance of treating every person with compassion, love, admiration, and healing as Jesus instructed: "A new command I give you: Love one another. As I have loved you, so you must

[145] Ellen van Wolde, "Separation and Creation in Genesis 1 and Psalm 104, a Continuation of the Discussion of the Verb ברא," *Vetus Testamentum* 67, no. 4 (2017): 636. In v. 27 of Genesis 1, Wolde emphasized that God is the term of comparison against which the human being is valued. The singular is visible in the singular pronominal suffix: בצלמו "in his image." God serves as the foundation for conceptualization; even better, that element of God is designated as his image. The human being is distinct in relation to this heavenly point of reference.

love one another" (John 13:34, NIV).[146] It is this love for God and neighbor that motivates a person to be a compassionate caregiver and an ambassador of Christ. Accordingly, George, Oluwafemi, and Joseph asserted that to love is an inborn emotion, and a person cannot be taught to love other people if the person does not already love people.[147] Thus, the researcher opines that to become a therapist one ought to love and care for and about people. Being a bad therapist will not serve the world.[148] Christ himself could have saved the world with a single tear or breath but chose to save it by taking on all of humankind's misery, uniting Himself with the anguish of humankind, and making the ultimate sacrifice of His death on the cross.[149] In love, Christ laid down His life for His friends (John 15:13) and invited humankind to do the same.[150] The subheadings below further explore the theological framework for this study.

Compassionate Healing

Compassion and healing are major elements in the life and teachings of Jesus Christ. Jesus' actions of physical and spiritual healing are described in the New Testament, illustrating compassion for the whole individual. In the Gospel of Mark, Jesus made his mission to provide

[146] The Old Testament had already commanded love of neighbor (cf. Lev 19:18). Jesus confirmed this when he said that love of neighbor was the second principle of the entire Law and that it was comparable to the first: as stated in Matthew 22:37–40, to love God with all of one's heart, soul, and mind. However, when Jesus says, "even as I have loved you," he gives the commandment of brotherly love fresh significance and substance. Jose Maria Casciaro (ed.), *Navarre Bible: Saint John's Gospel in the Revised Standard Version and New Vulgate* (Dublin, NY: Four Courts, 2005): 147.

[147] George, Oluwafemi, and Joseph, *Holistic Healthcare: Possibilities and Challenges*, 9.

[148] Ibid.

[149] Houselander, *Guilt*, 28.

[150] Jesus upholds the "new commandment," which he fulfilled by sacrificing his life to save humankind. See the commentary on John 13:34–35. Casciaro, *Navarre Bible: Saint John's Gospel in the Revised Standard Version and New Vulgate*, 159.

forgiveness and healing to the sick and sinners clear (Mark 2:17).[151] This claim emphasizes Jesus' goal of holistically healing people by attending to the person's spiritual and physical needs. In the Gospel of Matthew, Jesus showed compassion to the crowd and granted healing to the sick ones, exemplifying compassion for physical and spiritual needs (Matt 14:14).[152]

Spiritual care and holistic healing are grounded in this compassionate approach. Caring for the sick and broken is an expression of Christ-like love, focusing on the individual's whole being, recognizing one's inherent worth, and providing support for one's spiritual journey. The Psalmist rightly expressed how much God cares for His people and looks out for them, even in one's nothingness (Ps 8:3–8). So, Swinton posits: "The presence of Jesus does not pass, even if it may sometimes feel that way. We are not called to be happy; we are called to be joyful. Joy is the settled assurance that God is always with us and for us in all circumstances."[153]

The Gospel of Matthew 9:35 illustrates how Jesus went through towns and villages, educating people in synagogues, proclaiming the good news of the kingdom, and healing every

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[151] Mark presents the condescending compassion of Christ towards the publicans, his disciples, and the sick and contrasts it with the uncompassionate complaining of the Pharisees whom he silences where the text reads: "And the scribes and the Pharisees, seeing that he ate with publicans." Pierre Jean Olivi and Robert J. Karris, "Commentary on the Gospel of Mark," (liberty.alma.exlibrisgroup.com, 2021): 30. https://liberty.alma.exlibrisgroup.com/discovery/openurl?institution=01LIBU_INST&rfr_id=info:sid%2Fsummon&rft_dat=ie%3D51192863650004916.

[152] Summers comments on Jesus feeding the crowd as a reminder of the compassion of Christ, the bountiful care of God, and the connection Christians have to one another, both now and in the kingdom that is coming. The gospel writers placed this account alongside those of Elijah with the jar of food that would not shut (I Kings 17:9–16) and Elisha, who fed a hundred people with just a few loaves and "they had some left over" (II Kings 4:42–44). This is another account of God's manna not running out because Christians are in the wilderness, ensuring that no one has too much or too little. Charles A. Summers, "Matthew 14:13–21," *Interpretation: A Journal of Bible & Theology* 59, no. 3 (July 1, 2005): 299. https://web.s.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=26046b8c-8c14-4bc1-854d-299442259546%40redis.

[153] Swinton, *Finding Jesus in the Storm*, 82.

disease and sickness the people were suffering from.[154] Undoubtedly, numerous stories of Jesus treating spiritual and emotional needs in addition to bodily illnesses are found throughout the Gospels. For instance, consider how frequently Jesus pardoned transgressions before and after curing medical ailments (Mark 2:1–12, Luke 7:36–50).[155] He demonstrated empathy for people's emotional and spiritual struggles (Matt 9:36; Matt 11:28–30). These references provide a glimpse into the extensive healing ministry of Jesus, showcasing his compassion, authority over sickness, and the holistic nature of the care Jesus provides, addressing physical, emotional, and spiritual needs. In the end, Jesus' healing mission is a powerful illustration of God's mercy and love.

When four companions brought a disabled man to Jesus in Mark 2:5, Jesus said, "Son, your sins are forgiven" (NIV). Jesus's healing experiences frequently included not just physical recovery but also emotional and sin forgiveness. This connection between physical healing and forgiveness highlights how spiritual and bodily health are intertwined in the ministry of Jesus. Furthermore, Jesus's interactions with people such as the blind beggar Bartimaeus (Mark 10:46–52) and the woman with the issue of blood (Mark 5:25–34) demonstrate his attention to each

[154] Matthew 9:35 provides a summary of the threefold ministry of Jesus illustrated in Matthew 5:1–9:34: preaching and teaching (5:1–7:29), and healing (8:1–9:34). Matthew provides a continuous story beginning from Jesus' ministry (5:1–9:34), followed by his commissioning of the twelve disciples (9:35–10:42), and the continuation of his travels around Galilee to do ministry (11:1–13:58). Samson L. Uytanlet and Kiem-Kiok Kwa, *Matthew: A Pastoral and Contextual Commentary.* (Langham Publishing, 2017): 105. https://ebookcentral.proquest.com/lib/liberty/reader.action?docID=5451175&ppg=126

[155] Healy commented in Mark 2:9–11 on the ability of Jesus to heal the human body, by first healing the spirit. It appears to be simpler to make a claim about an internal state of events than to declare a miracle in public. It would be impossible to validate or refute the statement "your sins are forgiven." However, the promise to perform a miracle could be immediately confirmed. To demonstrate his power to carry out the "easier" tasks, Jesus will undertake the "harder." Mary Healy, *The Gospel of Mark: Catholic Commentary on Sacred Scripture* (Grand Rapids, MI: Baker Academic, 2008): 57.

person's particular needs, addressing not only the people's physical ailments but also their emotional and spiritual states.[156]

The Role of Faith

Faith, as a theological foundation for spiritual care, serves as a profound and transformative force in the realm of holistic healing. At its core, faith represents a deeply held belief in something greater than oneself, often extending beyond the tangible and observable. St. Paul's letter to the Hebrews provided an assurance that faith is a conviction of things not seen but hoped for (Heb 11:1). Faith, prayer, and the guidance of the Holy Spirit, bring comfort and healing to those suffering.[157] The Scripture talks about how faith in physical and spiritual healing may improve a person's overall wellbeing simply by trusting, and without faith it is impossible to believe, to trust, and to please God (Heb 11:6). The emphasis on faith as a theological foundation can improve one's overall wellbeing by highlighting the intimate relationship between prayer, faith, and healing. This interaction demonstrates Jesus's recognition of the interconnectedness between faith, physical healing, and emotional wellbeing.

Within the Christian tradition, faith is seen as both believing that God can heal and having faith in His all-embracing plan for a person's life. With faith, whatever one asks in prayer will be received (Matt 21:22), for with God, nothing is impossible (Matt 19:26, Luke 1:37). Therefore, in spiritual care, a Christian is encouraged to trust in the Lord with all of one's heart,

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[156] This commentary emphasizes the importance of faith in one's healing journey, as Olivi and Karris explain that the third and fourth miracles of Jesus deal with the cure of a woman with a flow of blood and of the resuscitation of a little girl, respectively. After these miracles, the text reads: "And leaving that place, he went into his own country." It is indicated here why he performed merely a few miracles in Nazareth. He acted in this way not because of a defect in his power. Rather it was because of their lack of faith, occasioned by that familiarity that stems from having been raised together and from knowledge of who he was and who his parents were. Pierre Jean Olivi and Robert J. Karris, "Commentary on the Gospel of Mark, 33.

[157] Ronald W. Richardson, *Becoming a Healthier Pastor: Family Systems Theory and the Pastor's Own Family* (Minneapolis, MN: Fortress Press, 2005): 67.

and not to lean on one's understanding (Prov 3:5–6).[158] Thus, in all of life's journey, God makes straight the paths of those whose faith is in him. As in the Gospel of Mark 10:52 (ESV), Jesus said to the blind man, "'Go; your faith has made you well.' Immediately he recovered his sight and followed him on the way" Thus, faith is based on hearing, and hearing through the Word of Christ (Rom 10:17).[159] These passages collectively emphasize the role of faith in the spiritual care and holistic healing process, illustrating the interconnectedness of faith, spirituality, and wellbeing. While this research emphasizes the importance of faith in a patient's healing, it acknowledges the need for one to be open to the will of God. As in Mark 1:33–34, Jesus healed most of the people in the crowd, but not all.

Prayer and Ritual

Prayer is the movement of God into one's situation.[160] Many religious traditions place a high value on prayer and ritual as essential means of connecting with the divine, expressing one's beliefs, and discovering one's purpose in life. Prayer is seen as a means of opening a channel of communication with the divine. In prayer, one expresses one's thoughts, feelings, and desires to God, seeks guidance, and finds solace in times of need. "It is not simply a pious activity of the righteous, but rather a reaching out to God (Acts 17:27), who hears our sighs, our

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[158] *The Navarre Bible: Wisdom Books:* "*The Books of Job, Proverbs, Ecclesiastes (Qoheleth), the Wisdom of Solomon, and Sirach (Ecclesiasticus)*" (University of Navarre, Scepter Publishers, 1999): 173. In addition to being willing to follow the master's instructions in Proverbs 3:5–6, gaining wisdom requires one to be upright and trust in the Lord. Only the honest and devoted are worthy of receiving the gift. However, although loyalty is addressed here (as opposed to other places in the Bible), it does not entail upholding the conditions of the Covenant that God established with his people. The only requirement is an authentic dedication to the Lord and a sound connection with him that keeps one aware of his presence constantly.

[159] Although the apostolic witness declared Jesus to be Lord, not all the Israelites responded favorably to the good news. The gospel calls on the people of the Lord to welcome the Messiah with "the obedience of faith," but many turned down the invitation. This is not only a disheartening historical fact but is also alluded to in biblical prophecy. Michael Adams, trans., *The Navarre Bible: Text and Commentaries: Major Prophets: Isaiah, Jeremiah. Ezekiel. Daniel* (University of Navarre, Scepter Publishers, 2005): 183.

[160] Phil C. Zylla, *The Roots of Sorrow: A Pastoral Theology of Suffering* (Waco, TX: Baylor University Press, 2012): 127.

groans, and our laments."[161] It is a way to cultivate a personal relationship with God, "Our Father" (Isa 64:8–9). The majority of the world's religious systems practice prayer. People who pray use it to communicate with the "other," such as God, other people, or nature. There may be a set prayer hour each day or prayers to be offered for occasions like birth, death, illness, or celebrations in various religious traditions. Other traditions emphasize the spontaneity and in-the-moment nature of prayer.[162]

Prayer and the healing work of the Holy Spirit are indispensable for Christians.[163] Prayer restores one's connection with God, "for in him we live and move and have our being" (Acts 17:28). During the days of Jesus' life on earth, Christ prayed and pleaded for God's help with intense sobs and tears to be delivered from death, and the prayer was heard by God (Heb 5:7,8).[164] So, Gustafson opines that God gives human beings the freedom to pray with cries, tears, and words while remaining close to God who hears and promises to remain always with mankind."[165] Often Jesus would withdraw to a lonely place to pray (Luke 5:16),[166] emphasizing the importance of prayer in Matthew 6:9–13 when Christ teaches the disciples the Lord's Prayer.

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[161] Zylla, *The Roots of Sorrow*, 126.

[162] Robert, *Professional Spiritual & Pastoral Care*, 106.

[163] Swinton, *Finding Jesus in the Storm*, 79.

[164] Arthur W. Pink, *Exposition of Hebrews* (Unabridged Start Publishing LLC, 2018): 262. Arthur's commentary on the first 10 verses of Hebrew chapter 5 points to the passage as large and requires adequate time to read it. For a better understanding, one dares not rush through their explanation. It helps Christians to understand the Lord Jesus as a person and His role as the great High Priest of God's people.

[165] Gustafson, *Departure Dialogues*, 14.

[166] Anselm Grun, *Jesus, the Image of Humanity Luke's Account* (New York: Continuum, 2006): 67. Grun describes the effects of prayer on believers. He states that heaven opens when one prays. The Holy Spirit fills people while they pray. In prayer, one discovers God's unconditional love. One learns about oneself through prayer. Jesus retreated "to a lonely place to pray" after curing the lepers as crowds poured in from all directions (Luke 5.16). To escape the chaos of the outside world and other people's expectations, one can go to prayer. Jesus prayed to God the entire night on the mountain before selecting twelve apostles from among the disciples (Luke 6.12). Making wise decisions is made possible by prayer.

Thus, Gustafson asserts that Jesus prays for all mankind in all situations.[167] Likewise, healthcare professionals are called to pray sometimes for patients and families going through difficult times.

Patients across the religious spectrum strongly desire the chaplain's prayer in a time of need. James 5:14–15 (King James Version), speaks to the power of prayer within a healing context: "Is any sick among you? let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: and the prayer of faith shall save the sick, and the Lord shall raise him up; and if he has committed sins, they shall be forgiven him."[168] Praying together is a way to give voice to gratitude, suffering, hope and need with a compassionate witness.[169] "Most importantly, prayer should not be imposed but should be offered in such a way that the patient/resident or family will sense no judgment if they decline."[170] This means the pastoral caregiver must not presume that a care receiver needs prayer. It must be offered and accepted.[171]

On the other hand, rituals, rooted in religious traditions, act as transformative tools for healing. These structured practices foster a sense of belonging and connection to the sacred, facilitating personal and communal healing. The story of the woman who touched the hem of Jesus' garment in Mark 5:25–34 illustrates the healing power of ritual combined with faith, as such an act symbolized trust in divine healing. The Holy Communion, often known as the Holy Eucharist, the breaking of Bread (Luke 24:35, Acts 2:42, Acts 2:46, Acts 20:7, and 1 Cor 10:16),

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[167] Gustafson, *Departure Dialogues*, 34.

[168] According to St. James, prayer is both required and beneficial in combating sadness (or "suffering"; v. 13); priests' prayers during the sacrament of anointing, when they anoint the ill with oil (vv. 14–15); and prayer for others aids in sin forgiveness (v. 16). *Navarre Bible. Catholic Letters* (Dublin: Four Courts, 2005): 49.

[169] Henderson, Oliver, and Hemming, "Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic," 88.

[170] Robert, *Professional Spiritual & Pastoral Care*, 110.

[171] Ibid.

is a significant ritual of oneness in God and denotes spiritual healing and nourishment in Christian theology. The apostle Paul stresses the value of participating in the Lord's Supper in 1 Corinthians 11:23–26, where believers remember Christ's sacrifice and get spiritual nourishment. Also, in the Jewish tradition, rituals such as the Passover Seder in Exodus chapter 12 and the Day of Atonement, in Leviticus chapter 16 are described as symbolic actions that reminded the Israelites of past history and renewed covenant with God.

Reconciliation

The ministry of reconciliation emphasizes how crucial it is to repair bodily and spiritual wounds. According to Barker, the passage in the New Testament that speaks most about reconciliation is 2 Corinthians 5:17–21.[172] The apostle Paul makes it clear that through reconciliation a believer can become a "new creation" in Christ (2 Cor 5:17). To restore the brokenness brought on by sin, holistic healing looks to the transformative power of Christ's love, the Christ who was sent into the world to bring about peace by dying (Rom 5:10).[173] Thus, 2 Corinthians 5:18 (NIV) states, "All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation." Therefore, achieving resilience and recovering from wounds, both traumatic and non-traumatic, requires tuning into the presence of the divine, the

[172] Gary M. Barker, "'Reconciled to God:' 2 Corinthians 5:18–21, Romans 5:8–11" (Paso Robles Press, June 17, 2020): n.p. https://pasoroblespress.com/commentary/reconciled-to-god-2-corinthians-518-21-romans-58-11/#:~:text=Paul%20declares%20in%20Romans%205.

[173] Nina L. Collins, "The Jewish Source of Rom 5:17, 16, 10 and 9: The Verses of Paul in Relation to a Comment in the Mishnah at M. Makk 3.15," *Revue Biblique* 112, no. 1 (2005): 40. The relationship between God and sinners, which Paul refers to as "reconciliation," was established not through one's own death (as could be claimed from the Mishnaic statement of Rabbi Hanina) nor through Adam's sin (as in Rom. 5:17), but through the death of another being, the Son of God. As a result, whereas Adam is the effective subject of Romans 5:17 and 5:15 and "the enemies of God" is the effective subject of Romans 5:10, the effective subject of the first section of Rabbi Hanina's statement is a nameless individual. Furthermore, Paul does not explicitly indicate in this passage that sinners' sin results in their own death (as stated, for one man in the Mishnaic statement), although this may be implied.

community's resources for care and support, and the calming, centered presence inside one another.[174]

Reconciliation involves seeking forgiveness, both from the divine and from fellow human beings. 2 Corinthians 5:18–19 highlights the concept of reconciliation, that it is God who reconciled mankind to himself through Christ and gave humankind the ministry of reconciliation. This emphasizes that reconciliation is a divine act facilitated through Christ and extends to humanity, offering a pathway to holistic healing by repairing relationships with God and with one another. Thus, Jeremiah 17:14 (NIV) proclaims: "Heal me, Lord, and I will be healed; save me and I will be saved, for you are the one I praise." Accordingly, by Christ's wounds believers are healed (1 Pet 2:24). Therefore, "The beginning of human happiness, and even of human sanity, is to begin to know God,"[175] and keeping in mind that God alone can bring about healing, forgiveness, kindness, and an indescribable serenity.[176] So, knowing God as one true God and Christ Jesus, is eternal life for all Christians (John 17:3), particularly, individuals navigating the complexities of life, illness, and suffering.

Theoretical Foundations

Some challenging situations in life can make one question God or the reality of one's faith. As in Psalm 22:1, Jesus felt forsaken by God and questioned. "The citation of Psalm 22 implies a cry of trust, though trust expressed in the midst of severe pain."[177] The integration of spiritual care into the healing process for those who are enduring physical, emotional, or

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[174] Baldwin, *Trauma-Sensitive Theology*, 59.

[175] Houselander, *Guilt*, 101.

[176] Martelli, *Memory Eternal*, 172.

[177] Robin Ryan, *God and the Mystery of Human Suffering: A Theological Conversation across the Ages* (Mahwah, NJ: Paulist Press, 2011): 229.

psychological distress is emphasized in the domain of holistic healing. According to Robert, "Holistic healing" has become a widely accepted idea, and a holistic approach to care improves patient happiness and efficiency.[178] It is not also uncommon in the search for meaning and connection for individuals to talk about periods of struggle as well as times of peace and strength,[179] because the promise of God to preserve the lives of his children brings comfort (Psalm 119:50). Thus, this theory involves integrating concepts from various disciplines such as theology, psychology, and healthcare for holistic care. The subheadings below explore the theoretical framework for this study.

Spiritual Ecology

This theory encourages individuals to connect with their inner selves, others, and the broader natural world for spiritual nourishment. The conviction that in moments of suffering one is not alone but in spiritual communion with God and with the people of God who share in the compassionate ministry of Christ in the world brings comfort.[180] This theory challenges caregivers to examine a person's spirituality in terms of transcendence, growth, relational characteristics, values/beliefs, and meaning.[181] Transcendence is "looking at the reality of human vulnerability, suffering, and evil."[182] But suffering is not to separate one from God (Rom 8:39). Rather, it tests the limits of one's connections to God and other people.[183] Thus, John 16:33

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[178] Robert, *Professional Spiritual & Pastoral Care*, 23.

[179] Jennifer Lydon-Lam, "Models of Spirituality and Consideration of Spiritual Assessment." *International Journal of Childbirth Education* 27, no. 1 (January, 2012): 19. https://doi.org/10.1016/j.nepr.2019.07.010.

[180] Zylla, *The Roots of Sorrow*, 140.

[181] Lydon-Lam, "Models of Spirituality and Consideration of Spiritual Assessment, 18.

[182] Schuhmann and Damen, "Presenting the Good," 407.

[183] Zylla, *The Roots of Sorrow*, 126.

encourages believers to take heart and be assured God has overcome the world no matter the troubles.

As part of spirituality, one may connect with things of this world like family, friends, or nature, and with things not of this world (the divine, the universe, God) for one's spiritual and emotional health.[184] In providing care, one does not preach "family" and tell people what should be done. Rather one starts where the care recipient is and just "come alongside." It is a process of mutual discovery guided by one's understanding of how emotional systems function.[185] According to the holistic healing theory, treating the spiritual aspect alongside the physical and psychological ones might result in a more thorough and successful method of healthcare that fosters not only symptom relief but also personal development and inner peace. This concept of spiritual care transforms into a religious undertaking that aims to fulfill the deepest aspirations of the human soul by providing consolation, direction, and solace through times of adversity, pain, and illness.[186]

Maintaining a sense of the sacred relates to meaning in life and personal strivings.[187] Just as God is silently present to Jesus during his agony on the cross, he is equally silently present to everyone who suffers.[188] Like Jesus, Martelli, emphasizes the need for caregivers to always remember that people going through suffering need love, not logic. "They need someone to sit and weep with them, not to present a sermon."[189] Thus, from this divine accompaniment, hope

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[184] Lydon-Lam, "Models of Spirituality and Consideration of Spiritual Assessment," 20.

[185] Richardson, *Becoming a Healthier Pastor*, 123.

[186] Martelli, *Memory Eternal*, 45.

[187] Angele McGrady and Donald Moss, *Integrative Pathways: Navigating Chronic Illness with a Mind-Body-Spirit Approach* (Cham: Springer International Publishing, 2018): 13. https://doi.org/10.1007/978-3-319-89313-6.

[188] Ryan, *God and the Mystery of Human Suffering*, 230.

[189] Martelli, *Memory Eternal*, 45.

emanates.[190] So, Romans 12:12 encourages believers to be joyful in hope, patient when afflicted, and pray fervently. As "the language of hope is rooted in God and God's infinite love."[191]

Spiritual Assessment Tools

Spiritual assessment tools offer a methodical approach to investigating an individual's ideas, values, and existential concerns, and facilitate a more meaningful relationship between patients and healthcare professionals. "The importance of the spiritual assessment is understanding how or if a patient's spirituality affects their health care or how health care should be delivered."[192] Thus, Fitchett referenced Pruyser's study in support of his recommendation that the pastor's unique theological perspective, rather than the psychological worldview, should guide the spiritual assessment process[193] since inspired pastoral acts are based on revelation from God that the caregiver either receives directly or is channeled through holy books or individuals.[194] So, the assessment tools should incorporate questions that can be used to understand the impact of spirituality on individual care plans.[195] Thus, Robert argues the importance of comprehending and treating the whole person has come to be better understood.[196]

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[190] Zylla, *The Roots of Sorrow*, 143.

[191] Ibid.

[192] Andre L. Jones, Dustin K. Smith, and Daniel P. Kuckel, "The Spiritual Assessment," *Journal of American Family Physician* (2022): 417. file:///C:/Users/maris/Downloads/The_Spiritual_Assessment.pdf

[193] George Fitchett, *Assessing Spiritual Needs: A Guide for Caregivers* (Lima, OH: Academic Renewal Press, 2002): 15.

[194] Ibid., 12.

[195] Jones, Smith, and Kuckel, "The Spiritual Assessment," 417.

[196] Robert, *Professional Spiritual & Pastoral Care*, 23.

Holistic Healthcare Model

Drawing from the mind-body-spirit connection theory, it is recognized that spiritual wellbeing is closely intertwined with physical and mental health. Richardson named the three types of subsystems functioning within a person as the emotional system, the feeling system, and the intellectual systems.[197] According to a fundamental concept of spirituality, the body is sacred and the three (body-mind-spirit) are one, and without each one, the other cannot function properly (James 2:26). This perspective has been linked to actions that promote holistic healing.[198] It highlights how fostering spiritual resilience, coping mechanisms, and a sense of purpose can positively impact an individual's ability to heal and experience overall wellbeing. Thus, Speyer and John argue that, prior to addressing specific issues, solution-building must begin with imagining what the soul wants.[199] Often, the ego needs security, significance, and a feeling of belonging, while the soul longs for wisdom, boldness, and transcendence.[200] Thus, Matthew 16:26 (KJV) asks: "For what is a man profited, if he shall gain the whole world, and lose his own soul? or what shall a man give in exchange for his soul?"

Collaborative Care Approach

The importance of interdisciplinary cooperation in healthcare teams' efforts addresses the many facets of patients' wellbeing, including spiritual dimensions. Health care professionals are guides at the crossroads of where the care recipient's life situation meets one's life needs, values,

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[197] Richardson, *Becoming a Healthier Pastor*, 63.

[198] McGrady and Moss, *Integrative Pathways*, 12.

[199] Cedric Speyer and John Yaphe, *Applications of a Psychospiritual Model in the Helping Professions*, (Routledge, 2020): 21, Routledge EBooks.

[200] Ibid.

personal qualities, and soul's purpose.[201] Medical professionals ought to foster a welcoming and accepting environment where individuals can discover and express their spirituality. For no one has the complete picture of the human person, yet all theorists contribute to it. Therefore, caregivers have much to gain from understanding other perspectives.[202] Accordingly, Maciej argues that medical personnel can respond to the above needs outside the religious context by providing patients with respect and solicitude.[203] This theory views holistic health as encompassing a variety of healing approaches rather than just conventional medical treatments.

Narrative Medicine

The use of personal stories to comprehend and enhance health and wellbeing is a key component of narrative medicine, which serves as a theoretical underpinning for holistic treatment and spiritual care. This theoretical method acknowledges that a person's story, which is made up of one's experiences, convictions, and values, greatly influences how one sees sickness and recovery. For instance, people have described families as the reason why things are the way they are.[204] "The labels we use to describe our family members can say as much about us as about them. Our labels for others reveal the position we have taken in life vis-à-vis those people."[205]

In the context of spiritual care, narrative medicine prompts healthcare providers to listen attentively to patients' stories, not only to diagnose medical conditions but to comprehend the spiritual dimensions that contribute to one's overall health and provide comfort. Thus, one can

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[201] Speyer and Yaphe, *Applications of a Psychospiritual Model in the Helping Professions*, 17.

[202] Ibid., 8.

[203] Klimasiriski, "Spiritual Care in the Intensive Care Unit," 2.

[204] Richardson, *Becoming a Healthier Pastor*, 37.

[205] Ibid., 38.

take a lesson from one's own human sorrow and gently share the good news of God's nearness with the care recipient who is grieving and alone,[206] while referencing God's promise to never leave nor forsake one (Heb. 13:5). By acknowledging and engaging with these narratives, practitioners can offer more patient-centered and empathetic care that addresses not just physical symptoms but the broader context of an individual's life.

The significance of storytelling as a therapeutic tool that aids a person in making sense of one's experiences and giving one's recovery process direction is recognized by the discipline of narrative medicine. Reflection on this hidden experience reveals three yearnings of the afflicted: the longing to be seen, the yearning for a community of belonging, and the need to be understood.[207] The relationship between medical professionals and patients is strengthened by this approach, which encourages candid conversation and collaborative exploration of personal narratives, moving toward a one-on-one relationship, and being able to open up to the caregiver and talk about disturbing issues.[208] When used in conjunction with spiritual care, narrative medicine facilitates a greater understanding of the existential and spiritual aspects of a patient's life by medical practitioners, enabling them to integrate these aspects into a holistic healing process. By incorporating narrative medicine into spiritual and religious care, healthcare providers can forge stronger connections with patients, tailor interventions to align with the person's unique narratives and contribute to a more comprehensive and meaningful healing journey.

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[206] Zylla, *The Roots of Sorrow*, 118.

[207] Ibid., 120.

[208] Richardson, *Becoming a Healthier Pastor*, 49.

Biopsychosocial-Spiritual Model

The biopsychosocial-spiritual model is a comprehensive approach that combines biological, psychological, social, and spiritual elements. It offers a solid theoretical foundation for holistic therapy and spiritual care. In this theoretical approach, when an individual is faced with problems, the person tries to cope with some internal religious resources, which are likely to influence the person's health outcomes.[209] Using this model of patient care as a framework, caregivers examine the ways patients can be supported physically, psychologically, socially, and spiritually.[210] Engel et al. acknowledge the intricate relationships between biological, psychological, and social elements in understanding illness and its man-agency.[211] The biopsychosocial-spiritual model fosters a deeper knowledge of the individual within one's cultural and spiritual environment by emphasizing a patient-centered approach that addresses the entirety of human experience through the incorporation of spiritual care.

This holistic perspective acknowledges health is more than just the absence of illness; rather, it is a dynamic balance across various domains. In spiritual care, the biopsychosocial-spiritual model recognizes the importance of purpose, meaning-making, and connection in the healing process. From a physical perspective, a holistic model of biopsychosocial-spiritual care should include an emphasis on a healthy lifestyle, including regular sleep, physical exercise,

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[209] Michael T. Anim, Charles Atanga Adongo, and Felix Yirdong, "African Cultural Values in the Biopsychosocial-Spiritual Care Model to Manage Psychological Symptoms in Adults with Sickle Cell Disease in Ghana, West Africa," *Mental Health, Religion & Culture* 25, no. 2 (February 21, 2022): 179. https://doi.org/10.1080/13674676.2021.2025351.

[210] David Vermette and Benjamin Doolittle, "What Educators Can Learn from the Biopsychosocial-Spiritual Model of Patient Care: Time for Holistic Medical Education," *Journal of General Internal Medicine* 37, no. 8 (March 31, 2022): 2062. https://doi.org/10.1007/s11606-022-07491-8.

[211] Anim, Adongo, and Yirdong, "African Cultural Values in the Biopsychosocial-Spiritual Care Model to Manage Psychological Symptoms in Adults with Sickle Cell Disease in Ghana," 179.

healthy eating, and a connection with a spiritual being.[212] For one cannot achieve anything when away from God, because God is the vine and humans are the branches. It is in God that one bears bountiful fruit (1. John 15:5). He, the Lord, lights up the path of those who love him (Psalm 119:105). So, if one identifies with a faith tradition, it is good to consider attending services in a consistent manner and aligning work with intrinsic values, such as through advocacy, community engagement, or peer support.[213] Medical personnel can engage with patients in a more compassionate and culturally sensitive manner by addressing the spiritual side of one's health, and can modify interventions to target the patient's overall welfare.

Following the biopsychosocial-spiritual theory, rather than focusing on the patient's diagnosis, the healthcare provider should consider the experience of the individual seeking care as a human being deserving of compassion. Of course, there has been a lot written on approaches to treating the "whole person" and acknowledging a patient is a person with goals, a family, relationships, and culture, not just about the diagnosis.[214] With such consideration, the caregiver and the care recipient can all receive God's grace no matter how fused and problematic the situation may be.[215] Therefore, let one's thinking, feeling, and behavior be less determined by what others expect and more by what makes sense in life, to self, others, and to God, based on one's beliefs and values.[216] Thus, encouraging appreciation, developing a growth mindset, and

[212] Vermette and Doolittle, "What Educators Can Learn from the Biopsychosocial-Spiritual Model of Patient Care," 2062.

[213] Ibid., 2063.

[214] Ibid., 2062.

[215] Richardson, *Becoming Healthier Pastor*, 66.

[216] Ibid.

supporting appreciative inquiry are research-proven strategies to improve wellbeing and career advancement.[217]

Existential Wellbeing Model

The existential wellbeing model emphasizes the fundamental relationship between existential problems and general wellbeing, serving as a strong theoretical basis for holistic health and spiritual care. This model suggests that addressing existential issues has a vital role in enhancing an individual's feeling of completeness, and it acknowledges the importance of people finding meaning and purpose in life. Many patients turn to organized religion for answers to questions about what it means to live and die; Others turn to some spiritual views which are not connected to any one religion, for guidance.[218] But the commonly held assumption is that individuals more involved in religion are more likely to be passive or avoidant in the person's approach to dealing with diseases and other life's situations.[219] Despite one's health state, using a coping technique more frequently, that is, having a positive attitude and not having an anxiety disorder, resulting in an independent association with a stronger feeling of meaning, tranquility, and purpose in life.[220] Thus, the existential wellbeing model helps healthcare professionals better understand what a patient has been through and encourage them to consider issues of purpose, values, and meaning-seeking in the context of spiritual needs.

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[217] Vermette and Doolittle, "What Educators Can Learn from the Biopsychosocial-Spiritual Model of Patient Care," 2063.

[218] Daniel P. Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," *The Gerontologist Journal* 42 no. suppl. 3 (2002): 1931.

[219] Ibid., 1936.

[220] Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," 1931.

Education and Training

While providing care, one might regularly run into unexpected storms and situations for which one is unprepared. Caregivers need to learn how to steer patient's boat through harsh seas and help the care recipient to develop the skills that self-differentiation offers.[221] Education and training constitute a vital theoretical foundation for spiritual care and the art of holistic healing, and healthcare workers can better comprehend and address the spiritual elements of patients' welfare with the information, skills, and competencies education and training provide. Thus, leaders in churches and healthcare facilities need to be in good health and trained to handle life's emotional ups and downs.[222]

Comprehensive education in spiritual care ensures practitioners develop a nuanced understanding of diverse spiritual beliefs, cultural practices, and existential concerns. In addition to producing technically sound and clinically competent doctors, medical education aims to foster the development of physician healers who can offer patients the best possible comprehensive care.[223] When healthcare practitioners are educated and trained in the theoretical underpinnings of spiritual care, they become more skilled. Additionally, this makes it easier to incorporate concepts of holistic treatment into more expansive healthcare systems.

Summarily, this theoretical foundation embraces the interconnectedness of mind, body, and spirit as a holistic model of healthcare. It integrates the biopsychosocial-spiritual framework, draws inspiration from existential models of wellbeing, and values the efficacy of narrative medicine. For instance, in critically ill patients, lower levels of psychological distress, such as

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[221] Richardson, *Becoming a Healthier Pastor*, 148.

[222] Ibid., 148.

[223] Vermette and Doolittle, "What Educators Can Learn from the Biopsychosocial-Spiritual Model of Patient Care," 2064.

suicidal ideation, depression, and hopelessness, are associated with higher levels of spiritual wellbeing.[224] Most often, one's feeling is shaped and labeled within one's life experiences.[225] This comprehensive approach turns spiritual care into a customized, intricate practice that is an art and a science and significantly contributes to people's total healing.

Conclusion

It is clear from findings that introducing spiritual care in medical settings can benefit patients in several ways, including lowering stress and anxiety levels and enhancing general wellbeing. The significance of understanding the holistic nature of recovery, which recognizes the interconnectedness and impossibility of separating the physical, emotional, and spiritual facets of a patient's existence were emphasized. Some religious traditions' texts and teachings place a strong emphasis on the interconnectedness of all things, compassion, inner harmony, and completeness. Thus, as healthcare continues to evolve, it is imperative that healthcare organizations recognize the profound impact of spirituality on patients' wellbeing and recovery.

As healthcare systems continue to serve diverse populations moving forward, a commitment to cultural competence and sensitivity in spiritual care becomes increasingly important in delivering holistic care that addresses the spiritual and emotional needs of patients. It is important that healthcare organizations across the world continue to fund staff training in cultural sensitivity and competency, embracing diversity and respecting patients' spiritual beliefs through a more inclusive and compassionate atmosphere where patients feel valued and respected throughout their healthcare experience. By incorporating spiritual care into healthcare protocols and fostering a holistic approach, Swedish Hospital and other healthcare facilities can

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[224] Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," 1931.

[225] Richardson, *Becoming a Healthier Pastor*, 64.

enhance the quality of care they provide, ultimately promoting healing on all levels: physical, emotional, and spiritual.

CHAPTER 3: METHODOLOGY

In the realm of addressing the problem of an imbalance between physical care and the often-overlooked domains of spiritual and emotional care in the context of cardiac care patients, this research methodology serves as the compass guiding the researcher's investigation. The study explored the role of spiritual care and the art of holistic healing at Swedish Hospital in Chicago, aimed at developing and implementing a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients.

The researcher used open-ended questions such as the following:

Research Question 1: How do you address the emotional and psychological aspects of healing alongside the physical aspect of healing?

Research Question 2: How can support networks, such as those in the family and community, be more effectively tapped into to promote spiritual and emotional healing for cardiac care patients?

This chapter also explored the intervention design, and the implementation of the intervention design.

Intervention Design

Using qualitative research intervention, the researcher developed and implemented a model of holistic healing that integrates spiritual and emotional care alongside physical treatment for cardiac care patients. This method focuses on understanding and interpreting human

experiences, behaviors, and social phenomena through in-depth examination of textual or visual data, using an open-ended questionnaire and interview, observations, or content analysis. “In most qualitative research design, the degree to which interviews and observations are structured varies.”[1] Accordingly, participants are selected based on the person’s relevance to the research question and ability to provide rich, meaningful insights.

In carrying out this DMIN action research project, data was collected using a qualitative research methodology. This approach enables a deep understanding of people’s experiences, perceptions, and behaviors.[2] It investigates the character of one’s experience, including its quality, various manifestations, contexts in which these experiences emerge, and viewpoints from which it can be observed.[3] Different scholars posit that in qualitative research, the raw data and data set primarily consist of words and images in the form of field notes, audio and videotapes, and transcripts rather than numerical values.[4] Thus, to discover reasons for experiential patterns, particularly the invisible or surprising ones, qualitative designs are needed.”[5]

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[1] Kelly Devers et al., “Study Design in Qualitative Research: Sampling and Data Collection Strategies,” *Education for Health* 13, no. 2 (May 1, 2000): 268. https://www.proquest.com/docview/2258175866/fulltextPDF/8AC1C965409E4EFDPQ/1?accountid=12085.

[2] Bruce Arrigo et al., “New Qualitative Methods and Critical Research Directions in Crime, Law, and Justice: Editors’ Introduction,” *Journal of Criminal Justice Education* 32, no. 2 (January 22, 2022): 147. https://doi.org/10.1080/10511253.2022.2027484.

[3] Loraine Busetto, Wolfgang Wick, and Christoph Gumbinger, “How to Use and Assess Qualitative Research Methods,” *Neurological Research and Practice* 2, no. 1 (May 27, 2020): 3. https://doi.org/10.1186/s42466-020-00059-z.

[4] Devers et al., “Study Design in Qualitative Research,” 268.

[5] Busetto, Wick, and Gumbinger, “How to Use and Assess Qualitative Research Methods,” 2.

Intervention Plan

The techniques used by the researcher to gather data were questionnaires, interviews, and the researcher's notes. For an easy questioning process, it is vital to structure the inquiries from the general to the specific.[6] To gain a deeper grasp of the research topic, the researcher used open-ended questions to elicit themes, patterns, and subthemes in the data. The open-ended questions aided the researcher in capturing the complexity and context of human phenomena, making it particularly useful for exploring intricate social, psychological, or cultural aspects of the subject. Since a statistical test is not available for qualitative analysis of the data gathered, analysis must first rely on the researcher's comprehension, intelligence, experience, and judgment to determine whether an observation or pattern is significant.[7]

Table 1. Intervention Plan

Steps	Time frame	Technique	Tool
Step 1	Weeks 1–2	With the mentor's approval, and using a purposive sampling method, the researcher approached healthcare staff from amongst the 150 staff for participant recruitment.	One-on-one approach using verbal communication.
Step 2	Week 3	Recruitment letters were sent to the nine recruited participants (see Appendix F).	Email
Step 3	Week 4	A follow-up recruitment letter was sent to each participant, as a reminder (see Appendix G).	Email

[6] Felice D. Billups, *Qualitative Data Collection Tools: Design, Development, and Applications*, *Methods.sagepub.com* (SAGE Publications, 2021): 16.

[7] Sharan B. Merriam and Elizabeth J. Tisdell, *Qualitative Research: A Guide to Design and Implementation*, 4th ed. (San Francisco, CA: Jossey-Bass, 2015): 216.

Steps	Time frame	Technique	Tool
Step 4	Week 5	Participant's responses were reviewed, and consent letter was sent to recruited participants (Appendix H).	Email/Hard Copy
Step 5	Week 6	Interview scheduling, and sending out questionnaire	Email, Phone/face-to-face.
Step 6	Weeks 7–8	Data Collection and Validation	Questionnaire and interview were used. The researcher used a password protected laptop for audio recording and transcribing. Using Otter.ai., transcriptions were made available to participants after each interview.
Step 7	Week 9	Data Analysis and Results	Otter.ai was used for transcription. Data was coded manually to find themes, subthemes, and multiple responses.
Step 8	Week 10	Conclusion and Recommendation	

To carry out this intervention plan, the researcher utilized the design in the table below:

Table 2. Research Design

Research Designs	Data Collection Strategies	Data Collection Tool
Semi-structured Interview	Open-ended questions	Face-to-face interview, using a password protected laptop with Otter.ai app for transcription. The interview protocol sheet served as a guide (see Appendix I).
Questionnaire	Open-ended questions	Questionnaire was sent and received using a Google Form.

Research Designs	Data Collection Strategies	Data Collection Tool
Note taking	Observing and noting non-verbal cues.	The researcher's note

Research Process

At the beginning of this research process, the researcher sent an application to the Institutional Review Board (IRB) of Swedish Hospital in Chicago, and asked for permission to conduct a research study within the healthcare organization for the purpose of developing and implementing a model of holistic healing for integrating spiritual and emotional care alongside physical treatment. This request was given favorable consideration (see Appendix L), and upon receiving written approval from the hospital stakeholder, the researcher proceeded to complete the Liberty University Institutional Review Board application.

Following written permission by the IRB, and with the mentor's approval, the researcher began the recruitment process. The recruitment email described the topic of study and the purpose of the research work, including information about whether participants would receive compensation (see Appendix F). A follow-up email was sent to participants as a reminder to indicate interest and willingness to participate in the study and to obtain formal consent in writing after providing participants a more in-depth explanation of the study, the nature of the participation, how any personally identifiable information will be collected and managed, and how participants privacy and confidentiality will be maintained (see Appendix G). Participant

responses to the email affirmed the participant's willingness to participate in an interview, approve the recording of the interview, and provide informed consent.[8]

Participants willing to take part in the research study received an informed consent letter. This letter clearly and concisely presented all pertinent facts. That is, the objectives of the study, the participant's role, the anticipated time commitment, any potential discomfort or dangers, confidentiality measures, and contact information for questions or concerns, and participant freedom to opt out at any time. This letter was written in straightforward English. The goal was to ensure that participants confirmed a lack of pressure to take part in the study by signing the informed consent[9] (see Appendix H).

The researcher ensured participant data was securely stored in a password-protected and encrypted device and only accessible by the researcher. All physical records, including consent forms, were securely destroyed by shredding after data collection. The participant's name and contact information were deleted from the data to ensure confidentiality.[10] The data collected for the study will be erased three years after it is completed.[11] The three-year span gives adequate time to complete the study, publish relevant findings, and address other research topics if needed.[12]

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[8] Peter A. Newman, Adrian Guta, and Tara Black, "Ethical Considerations for Qualitative Research Methods during the COVID-19 Pandemic and Other Emergency Situations: Navigating the Virtual Field," *International Journal of Qualitative Methods* 20, no. 1 (January 2021): 4. https://doi.org/10.1177/16094069211047823.

[9] Anabel Moriña, "When People Matter: The Ethics of Qualitative Research in the Health and Social Sciences," *Health & Social Care in the Community* 29, no. 5 (November 10, 2020): 1561. https://doi.org/10.1111/hsc.13221.

[10] Riikka Korkiamäki and Mervi Kaukko, "Faceless, Voiceless Child – Ethics of Visual Anonymity in Research with Children and Young People," *Childhood* 30 no. 1 (October 19, 2022): 60. https://doi.org/10.1177/09075682221126586.

[11] Ibid., 60.

[12] Anabel Moriña, "When People Matter: The Ethics of Qualitative Research in the Health and Social Sciences," 1516.

Population and Sample Selection

The population of interest consists of 150 healthcare employees on cardiac care units (five East and five South Units) of Swedish Hospital in Chicago. Participants were between twenty-five to seventy-five years of age, and with up to five years' experience and above working with Swedish Hospital in Chicago. The sample size included nine participants, which is up to the recommended sample size to reach data saturation in qualitative research. Purposive sampling was used to choose the participants.[13] Strategies for purposeful sampling are intended to advance knowledge about the experiences of certain people or groups or to advance the development of theories and conceptions.[14] Participants that can provide thorough and insightful information pertinent to study issues are chosen by this method.[15] Open-ended questions were used to acquire data through questionnaire and interviews while preserving participant anonymity and confidentiality. Lastly, the researcher's note was used to record some non-verbal cues. Carnado argues that, to perform qualitative research, the researcher needs research questions, and to have a good research question, one must have a good command of the pertinent theoretical and empirical literature.[16]

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[13]Marise Ph. Born, Karen M. Stegers-Jager, and Chantal E. E. Andel, "Inferring Signs from Purposeful Samples: The Role of Context in Competency Assessment," *Medical Education* 56, no. 1. (October 5, 2021): 120. https://doi.org/10.1111/medu.14669.

[14] Devers et al., "Study Design in Qualitative Research," 264.

[15] Douglas Dollinger, "Qualitative Research: Studying How Things Work," *Canadian Journal of Program Evaluation* 26, no. 1 (2011): 89. https://web.p.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=378074b0-25d9-4a68-b605-0bb23675a18f%40redis.

[16] Mario Cardano, *Defending Qualitative Research: Design, Analysis and Textualization,* 1st ed. (2019. Reprint, London: Routledge, 2020): 66.

Interview Protocol

The appropriate trial period to evaluate an intervention can vary widely depending on the nature of the intervention, its objectives, and the outcomes being measured. Factors like the research design, the frequency and length of interventions, suitable sample size, and the availability of participants will have an impact on the precise time. For this research study, the length of the intervention was about 10 weeks, due to participants' availability. The researcher was able to interview two to three participants a week. The questionnaire was made available to participants at least two weeks before the return date and before the interview. Interviewing two to three people a week gave the researcher the opportunity to organize the data collected before collecting another.

Participants' data were collected through questionnaires and semi-structured interviews. The researcher used predetermined questions as in the questionnaire and some probing questions, which offered participants the opportunity to elaborate on each person's responses during the semi-structured interview. [17] A semi-structured interview aims to capture in-depth qualitative data by facilitating an interview with the respondents and utilizing a questionnaire with open-ended questions. The procedure involved outlining the study's goals, creating a list of important topics to be covered in the interview, creating an interview protocol with open-ended questions, building rapport with participants in a secure setting, outlining the steps, and requesting participants' in-depth experience[18]

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[17] Olubunmi Philip Aborisade, "Data Collection and New Technology," *International Journal of Emerging Technologies in Learning (IJET)* 8, no. 2 (May 3, 2013): 49. https://doi.org/10.3991/ijet.v8i2.2157.

[18] Anne Galletta, *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication* (New York: New York University Press, 2013): 46.

Data Collection

The conventional approach, which is frequently employed by qualitative researchers, entails an in-person, one-on-one interview during which a guided dialogue is recorded and the researcher makes note of any nonverbal cues.[19] Data were collected through questionnaire and interview, scheduled to last about thirty minutes (maximum). Otter.ai, a transcribing application aided in transcribing all interviews. Updated transcripts were secured in a password-protected computer to preserve participants' confidentiality.[20] The participants provided information based on the five open-ended research questions and some probing questions during the face-to-face interview. By open-ended, the questions were designed as nondirective explorations that allowed for participant's choice of words, context, descriptions, and meaning regarding one's experiences.[21]

This method permits a profound comprehension of individuals' experiences, perceptions, and behaviors,[22] with quality, different manifestations, the context in which they appear or the perspectives from which they can be perceived.[23] This aspect of the semi-structured interview strategy is crucial to its effectiveness; the researcher must be flexible to discern what qualifies as a "lead" and which line of inquiry should follow as the discussion develops.[24] This method of data collection generally includes data in form of words rather than numbers.[25]

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[19] Billups, *Qualitative Data Collection Tools*, 6.

[20] Christie Cabral et al., "Challenges to Implementing Electronic Trial Data Collection in Primary Care: A Qualitative Study," *BMC Family Practice* 22, no. 1 (July 6, 2021): 4. https://doi.org/10.1186/s12875-021-01498-6.

[21] Cabral et al., "Challenges to Implementing Electronic Trial Data Collection in Primary Care," 7.

[22] Arrigo et al., "New Qualitative Methods and Critical Research Directions in Crime, Law, and Justice, 147.

[23] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 3.

[24] Billups, *Qualitative Data Collection Tools*, 9.

[25] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 2.

Implementation of the Intervention Design

The idea that good health is more than just the absence of physical illness is becoming more and more important in the field of healthcare. To develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment, this section provides a detailed account of how the intervention was implemented, including interview settings, participants, sampling method, timeline, procedure, ethical considerations, unforeseen challenges, and plans for data analysis.

Since this project's main goal is to provide a comprehensive framework that promotes a sense of connectivity across the various aspects of physical, emotional, and spiritual care, this process is designed to include a variety of interventions, such as questionnaire, interviews, and the researcher's note, using a qualitative method. Creativity is needed for qualitative analysis because it is difficult to organize unprocessed material into coherent groups, look at the information holistically, and figure out how to explain the interpretation to people without creativity.[26] Qualitative research can help provide a better understanding of patient or caregiver stress, visibility of illness, or out-of-pocket expenses.[27] The formation of the questions began with a thorough assessment of the target population's spiritual needs, specific goals and objectives, and the healthcare teams capability to identify and provide needed care. The intervention was tailored to encompass a holistic approach, addressing physical, mental, emotional, and spiritual wellbeing.

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[26] Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, Or.: Wipf & Stock, 2011): 194.

[27] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 2.

Interview Setting

The interviews for the implementation of the intervention were scheduled at each participant's preferred place and time. Some interviews were held at the individual's private office, and others in private conference rooms, all in Swedish Hospital's facility. The tranquil environment was deliberately chosen to create a nurturing space conducive to the researcher and the participant. Such locations ensure a harmonious blend of physical, emotional, and spiritual atmosphere that fosters conversation about the participants' experiences and provides insight into participant's comprehension of the nuanced meanings connected to the subjects of the research study.[28] To capture the nuanced experiences of these healthcare providers within this unique setting, a triangulation approach utilizing questionnaire and semi-structured interviews, plus the researcher's note was employed. Of course, qualitative research is based on the description and quotation of data from transcripts, questionnaires, and interviews.[29] Participants engaged with the intervention design, which led to efficient data collection and with the help of the audio recordings and transcription, utilizing the Otter.ai app.

Participants

Participants in the study come from the committed care team at Swedish Hospital in Chicago, which is made up of a wide range of experts devoted to offering thorough patient care. The team comprises of proficient and compassionate nurses who serve as the foundation for direct patient engagement, guaranteeing the smooth incorporation of holistic healing techniques into one's daily care regimens. Other participants are the physicians whose knowledge of

[28] Joshua D. Atkinson, *Journey into Social Activism: Qualitative Approaches* (New York: Fordham University Press, 2017): 73.

[29] Sensing, *Qualitative Research*, 209.

medicine is enhanced by the physicians' understanding of the role that spiritual and emotional aspects play in a patient's healing. The research also encompasses the significant input of a case manager, whose work it is to coordinate comprehensive treatment programs. A unit assistant who facilitates day-to-day operations and provides assistance to patients and the care team. A chaplain, whose duty it is to offer spiritual and emotional support to patients/families, and hospital staff, providing counsel, prayer, and religious services as requested or needed. Chaplains also aid in navigating ethical or existential dilemmas that may arise during illness or treatment.

This care team's multidisciplinary makeup guarantees a comprehensive and cooperative approach, which is consistent with the intervention's objective of incorporating spiritual and emotional support into traditional medical procedures. To maintain confidentiality, the researcher gave each participant a make-up name. "In order to maintain anonymity, care must be taken to use a system of symbols or pseudonyms to identify all participants in all of the collected data."[30]

[30] Stéphanie Gaudet and Dominique Robert, "A Journey through Qualitative Research: From Design to Reporting," *Sage Publications*, 2018, 15. https://doi.org/10.4135/9781529716733.

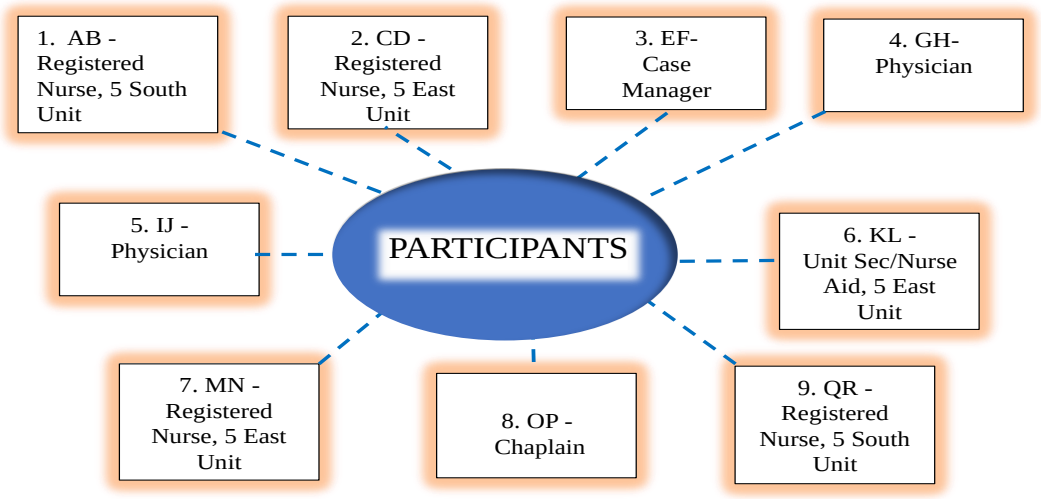

Figure 1. Participant's area of specialty.

Of the ten participants recruited for the study, one participant, a social worker, could not continue with the process due to personal reasons. Sometimes, due to difficulties in recruiting participants, having a participant follow through to the end of the study, and meeting study deadlines, some researchers may experience serious pressure.[31] Fortunately, this was not the case in this study. The researcher was able to work with the nine others to complete the study process.

This varied care team is a vital component of the intervention's execution, adding to the rich tapestry of Swedish Hospital. This team's viewpoints, experiences, and interactions with patients all add to a comprehensive picture of how the intervention affects the provision of healthcare. This study used questionnaire and semi-structured interviews to shed light on the many responsibilities that each care team member performs in promoting holistic recovery. Semi-structured interviews are characterized by open-ended questions and the use of an

[31] Gaudet and Robert, "A Journey through Qualitative Research: From Design to Reporting," 11.

interview guide that defines the general topics of interest, occasionally incorporating sub-questions.[32] This multidisciplinary team's involvement guarantees a thorough analysis of the intervention's efficacy in an actual healthcare setting, capturing the dynamic interaction of medical, emotional, and spiritual components within the context of Swedish Hospital's nursing environment.

Sampling Method

A systematic and random sampling technique was employed to identify study participants who are healthcare professionals with at least five years of experience working at Swedish Hospital in Chicago. The criteria for inclusion guaranteed the participants had a strong base of institutional knowledge and practical skills, which improved the study's capacity to capture the complex viewpoints of the care team. To reduce selection bias and guarantee the healthcare team represented a range of experiences, the random sampling method was used. Employees who fulfilled the requirement of five years of service and above, such as nurses, doctors, case managers, chaplains, and unit assistants, were chosen at random from the hospital staff of five South and five East units. This approach sought to offer a thorough and unbiased reflection of the care team's collective experiences in implementing the holistic healing intervention.

[32] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 3.

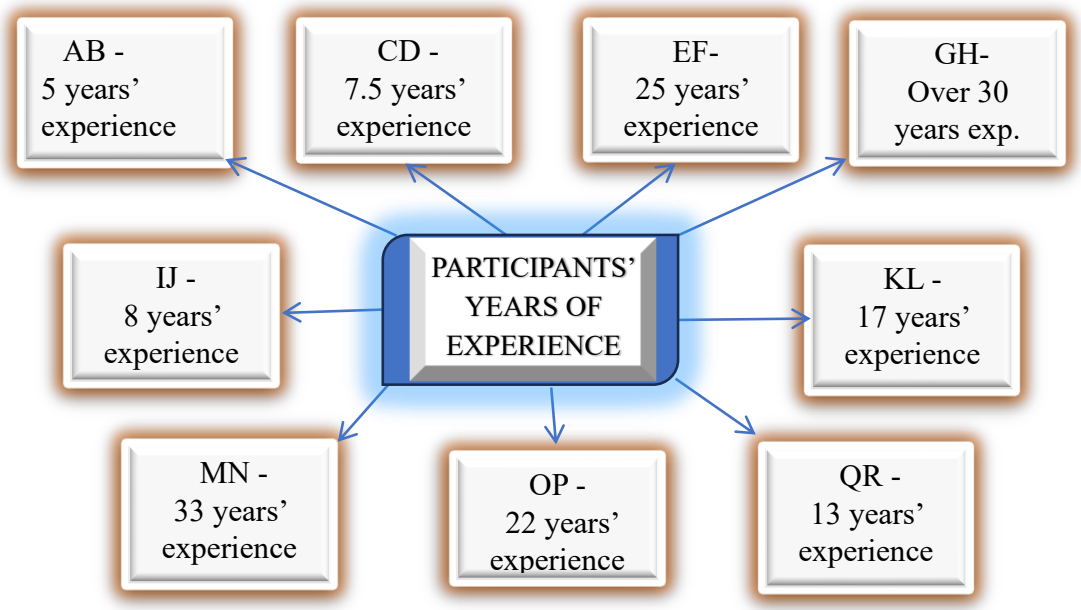

Figure 2. Participant's years of experience.

Furthermore, an extra requirement that participants be 25 years of age or older gave the study cohort an extra degree of maturity and experienced professional judgment. This age restriction was considered to make sure that participants had enough life and professional experience, in line with the notion that a more mature viewpoint would be more receptive to the incorporation of spiritual and emotional care into the participants' medical practice. Through this careful selection process, the study endeavored to capture a representative and experienced cohort from Swedish Hospital's care team, providing valuable insights into the holistic healing intervention's impact on healthcare professionals with diverse roles and extensive tenure within the institution.

Table 3. Participant's Age

Serial No.	Participants	Participant's age
1.	AB	36
2.	CD	35
3.	EF	50
4.	GH	62
5.	IJ	39
6.	KL	53
7.	MN	64
8.	OP	75
9.	QR	50

Timeline

The intervention unfolded over a well-defined timeline, marked by key time points carefully integrated with the interview schedule, ensuring depth of insight and consideration for participants' time constraints. The researcher emailed the questions to participants two weeks or more prior to the interview to let participants study the questions prior to responding. Conducted the interviews after the questionnaire was completed, that is, at the culmination of the intervention, offered participants the opportunity to reflect on the entire process.

Accordingly, Sensing opines that, the more one is familiar with the specifics of the project, the more likely one will be able to engage better in the process.[33] With each interview set to last between fifteen to thirty minutes, the study ensured a subtle balance between in-depth exploration and respect for the time commitments of the participants as healthcare professionals. This synchronized timeline facilitated a nuanced understanding of the intervention's impact at

[33] Sensing, *Qualitative Research*, 216.

different stages, enabling the researcher to glean valuable insights into the transformative journey of integrating spiritual and emotional care within the healthcare setting at Swedish Hospital in Chicago.

Table 4. Interview Time Frame

Serial No.	Participants	Interview time frame
1.	AB	25 minutes (11:00 a.m. to 11:25 a.m.)
2.	CD	20 minutes (8:45 a.m. to 9:05 a.m.)
3.	EF	17 minutes (12:30 p.m. to 12:47 p.m.)
4.	GH	28 minutes (2:00 p.m. to 2:28 p.m.)
5.	IJ	22 minutes (8:00 a.m. to 8:22 p.m.)
6.	KL	31 minutes (4:00 p.m. to 4:31 p.m.)
7.	MN	18 minutes (2:30 p.m. to 12:48 p.m.)
8.	OP	32 minutes (4:20 p.m. to 4:52 p.m.)
9.	QR	25 minutes (11:30 a.m. to 11:55 a.m.)

Procedure

Through a thorough, step-by-step process, the care team at Swedish Hospital actively participated in the implementation of the intervention design process. The interview protocol sheet, designed for semi-structured interview was utilized (see Appendix I). “Semi-structured interviews are characterized by open-ended questions and the use of an interview guide.”[34] The questions were made up of five open-ended questions and some probing questions meant to explore the participants’ perspectives, struggles, and experiences with integrating holistic care into patient’s daily care plan. The interviews, conducted between fifteen to thirty minutes each,

[34] Busetto, Wick, and Gumbinger, “How to Use and Assess Qualitative Research Methods,” 3.

did not adhere strictly to the protocol sheet, considering its semi-structured nature, which helped to facilitate in-depth, qualitative data collection. Good qualitative research is iterative in nature; that is, it alternates between gathering data and analyzing it, making necessary revisions and improvements to the methodology.[35] Thus, Sensing asserts that qualitative research does not water down the standards of rigor and precision, and qualitative the researchers do not want to misrepresent the people and the phenomena under study.[36] None of the interview sessions lasted less than fifteen minutes, and two interview sessions exceeded thirty minutes (see Table 3).

The same open-ended questions were used in the questionnaire to gather opinions on the intervention from the care team. The perceived effect of the holistic healing intervention on patient outcomes, the participants' own professional wellbeing, the general healthcare environment, difficulties encountered during implementation, and recommendations for improvement were all reflected upon. How these methods are carried out often depends on the goals of the research.[37]

The interview served as a complementary measure to the qualitative insights obtained through the questionnaire. By integrating these two data collection methods, plus the researcher's note, the study aimed to provide a comprehensive understanding of the intervention's efficacy and its implications for patient care and the professional experiences of the healthcare team at Swedish Hospital in Chicago. Thus, one of the goals of mixed methods research is triangulation. The combination of methodologies in the study of the same phenomenon enables the researcher

[35] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 7.

[36] Sensing, *Qualitative Research*, 214.

[37] Atkinson, *Journey into Social Activism*, 69.

to improve internal and external validity and to corroborate and support the conclusions regarding the same phenomenon.[38]

Unforeseen Challenges

A few unforeseen circumstances arose while implementing the research design, ranging from participant's comfort levels in responding to the research questions and sharing their experiences with regard to providing spiritual care to patients and families. Another unanticipated issue was that scheduling and rescheduling conflicts occasionally arose due to the demanding nature of the healthcare profession. Nonetheless, the researcher and participants found time for the 30-minute interview at different times and venues. Participants responded to the questionnaire at their convenience using a Google Form. The researcher suffered burnout from the hard work, emotional strain from handling delicate subjects, and having challenging interactions with participants. The researcher also experienced difficulty striking a healthy work-life balance in the face of deadlines and expectations.

The above unanticipated challenges brought to light the importance of flexibility and adaptation to other possible means of communication and meetings, like in-person or cell phone texts and calls. These unforeseen obstacles also brought to light the necessity of continuing assistance and more training to increase the team's comfort level in matters related to spiritual care for holistic healing purposes. Therefore, for the purpose of one's wellbeing during the research process, there is a need to set limits and prioritize self-care. Thus, Sensing inquires: "In what ways do you believe your presence affected the outcomes? Did anything catch you off

[38] Bentahar and Cameron, "Design and Implementation of a Mixed Method Research Study in Project Management.," *HAL (Le Centre Pour La Communication Scientifique Directe)* 13, no. 1 (2015): pp. 3–15 (January 1, 2015): 6.

guard? What moved or affected you? What impact did those emotions have on the project"?[39] Remembering these points throughout the reflective narratives was helpful.

Ethical Considerations

The intervention design was conducted rigorously in compliance with the ethical standards governing research involving human participants. Before the study began, Swedish Hospital's stakeholders gave ethical approval. This approval process ensured the protocols, participant rights, and study design complied with recognized ethical standards. Thus, protecting participants from adverse consequences associated with one's involvement in a research project, namely physical or moral suffering.[40] In addition to participant's voluntary participation, all participants signed the informed consent document, which was sent to participants in soft and hard copy format. This document outlined the goals of the study, any potential risks and benefits, and the promise of anonymity. The possibility to withdraw from the study at any moment without consequence was made clear to participants. Accordingly, Gaudet and Robert assert, "You must also explain how you will respect the right to anonymity and informed consent during the key steps of the project: the recruitment, the data collection, the archiving of data and the presentation of results."[41]

Ethical considerations during the intervention focused on maintaining the privacy and confidentiality of participants. All data collected through interviews and questionnaires were anonymized and securely stored in a password-protected laptop to prevent unauthorized access. Additionally, the intervention prioritized the wellbeing of participants. Check-ins with the

[39] Sensing, *Qualitative Research*, 224.

[40] Gaudet and Robert, "A Journey through Qualitative Research," 5.

[41] Ibid.

participants before and after the data collection were implemented to address any emerging ethical concerns promptly, considering the need to treat every participant fairly.[42] Member checking, also known as respondent validation, is the process of following up with study participants to inquire whether the findings align with one's perspectives.[43] Overall, the ethical framework established for this intervention aimed to uphold the dignity, autonomy, and wellbeing of all participants involved, fostering a research environment that prioritized ethical conduct and the responsible advancement of healthcare practices.

Data Analysis Plan

"Data analysis is the process of bringing order, structure, and meaning to the complicated mass of qualitative data that the researcher generates during the research process."[44] To extract significant findings, a qualitative study analysis was performed on the data gathered during the holistic healing intervention at Swedish Hospital in Chicago, which was recorded during the interviews using ottair.ai audio recording and transcription services for the purpose of accurate and verbatim representation of participants' responses. Prior to beginning the process of qualitative analysis, one must summarize the data pertinent to one's study question, which includes its share of risk. Indeed, condensing information unavoidably results in the dropping of some elements from the initial material.[45]

According to Gaudet and Robert, it is challenging to talk about the analytical process theoretically.[46] This qualitative analysis utilized Otter.ai for transcription. Data was coded

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[42] Gaudet and Robert, "A Journey through Qualitative Research," 5.

[43] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 7.

[44] Tim Sensing, *Qualitative Research*, 194.

[45] Gaudet and Robert, "A Journey through Qualitative Research," 6.

[46] Ibid., 5.

manually to find themes, subthemes, and multiple responses. Through a process of open coding, initial themes and patterns related to the experiences, challenges, and perceptions of the care team were identified. Subsequently, focused coding refined these themes, facilitating a deeper understanding of the holistic healing intervention's impact. One of the primary ways one can demonstrate the validity of the findings is by being open about the technical rigor that one applied to the research process.[47]

The ottair.ai audio recordings, alongside transcriptions, contributed to the richness of the qualitative analysis by preserving nuances in tone, emphasis, and emotional expressions during the interviews. Transcribing the interviews was necessary for the analysis. Depending on what is anticipated or known to be relevant for the study, interviews can be transcribed verbatim, with or without comments for behavior (such as laughing, sobbing, or pausing), and with or without phonetic transcription of dialects and filler words.[48] The integration of ottair.ai allows for the revisiting of audio recordings during the analysis process to ensure accuracy and contextual understanding of participants' statements. By employing ottair.ai for audio recording and transcription, this qualitative research analysis aimed to provide a comprehensive and authentic exploration of the holistic healing intervention's effects on healthcare professionals/patients and families' care at Swedish Hospital in Chicago.

Summary of the Intervention Implementation

The preliminary findings during this implementation phase of the holistic healing intervention at Swedish Hospital offered compelling insights into the initial impact of integrating spiritual and emotional care into conventional medical practices. Across the care team, there

[47] Sensing, *Qualitative Research*, 224.

[48] Busetto, Wick, and Gumbinger, "How to Use and Assess Qualitative Research Methods," 4.

appears to be a notable shift in awareness and attentiveness to the holistic needs of patients, with participants expressing an increased recognition of the interconnectedness between physical, emotional, and spiritual wellbeing. The interdisciplinary team meetings have emerged as crucial forums for collaborative discussions, fostering a more cohesive approach to patient care that goes beyond traditional medical parameters. Early indications suggest that the intervention has prompted enhanced communication among care team members, enabling them to address the multifaceted dimensions of patient health more effectively.

According to participants in this study, patients also exhibit positive responses to the integrated care model, with anecdotal reports suggesting a heightened sense of comfort and support. The initial stages of the intervention have revealed instances where patients felt more heard and understood, particularly in relation to one's emotional and spiritual concerns. This aligns with the overarching goal of the intervention, emphasizing the importance of patient-centered care that acknowledges and incorporates the diverse needs of individuals. While these preliminary findings are promising, the ongoing analysis in Chapter Four will delve deeper into the complexities of the intervention's impact, examining both positive outcomes and potential challenges that may emerge over the course of the study.

CHAPTER 4: RESULTS

The research findings from this foundational qualitative study are presented in this chapter. It begins with a thorough summary of the study's background and collective results. The data analysis, a sample description and an explanation of the study methodology used for the data analysis, and, finally, the summary of findings.

Study's Background and Collective Result

A key component of patient-centered treatment at the Swedish Hospital in Chicago is the incorporation of spiritual care into holistic healing techniques. This approach, which has its roots in the hospital's dedication to meeting each person's unique requirements, acknowledges the significant influence spirituality may have on one's general wellbeing. In a bustling urban environment where patients may face various stressors, incorporating spiritual care becomes imperative for fostering resilience and promoting holistic healing. This initiative aligns with the hospital's philosophy of treating patients as full individuals with distinct spiritual and emotional aspects, rather than only as medical problems.

The concept of holistic healing at the Swedish Hospital extends beyond conventional medical treatments to encompass a comprehensive approach that nurtures the mind, body, and spirit. In other words, "spirituality is the connection between the different parts of the human

being (body, mind and soul)."[1] Therefore, patients are provided with a supportive environment where one's personal values, religious beliefs, and existential concerns are recognized and integrated into one's recovery process through the provision of spiritual care. Through various means such as meditation rooms, chaplaincy services, or cooperative dialogues with healthcare personnel, Swedish Hospital endeavors to establish environments that respect and nurture a sense of consolation and ease for the patients and the patient's relatives.

Research on the effectiveness of spiritual care in this healthcare setting has shown promising results, indicating its positive impact on patient outcomes, satisfaction, and overall wellbeing. This mounting body of evidence underscores Swedish Hospital's commitment to holistic health, which is demonstrated by its commitment to integrating spiritual care into its operations. Swedish Hospital promotes a healing environment that supports patients' overall wellbeing in addition to improving the quality of patient care by acknowledging and treating the spiritual aspects of health.

This study's concern is about the need for health care organizations to focus not only on physical ailments but also on patient's spiritual, mental, and emotional needs for the purpose of holistic healing. Thus, the purpose of this investigation is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients. The following research questions were used to initiate this study and gain knowledge in this area:

> RQ1: How do you address the emotional and psychological aspects of healing alongside the physical aspect of healing?

[1] Niels Christian Hvidt et al., "What Is Spiritual Care? Professional Perspectives on the Concept of Spiritual Care Identified through Group Concept Mapping," *BMJ Open* 10, no. 12 (December 1, 2020): 7. https://doi.org/10.1136/bmjopen-2020-042142.

RQ2: How can support networks, such as those in the family and community, be more effectively tapped into to promote spiritual and emotional healing for cardiac care patients?

RQ3: How can healthcare institutions create an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients?

RQ4: What are the existing barriers and factors that affect the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers?

RQ5: How can integration of spiritual and emotional care interventions into the Annual HealthStream Education impact patient's holistic healing process?

Prior to beginning the data collection, the researcher obtained permission from Liberty University's IRB. Participants included members of the care team, who were within the age bracket of twenty-five to seventy-five, and up to five years' experience and above in the health care profession at Swedish Hospital. All participants were intentionally selected using purposive sampling to ensure that the criteria for selection were met. Thus, Gaudet and Robert assert: "In assembling your project, you will have established selection criteria for your population in order to identify the relevant people to observe, interview or gather documents from."[2] Of the 150-population size, the researcher struggled to find nine participants who met the criteria and were willing to participate in the study. The nine participants responded to the questionnaire using Google Forms, and responses were submitted to the researcher using the same method.

During the recruitment process, the researcher discovered that some staff who met the criteria were not comfortable participating in spiritual care matters, and some others were constrained by time. Each participant was assigned a double alphabetic pseudonym name, ranging from A to T. Accordingly, Gaudet and Robert assert that care must be taken to use a

[2] Gaudet and Robert, "A Journey through Qualitative Research," 8.

system of symbols or pseudonyms to identify all participants in all the collected data to maintain anonymity.[3] The table below shows the list of participants and measured criteria.

Table 5. Participants Demographics

S/N	Participants	Age	Profession	Experience.
1	AB	36	Registered Nurse	5 years
2	CD	35	Registered Nurse	7.5 years
3	EF	50	Case Manager	25 years
4	GH	62	Physician	30 years and above
5	IJ	39	Physician	8 years
6	KL	53	Secretary/Unit Nurse Aid	17 years
7	MN	64	Registered Nurse	33 years
8	OP	75	Chaplain	22 years
9	QR	50	Registered Nurse	13 years

Data Analysis

Data analysis is the process of bringing order, structure, and meaning to the complicated mass of qualitative data that the researcher generates during the research process. This requires some creativity in placing the raw data into logical, meaningful categories to examine data in a holistic fashion.[4] It needs to be done methodically and with a research mindset, which means one should always challenge one's own logic.[5] During data collection, Otter.ai was used to transcribe the interview and Google Forms was used to collect participants' responses from the questionnaire. Transcribing each of the nine interviews using Otter.ai software gave the

[3] Gaudet and Robert, "A Journey through Qualitative Research," 15.

[4] Sensing, *Qualitative Research*, 294.

[5] Gaudet and Robert, "A Journey through Qualitative Research," 7.

researcher the opportunity to preserve the participants' words, which enhanced the data's richness. The participants were sent a copy of the transcript through email, so each participant could have the opportunity to make any necessary revisions, but none of the participants asked for a change. The transcripts revealed themes and categories, which the researcher further explored using manual coding to find themes, subthemes, and multiple responses.

The qualitative data were analyzed using the thematic analysis structure as a framework to interpret data based on five themes. A methodical and popular way to extract themes from qualitative data is thematic analysis.[6] The findings presented in charts focused on addressing the research questions of the study based on the data collected using open-ended questions. The data were coded and tallied to ascertain the response frequencies and percentages using the multiple-response model where each coded response had the opportunity of reoccurring multiple times. Coding, according to Graham, means "recognizing that not only are there different examples of things in the text but that there are different types of things referred to."[7] The results were further presented point by point to address the research questions of the study.

Theme 1: Holistic Care

Holistic care is a comprehensive model of caring which is believed to be the heart of the science of nursing. The philosophy behind holistic care is based on the idea of holism which emphasizes that for human beings the whole is greater than the sum of its parts and that mind and spirit affect the body.[8] This approach seeks to advance general harmony and wellbeing while

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[6] Raymond Smith et al., "A Qualitative Study Exploring Therapists' Experiences of Implementing a Complex Intervention Promoting Meaningful Activity for Residents in Care Homes," *Clinical Rehabilitation* 33, no. 3 (December 4, 2018): 578. https://doi.org/10.1177/0269215518815233.

[7] Graham R. Gibbs, *Analyzing Qualitative Data* (London: SAGE Publications, 2018): 3.

[8] Adele Agatha Tjale and J. Bruce, "A Concept Analysis of Holistic Nursing Care in Paediatric Nursing" (Curationis, December 2007): 46.

acknowledging the interconnection of these dimensions. The respondents emphasized care must be holistic to ensure a comprehensive emotional and spiritual healing process. According to the respondents, “Care must be holistic in nature. Thus, it is essential that pastoral care givers must work with other healthcare team members for the healing of the patient” (Respondent AB). In this study, holistic care includes the use of collaborations, communication and participatory approach, family, and friends.

Collaboration

In this context, collaboration refers to the process where individuals from different health professions work together to positively impact patient care. It involves integrating knowledge, methods, and perspectives from multiple academic disciplines to address complex problems or issues. According to Maciej, through interdisciplinary collaboration, the preferences, hopes, and values of the patient and caregiver can be integrated into the treatment plan, which is key in providing the delivery of optimal care.[9] The respondents viewed that collaboration among the healthcare providers will be of utmost importance for the holistic emotional and spiritual healing process.

Communication and Participatory Approach

Communication among multidisciplinary health care teams was emphasized. A respondent said, “As a CCU Nurse, I listen to patient’s complaints and address their needs as they arise. I try to understand and accept their behavior as they are experiencing discomforts and provide the appropriate treatment they need. I also offer emotional support through spending time talking to them, and giving words of comfort acknowledging their culture and beliefs, and

[9] Klimasiriski, “Spiritual Care in the Intensive Care Unit,” 1.

make referral for follow ups where and when necessary" (Respondent EF). Respondent QR amplified the need for communication in the patient's healing process:

> We might then discuss briefly how emotional and psychological factors can negatively impact healing. I will also continue questioning in an effort to empower them to address some of their distress themselves, such as what sorts of activities help you when you feel less frustrated or anxious. What helps you to calm down when you feel anxious? When patients seem to be at a total loss I might ask, have you ever tried meditating or taking a walk or watching a religious program? Sometimes I will ask if they might want to try a meditation or deep breathing, or reading with them at that time to help them experience the potential benefits of taking action on their own.

Family and Friends

The role of family and friends in the emotional and spiritual healing process cannot be overemphasized. The respondents viewed the role of family, friends, and loved ones to be very crucial in ensuring holistic care. According to Respondent MN, "For me personally, I have relied on the support of my closest family members. Having people who care about me has helped me so much in the past to get through my most trying times. Just knowing I am not alone has always given me hope and cheered me up." Respondent KL assured, "Personally, through prayer and family/friends. I lean on family (parents mostly) and partner when needed. And then after advice is offered up, I tend to pray on it." These responses succinctly underscored the relevance of family and friends in ensuring holistic health care for cardiac patients.

Theme 2: Support System/Network

Support systems and networks in this context refer to various strategies for providing emotional and spiritual support such as active listening, understanding patient behavior during

discomfort, offering words of comfort, and acknowledging cultural beliefs, cultivating positivity, relying on prayer, family, and friends. The researcher expected a strong support system would promote emotional and spiritual healing.

Emotional and Spiritual Healing

Emotional and spiritual healing is a psychological care. It encompasses various practices, including counseling, prayer, meditation, and rituals, tailored to an individual's spiritual beliefs and values.[10] To achieve emotional and spiritual healing, the support networks must be functional as opined by the respondents. One of the respondents emphasized that "Every human being needs a support system. This could impact the healing process. A patient healing could be faster when the person feels connected to loved ones" (Respondent AB). "The presence of the family and community like the church help promote spiritual and emotional healing in a way that they are the support group that provide strength and gives hope and uplift the spirit especially when patient needs to undergo a major procedure like open heart" (Respondent EF). For Respondent IJ, "I think first, a person needs to have a good support system to be able to utilize them. If one is established, I myself, find that this most often than not, tends to happen on its own. A great support system almost always, in my opinion, is associated with a promotion of spiritual or emotional healing; regardless of the type of patient." The respondents strongly associated emotional and spiritual healing with effective support systems/networks in healthcare services.

[10] Kelly, Swinton, and Kingsley, *Chaplaincy and the Soul of Health and Social Care*, 58.

Theme 3: Effective Communication and Collaboration

To foster collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients, communication has to be effective. Effective communication entails engagement, cooperation, and information sharing among multidisciplinary health care units and teams to ensure holistic healing of patients. The respondents perceived that effective communication and collaboration can be achieved among health care providers. “The healthcare institutions can create an environment that foster collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers and mental health professionals, to provide holistic healing for patients by delivering consistency of care through daily rounds, assessment of physical, mental, emotional, spiritual and social needs of patients and addressing their needs, providing important information about their test results and treatment, calling family for update of care and patient’s condition and most especially by acknowledging and respecting diversity of culture” (Respondent EF). Respondent AB maintained that, “As noted above, healthcare professionals must work together to foster the total healing of the person. This process includes collaborations that is engaged with open communication”

Theme 4: Barriers/Factors Affecting Integration

There were existing barriers and institutional factors that affect the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers. They include but are not limited to lack of awareness and education on spiritual and emotional care and inherent institutional factors.

Lack of Awareness and Education on Emotional and Spiritual Care

Owning to the fact that caregivers provide support to people with various mental and physical health conditions in residential and nursing care facilities throughout the world,[11] a respondent affirmed that awareness and education on emotional and spiritual care was a major barrier. The respondent argued that; "lack of education and training about spiritual care among nurses, lack of time due to short staffing, individual barriers like lack of interest in nursing, negative perception of religious beliefs, problems in nurses' family relationship and financial problems can be a barrier" (Respondent EF). More so, Respondent QR said, "limited understanding of spiritual care in healthcare. Lack of education of the support chaplaincy can provide religious prejudice against faith in a healthcare setting."

Institutional Factors

The respondents were equally of the view that some inherent institutional factors affected the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers. Factors such as lack of good support system, lack of clear institutional policies, high level of provider burnout, lack of time due to short staffing, lack of education and training about spiritual care among nurses, and lack of continuity affected the integration of spiritual and emotional care. Accordingly, Smith et al. argues the experiences of individuals giving spiritual care interventions have received relatively little consideration.[12]

[11] Smith et al., "A Qualitative Study Exploring Therapists' Experiences of Implementing a Complex Intervention Promoting Meaningful Activity for Residents in Care Homes," 576.

[12] Ibid.

Theme 5: Impact of Spiritual and Emotional Care Interventions

The respondents emphasized that spiritual and emotional care interventions have helped in creating awareness and understanding of the need for spiritual care, creating an environment of hope and support, improving care interventions, overcoming decades of pharmaceutical driven practices, and promoting seamless Chaplain services in healthcare institutions. According to Respondent MN,

> Integrating spiritual and emotional care interventions into a hospital's continuing education program either in person or online can help increase awareness and understanding of the spiritual and emotional factors that impact a person's overall health. It can help caregivers develop strategies for assessing these factors and then to learn strategies and techniques to assist themselves and their patients to address these aspects of healing." Again, "integrating spiritual and emotional care into HealthStream education benefits the patient and the healthcare worker. I think it is important to create an environment of hope and support. Recognizing physical needs within the healthcare setting is only one part of a patient's journey (Respondent KL).

In conclusion, the holistic care strategy needed to treat the psychological and emotional components of recovery in addition to the physical ones in cardiac care units is highlighted by this thematic analysis. Key themes include holistic care, support systems/networks, effective communication, barriers and factors affecting integration, and impacts of spiritual and emotional care interventions.

Table 6. Thematic Analysis of Patient's Spiritual, Physical, Social, and Emotional Healing at Swedish Hospital in Chicago

Themes	Subthemes	Codes
Holistic care	Collaborations	Care givers must work with other healthcare team Pay attention to spiritual and physical needs Listening to patient's complaints
	Communication and Participatory approach	Understand and accept their behavior Offer emotional support Cultivate positivity by having a mindset Think positively Paying attention to the patient Asking questions to the patient Psychosocial support
	Family and friends	Use of closest family members
Support systems/network	Emotional and spiritual healing	Feels connected to loved ones Improves the outlook on the patients' conditions Impacts the healing process positively Cultural and societal understanding and spiritual care for the patient Promotes emotional and spiritual healing
Effective communication	Collaboration and communication	Working together as a team Open communication Acknowledging and respecting diversity of culture holistic healing for patients Team members collaboration Communicate with all care team Involve family, friends and patient in every decision Medical record charting Use of chaplaincy
Barriers and factors affecting integration	Awareness/education on emotional and spiritual care	Lack of education and training about spiritual care among nurses Negative perception of religious beliefs Patients varying levels comfort levels Lack of spirituality Language and culture barriers

Themes	Subthemes	Codes
		Lack of awareness/education on emotional and spiritual care
	Institutional Factors	Lack of good support system Lack of clear institutional policies High level of providers burnout Lack of time due to short staffing Lack of education and training about spiritual care among nurses Lack of continuity
Impact of spiritual and emotional care interventions		Creates awareness and understanding of the need for spiritual care Creates environment of hope and support improve care interventions Overcomes decades of pharmaceutical driven practices Promotes seamless Chaplain services

Research Question 1

How do you address the emotional and psychological aspects of healing alongside the physical aspect of healing?

Figure 3. Addressing emotional and spiritual healing.

Summary of Points for Addressing Emotional and Psychological Aspects of Healing

The findings presented in Figure 3 showed the respondents perception of how to address the emotional and psychological aspects of healing alongside the physical ones. Based on the findings a large proportion of the respondents (40 percent) perceived that emotional and psychological healing can be better addressed using a holistic healthcare approach (see Appendix A). One of the respondents said, “Healthcare must be holistic in nature. Thus, it is essential that pastoral caregivers must work with other healthcare team members for the healing of the patient” (Respondent AB). A holistic healthcare approach seeks to advance general harmony and wellbeing while acknowledging the interconnection of these dimensions.

More so, 30 percent of the respondents perceived that emotional and psychological aspects of healing can be better addressed with the use of family and friends. According to one of the respondents, “Personally, through prayer and family/friends. I lean on family (parents

mostly) and partner when needed. And then after advice is offered up, I tend to pray on it." Another respondent said, "For me personally, I have relied on the support of my closest family members. Having people who are care about me has helped me so much in the past get through my most trying times. Just knowing I am not alone has always given me hope and cheered me up" (Respondent KL).

Other approaches suggested by the respondents in addressing emotional and psychological healing were the participatory approach, asking questions to the patient, collaboration, communication, positive mindset toward patients, prayers, goal setting, and discussion with the patient.

Research Question 2

> How can support networks, such as those in the family and community, be more effectively tapped into to promote spiritual and emotional healing for cardiac care patients?

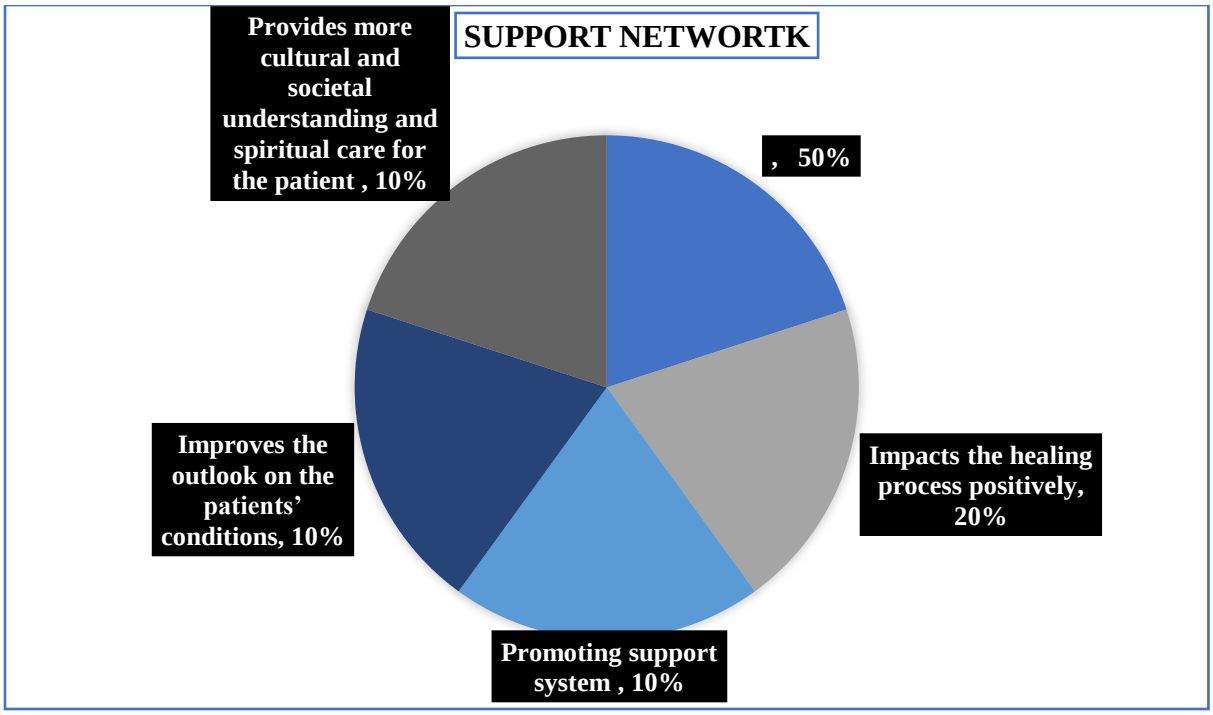

Figure 4. Support network.

Summary of Effectiveness of Support Networks in Promoting Spiritual and Emotional Healing for Cardiac Care Patients

The result presented in Figure 4 showed the respondents' perception on the effectiveness of support networks, such as those in the family and community in promoting spiritual and emotional healing for cardiac care patients. The result revealed that 50 percent of the respondents perceived that support systems is effective in promoting emotional healing. One of the respondents said; "every human being needs a support system. This could impact the healing process. A patient healing could be faster when the person feels connected to loved ones" (Respondent AB). Again, "the presence of the family and community like the church help promote spiritual and emotional healing in a way that they are the support group that provide strength and gives hope and uplift the spirit especially when patient needs to undergo a major procedure like open heart" (Respondent EF). Another respondent said, "Family involvement in

treatment can be utilized to help promote emotional healing. A strong family support system can help those with emotional trauma with resilience" (Respondent GF). Going by the responses, support networks such as family, friends, loved ones and community is perceived to be effective in promoting emotional healing of cardiac patients.

Support networks can be effective in impacting the healing process (20 percent). According to of the respondents, "I think first, a person needs to have a good support system to be able to utilize them. If one is established, I myself, find that this most often than not, tends to happen on its own. A great support system almost always, in my opinion, is associated with a promotion of spiritual or emotional healing; regardless of the type of patient" (Respondent GL). In agreement with the result, a respondent said, "Bringing support networks together is important. Things can seem overwhelming to a patient. Questions, worries, trouble navigating information can all be too much for one person to manage. A place to start within the hospital could possibly be a location designated to help begin emotional healing. I would describe it as an area someone could calm down without the "clinical" atmosphere. Support staff present could offer assistance or just some positive conversation for someone under the stress of illness" (Respondent MN). Furthermore, the results showed that support networks are equally effective in improving the outlook on the patients' conditions, promoting the support systems, and providing more cultural and societal understanding and spiritual care for the patient.

Research Question 3

> How can healthcare institutions create an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients?

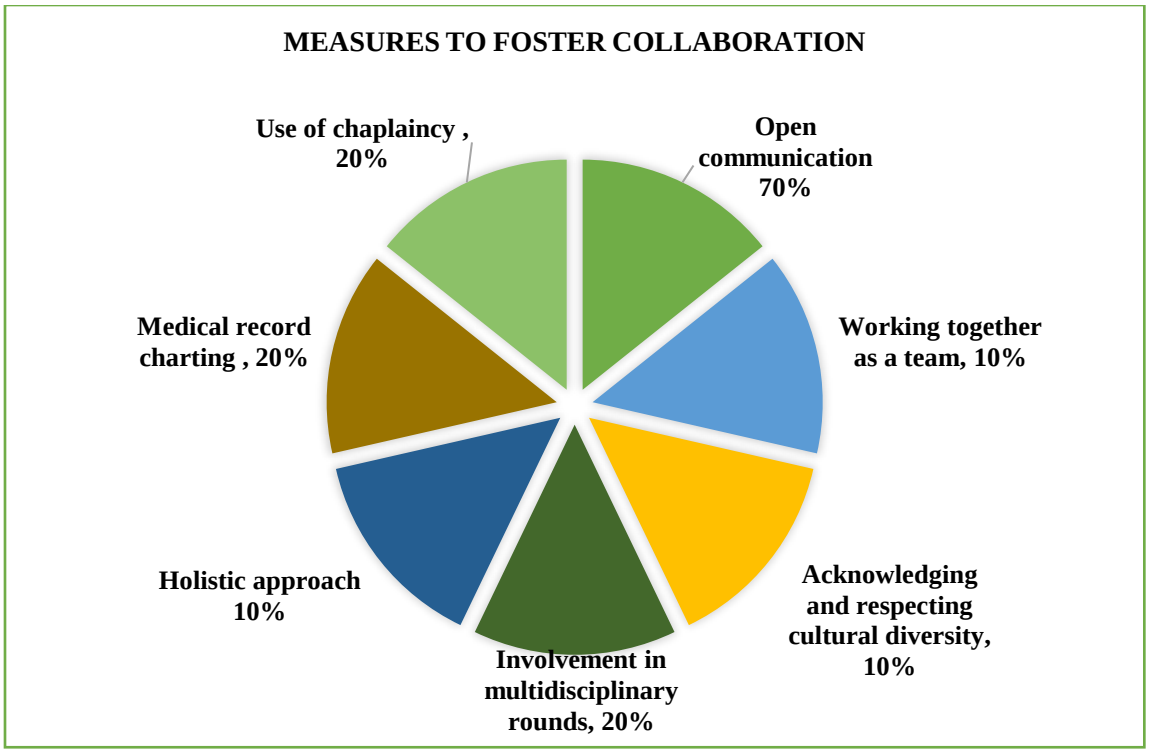

Figure 5. Measures to foster collaboration and communication among multidisciplinary teams.

Summary of Measures to Foster Collaboration and Communication Among Multidisciplinary Teams in Providing Holistic Healing for Patients

Results for Figure 5 revealed the respondents' perception on how healthcare institutions can create an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients. According to the results, a majority of the respondents (70 percent) perceived that open communication among healthcare providers can help foster collaboration among them. This is plausible in that, open communication can help health care provider to share ideas, compare notes and understand the best possible approach the handle specific patients. Emphasizing the need for open communication, one respondent said, "the healthcare institutions can create an environment that foster collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers and

mental health professionals, to provide holistic healing for patients by delivering consistent care through daily rounds, assessment of physical, mental, emotional, spiritual, and social needs of patients and addressing their needs, providing important information about their test results and treatment, calling family for update of care and patient's condition and most especially by acknowledging and respecting diversity of culture." This can be achieved with open communication among healthcare providers. Another respondent emphatically stated that "healthcare professionals must work together to foster the total healing of the person. This process includes collaborations that is engaged with open communication."

The result also identified working as a team (20 percent) and involved in multidisciplinary rounds (20 percent) and medical record charting (20 percent) as some of the measures with which healthcare institutions create an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients. One of the respondents affirmed that "one aspect of fostering collaboration that I have found to have helped me is being involved in multidisciplinary rounds where team members from various disciplines come together to discuss patient cases, share insights, and collaboratively develop care plans." The results strongly affirmed that collaboration can be fostered when the healthcare institutions create an environment for open communication, teamwork, and sharing of information among health care providers. It will equally improve a professional's effectiveness in providing holistic healing to one's patient.

Research Question 4

> What are the existing barriers and factors that affect the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers?

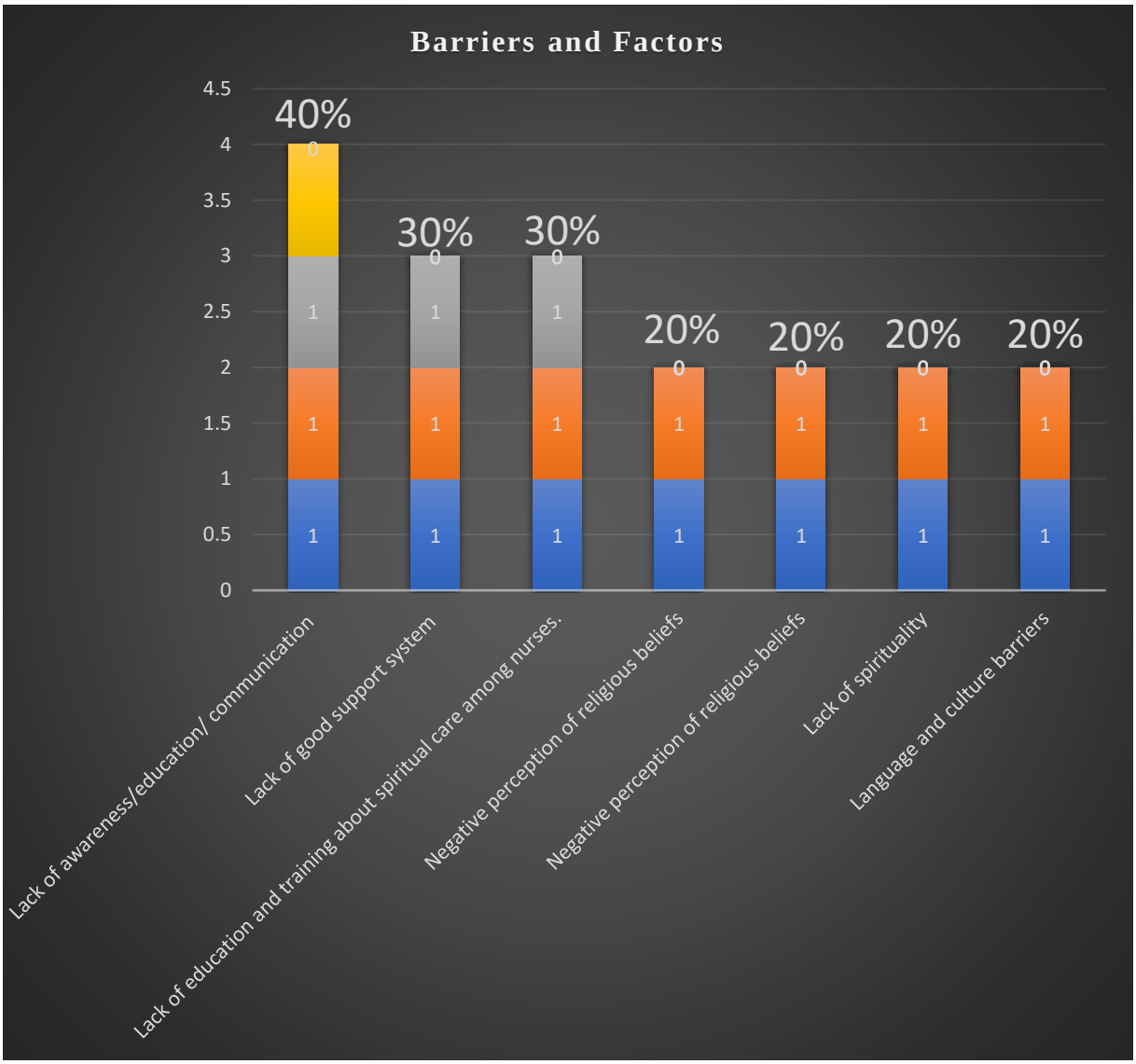

Figure 6. Barriers and factors.

Summary of Barriers and Factors that Affect the Integration of Spiritual and Emotional Care

Findings for Figure 6 revealed the respondents' perception on the existing barriers and factors that affect the integration of spiritual and emotional care in the cardiac care journey, both within healthcare institutions and among healthcare providers. The result revealed that some of the existing barriers were lack of awareness/education/ communication (40 percent), lack of

education and training about spiritual care among nurses (30 percent), lack of a good support system (30 percent), individual barriers like lack of interest in nursing (20 percent), negative perception of religious beliefs (20 percent), language and culture barriers (20 percent), and lack of spirituality amongst others (see Appendix D). This finding affirms that there are existing barriers and factors affecting the effective integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers. A respondent clearly asserts that, "barriers is that in a hospital setting, we work in a very diverse population where clinicians are often pressed to focus on the impersonal diagnosis of a disease and organ dysfunction. They do not have the tools, language, emotional energy, to explore the patient, who has come from their own livelihood, in other dimensions. Hence, clinicians may not have the time, language, or ability to facilitate, to go beyond the labs, disease, or body in front of them, into their former activity and social participation. They rely on the Case Management whose role is to expedite discharge." Another respondent simply affirmed that; "one easy answer is that some lack spirituality, leading to a lack of healing options considered. Another could be the lack of a good support system, who again, I believe drives more spiritual/emotional healing."

These barriers consequently affect the functionality and effectiveness of health care in addressing spiritual and emotional care of patients. As opined by one respondent, "limited understanding of spiritual care in healthcare, lack of education of the support chaplaincy can provide and religious prejudice against faith in a healthcare setting are some of the factors negatively influencing spiritual and emotional healing of patients." These barriers must be addressed for effective health service delivery by health care providers.

Research Question 5

How can integration of spiritual and emotional care interventions into the Annual HealthStream Education impact patient's holistic healing process?

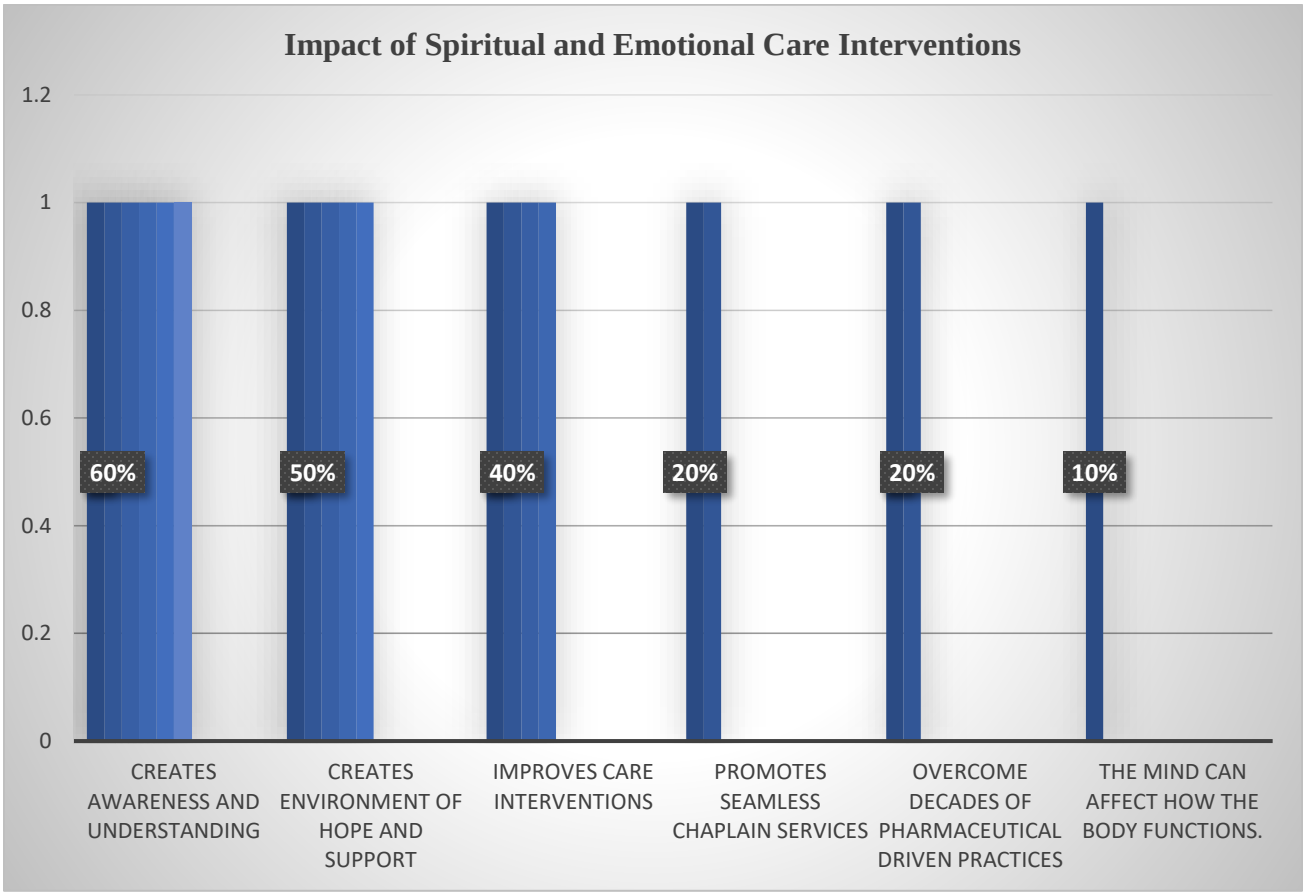

Figure 7. Impact of spiritual and emotional care interventions.

Summary of the Impact of Integration of Spiritual and Emotional care Interventions into the Annual Healthstream Education on Patients' Holistic Healing Process.

The results for Figure 7 show the perceptions of the respondents on the integration of spiritual and emotional care interventions in the annual HealthStream education program, focusing on the patient's holistic healing process. The results showed that 60 percent of the responses affirmed the integration of spiritual and emotional care interventions into the annual HealthStream education on patients' holistic healing process creates awareness and understanding of the need for spiritual and emotional care for patients (see Appendix E). A respondent emphasized that "the spiritual and emotional aspects of a person must never be

neglected during a care plan of patients. When bodily injury occurs in a patient, care providers must work along with other health care team members that would provide spiritual and emotional care." In line with the result, one respondent emphasized that, "Integrating spiritual and emotional care interventions into a hospital's continuing education program either in person or online can help increase awareness and understanding of the spiritual and emotional factors that impact a person's overall health. It can help caregivers develop strategies for assessing these factors and then to learn strategies and techniques to assist themselves and their patients to address these aspects of healing."

The result showed that 50 percent of the responses suggested the integration of spiritual and emotional care interventions into the annual HealthStream education program on patient's holistic healing process creates awareness and understanding of the need for spiritual and emotional care for patients to create an environment of hope and support for the patients. This serves as huge emotional relief for the patients and boosts the healing process. A respondent posited that "integrating spiritual and emotional care into health stream education benefits the patient and the healthcare worker. I think it is important to create an environment of hope and support. Recognizing physical needs within the healthcare setting is only one part of a patient's journey"

Other impacts of the integrating spiritual and emotional care interventions into the annual HealthStream education for patient's holistic healing process were to improve care interventions (40 percent), to overcome decades of pharmaceutical driven practices (20 percent), and promotes seamless Chaplain services (20 percent), among others (see Appendix E).

Summary of Results

The findings revealed a holistic healthcare approach is the best approach in addressing the spiritual and emotional healing process of cardiac patients. The finding is plausible in that holistic approach seeks to advance general harmony and wellbeing while acknowledging the interconnection of these dimensions. Hvidt et al. asserts that spiritual care (SC), which is an aspect of holistic care improves patients' quality of life, and the absence of SC is linked to existential and spiritual suffering, which can lead to a higher risk of depression and deteriorated health, leading to higher healthcare expenses.[13] Holistic care recognizes a person as a whole and acknowledges the interdependence of the biological, social, psychological, and spiritual aspects. Corroborating with the findings, holistic healing takes the full person into account, addressing not only physical ailments but also an individual's emotional, mental, and spiritual needs. Robert views holistic care as a treatment philosophy that sets dissimilar and high expectations for quality of care both for health care facilities and for all the interdisciplinary team.[14] In holistic health care, all aspects of a patient's treatment process are considered and the patients' thoughts, emotions, cultures, opinions, and attitudes are factored in as contributing to recovery, happiness, and satisfaction.

The findings affirmed that support networks, such as those in the family and community helps in promoting spiritual and emotional healing for cardiac care patients. It is expected that a strong support system will promote emotional and spiritual healing. Even a self-centered person naturally wishes to have the kind of fiber willing to shoulder a fair portion of the agony and work because of this desire.[15] Support system and networks aid in providing emotional and spiritual

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[13] Hvidt et al., "What Is Spiritual Care," 2.

[14] Robert, *Professional Spiritual & Pastoral Care*, 23.

[15] Houselander, *Guilt*, 120.

support such as active listening, understanding patient behavior during discomfort, offering words of comfort, and acknowledging cultural beliefs, cultivating positivity, relying on prayer, family, and friends. The findings strongly associated emotional and spiritual healing with effective support systems/networks in healthcare services. The presence of family and friends plays a great role in the healing process of a patient and therefore cannot be overemphasized. Thus, to feel dignified, one must be looked for by others.[16]

The findings affirmed that open communication among healthcare institutions creates an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients. This is plausible in that open communication can help health care providers to share ideas, compare notes, and understand the best possible approach to handle specific patients. Effective communication helps to foster engagement, cooperation, and information sharing among multidisciplinary health care units and teams to ensure holistic healing of patients. Effective spiritual care requires strong communication skills to facilitate open, empathetic, and nonjudgmental conversations about patients' beliefs and values. It helps one to share what is in their mind and heart without fear of criticism, contempt, or defensiveness, barriers that could be detrimental to effective communication. A study showed that discussing existential or spiritual issues with patients can lead to touchy subjects; however, good team communication and continuity of care needs to be balanced against the need for efficient collaboration and continuity of care.[17] To foster collaboration through effective communication, it is essential for healthcare personnel to receive training and ongoing education in

[16] Brooks, *Love Your Enemies*, 69.

[17] Keall, Clayton, and Butow, "How Do Australian Palliative Care Nurses Address Existential and Spiritual Concerns," 3202.

communication techniques that are specifically tailored to fostering more effective and empathetic spiritual care.

The findings also confirmed that there were existing barriers and factors that affected the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers. These barriers were lack of awareness/education/ communication, lack of education and training about spiritual care among nurses and other healthcare professionals, lack of good support system, individual barriers like lack of interest in nursing, negative perception of religious beliefs, language, and culture barriers and lack of spirituality amongst others. Institutional factors such as lack of a good support system, lack of clear institutional policies, high level of provider burnout, lack of time due to short staffing, and lack of continuity affected the integration of spiritual and emotional care. Some researchers point out that lack of time and money are some of the reasons given by professionals for not prioritizing SC.[18]

The findings equally affirmed the integration of spiritual and emotional care interventions into the annual HealthStream education on patient's holistic healing process create awareness and understanding of the need for spiritual and emotional care for patients and create an environment of hope and support for the patients. This result is consistent with the researcher's presumption that the inclusion of spiritual and emotional support interventions in the yearly HealthStream education program will greatly alleviate patients' emotional distress and enable their quick recovery. By teaching staff members about the theory of the underlying conduct that is deemed challenging and how to enhance one's work practices, healthcare professionals can

[18] Hvidt et al., "What Is Spiritual Care," 2.

better meet the unique needs of their care recipient.[19] Creating a welcoming environment that accommodates diverse spiritual practices and providing access to chaplains, spiritual counselors, or support groups can enhance the integration of spirituality in healthcare. According to Robert, safe spaces where a care receiver can freely share experiences under the supervision of a caregiver who addresses this sacred time with creativity, compassion, collaboration, and competence are necessary to support a person's quest for healing.[20] By doing so, healthcare providers can promote holistic wellbeing, emotional resilience, and improved patient outcomes while nurturing a sense of comfort, purpose, and connectedness for individuals facing health challenges.

[19] Smith et al., "A Qualitative Study Exploring Therapists' Experiences of Implementing a Complex Intervention Promoting Meaningful Activity for Residents in Care Homes," 577.

[20] Robert, *Professional Spiritual & Pastoral Care*, 122.

CHAPTER 5: CONCLUSION

Based on the reviews in the previous chapters, and with the outcomes of the intervention implementation detailed in chapters three and four, this concluding chapter aims to answer the "so what" question. A thorough examination has revealed that providing for the spiritual needs of hospitalized patients is a crucial but sometimes disregarded component of patient care.[1] The need to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment has been the focus of this qualitative study at Swedish Hospital in Chicago. This research study dug deep into the worlds of pastoral care and its transformational influence on holistic healing, and the results and conclusion of this research study are reflected in a larger context of pastoral care practices in the healthcare industry.

This chapter critically analyzed the research implication, how the findings of this research work will be applied to the patient's transformative healing journey, limitations that research may encounter, and areas for further research. It clarifies the various ways in which spiritual care goes beyond the limits of traditional healthcare, promoting mental, spiritual, and psychosocial wellbeing, and shows how spiritual care practitioners help patients dealing with serious health issues find resilience and a feeling of completeness by acting as catalysts for transformative healing journeys.

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[1] Robert W. Kirchoff et al., "Spiritual Care of Inpatients Focusing on Outcomes and the Role of Chaplaincy Services: A Systematic Review," *Journal of Religion and Health* 60, no. 2 (February 11, 2021): 1419. https://doi.org/10.1007/s10943-021-01191-z.

This study also outlines a roadmap for healthcare organizations looking to improve health professional's ability to offer complete, patient-centered care through an examination of best practices and potential development areas. The findings highlight the potential for interaction between the medical and spiritual facets of care and stress the demand for a more inclusive strategy that considers patients' various spiritual needs and beliefs. This chapter acts as a forum for meaningful discussion and a call to action, asking healthcare stakeholders to acknowledge the crucial role of spiritual care in fostering holistic healing and establishing a more compassionate and inclusive healthcare model.

Research Implications

In the field of health care, the importance of comprehending and treating the full person, including the body and spirit, has come to be better understood. The need to create and implement a holistic healing model for cardiac care patients goes beyond specific patient outcomes to encompass more general facets of healthcare delivery, relationships between providers and patients, cost-effectiveness, and evidence-based practice. So, "holistic care" has become a widely accepted idea, and according to studies, a holistic approach to care improves patient happiness and efficiency.[2] By recognizing the interconnectedness of physical, spiritual, and emotional dimensions of health, this research has the potential to transform the way healthcare is conceptualized and delivered, ultimately leading to improved quality of care and better outcomes for patients with cardiovascular diseases. Below are some implications that emerged from the findings:

[2] Robert, *Professional Spiritual & Pastoral Care*, 23.

Holistic Care

When providing treatment and support, holistic care considers the needs of the patient, body, mind, and spirit. Holistic care acknowledges the interdependence of many facets of a person's wellbeing, in contrast to traditional medical paradigms that frequently focuses on the outward manifestations of an illness or condition. This method places a strong emphasis on the value of addressing lifestyle, environment, social support, and personal beliefs in addition to current health issues. Rather than focusing only on treating specific issues or controlling symptoms, healthcare professionals strive to promote overall wellbeing and healing by adopting a holistic approach. Respondent EF posits, "as a CCU Nurse, I listen to patient's complaints and address their needs as they arise. I try to understand and accept their behavior as they are experiencing discomforts and provide the appropriate treatment they need. I also offer emotional support through spending time talking to them, and giving words of comfort acknowledging their culture and beliefs, and make referral for follow ups where and when necessary."

In holistic care, "each individual has to be treated as a unique being with a unique kind of spirituality and with unique values associated to that spirituality."[3] Treatment plans are tailored to everyone's unique needs and circumstances, acknowledging that what works for one person may not work for another. This could entail a mix of traditional medical treatments, complementary therapies like acupuncture or meditation, food adjustments or exercise plans, lifestyle adjustments, and psychosocial support. The goal is to empower individuals to take an active role in one's own health and to address the underlying causes of illness or imbalance, rather than just alleviating surface-level symptoms. By viewing health through a holistic lens,

[3] Hvidt et al., "What Is Spiritual Care," 8.

healthcare providers can foster a deeper understanding of their patients' experiences and promote more comprehensive healing and wellbeing.

The research implications from this theme suggest that healthcare providers as a team, ought to pay attention to the spiritual and physical needs of patients, listen to patient's complaints, understand and accept everyone's behavior, and offer emotional support. There is also the need to cultivate a positive mindset, paying attention to the patient's needs and providing physical, social, spiritual, and emotional support.

Support System

Implications from this research study assert that when it comes to spiritual care, a person's support system is essential in helping the person feel at ease, guided, and inspired as the patient travels through life. This network often includes religious leaders, community members, friends, family, and healthcare professionals who are sensitive to the spiritual needs of the individual. These people provide a secure environment for the expression and investigation of ideas, values, and existential issues.

According to the findings, the research implications from above revealed that 50 percent of the respondents perceived that support systems are effective in promoting emotional healing. Thus, one of the respondents said, "every human being needs a support system. This could impact the healing process. A patient healing could be faster when the person feels connected to loved ones" (Respondent AB). Also, "the presence of the family and community like the church help promote spiritual and emotional healing in a way that they are the support group that provide strength and gives hope and uplift the spirit especially when patient needs to undergo a major procedure like open heart" (Respondent EF).

Within this network, religious leaders and spiritual guides offer guidance rooted in faith traditions, providing rituals, prayers, and scriptures that offer solace and meaning. Patients who feel or experience unmet spiritual needs report being less satisfied with the overall care and quality of treatment received.[4] Also "Patients with unmet spiritual needs are at increased risk of poorer psychological outcomes, diminished quality of life, reduced sense of spiritual peace and increased risk of depression."[5] Ironically, since spirituality is a basic aspect of who one is as a person, it demands that spiritual care be a well-integrated part of healthcare. However, this makes practicing spiritual care challenging, as each person must be recognized as an individual with a unique spirituality and set of values that go along with it.[6]

Furthermore, improved patient wellbeing is strongly correlated with a supportive hospital environment that places a high priority on patient-centered care. To do this, environments that make patients feel listened to, respected, and appreciated must be established. This will promote cooperation and confidence between patients and healthcare providers. In addition, treatment regimens that incorporate complementary therapies like music therapy, art therapy, and mindfulness practices help address the psychological and emotional components of health and promote overall wellbeing. Beyond the therapeutic context, social support networks and community involvement are also essential for sustaining patient wellness.

Effective Communication and Collaboration

This subtheme emphasizes how important it is to collaborate and communicate well to improve patient outcomes in a hospital setting. For communication to be effective, patients'

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[4] O'Brien et al., "Meeting Patients' Spiritual Needs during End-Of-Life Care," 183.

[5] Ibid.

[6] Hvidt et al., "What Is Spiritual Care," 8.

spiritual and emotional needs must also be met in addition to medical knowledge. According to this research study, patients frequently want conversations about spiritual values and beliefs and to be a part of their healthcare experience. Therefore, to comprehend and handle these aspects of care, healthcare personnel must communicate in an open and sympathetic manner.

According to the research findings in Chapter Four, 70 percent of the respondents perceived open communication amongst healthcare providers can help foster collaboration among the interdisciplinary team and patient. This is plausible in that open communication can help health care providers to share ideas, compare notes, and understand the best possible approach to handle specific patient's needs. In a research study carried out by Keall, Clayton, and Butow, several nurses stated that providing spiritual care requires effective communication skills.[7]

Strengthening the bonds between patients and providers is essential to improving healthcare results and everyone's level of happiness. These connections are based on effective communication, which promotes cooperation, understanding, and trust. Patients feel appreciated and in control of their care when healthcare professionals actively listen to them, respect their viewpoints, and involve the patient in joint decision-making procedures. In accordance with the informed consent principle, caregivers must provide participants with all the details required in decision processes[8] and ensure that the individual's rights and welfare are protected.[9] Furthermore, open and honest communication about available treatments, possible side effects,

[7] Keall, Clayton, and Butow, "How Do Australian Palliative Care Nurses Address Existential and Spiritual Concerns," 3202.

[8] Redman and Caplan, "Should the Regulation of Research Misconduct be Integrated with the Ethics Framework Promulgated in the Belmont Report," 38.

[9] Abay et al., "Rapid Ethical Assessment on Informed Consent Content and Procedure in Hintalo-Wajirat, Northern Ethiopia," 12.

and anticipated results boost self-assurance and ease fear, promoting better treatment compliance and better health results. Additionally, building rapport and empathy can assist medical professionals in comprehending the special requirements and worries of the patients, enabling the provision of more efficient and individualized care.

Therefore, this study's implications suggest the need for healthcare organizations to foster a collaborative environment where interdisciplinary teams work together seamlessly to provide patient-centered care that encompasses spiritual dimensions. Also, it highlights the importance of effective communication and collaboration in enhancing patient care outcomes. By incorporating spiritual assessment and communication skills into healthcare provider training and fostering interdisciplinary collaboration, healthcare organizations can better meet the spiritual needs of patients, improve patient's overall wellbeing, and promote a more holistic approach to healthcare delivery.

Education for Healthcare Interventions

Since healthcare systems are realizing more and more how vital it is to satisfy patients' spiritual and emotional needs in addition to one's physical health, it is imperative that spiritual and emotional care education be incorporated into healthcare professional education programs. Integrating such interventions into Swedish Hospital's Annual HealthStream Education program has significant research implications for enhancing patient-centered care and health outcomes. In many ways, attending to patients' needs for SC and spiritual reintegration calls for significant and diverse training of HCPs than providing physical, psychological, and social rehabilitation.[10]

[10] Hvidt et al., "What Is Spiritual Care," 8.

With 60 percent of the responses affirming that the integration of spiritual and emotional care interventions into the annual HealthStream education on patients' holistic healing process creates awareness and understanding of the need for spiritual and emotional care for patients, it shows a positive implication. Thus, one of the respondents emphasized that "Integrating spiritual and emotional care interventions into a hospital's continuing education program either in person or online can help increase awareness and understanding of the spiritual and emotional factors that impact a person's overall health. It can help caregivers develop strategies for assessing these factors and then to learn strategies and techniques to assist themselves and their patients to address these aspects of healing" (Respondent MN).

The findings suggest that integrating spiritual and emotional care interventions into healthcare education can lead to better patient satisfaction, reduced levels of anxiety and depression, and improved overall wellbeing. By incorporating modules on spiritual assessment, empathetic communication, and coping strategies for emotional distress, Swedish Hospital's Annual HealthStream Education can empower healthcare professionals to provide more comprehensive care that addresses the holistic needs of patients. This training encourages staff to think about the individual's needs, through the teaching of theory behind behavior perceived as challenging, and ways in which healthcare professionals can improve their working practice.[11]

Furthermore, research indicates that healthcare providers who receive training in spiritual and emotional care interventions demonstrate increased confidence and competence in addressing these aspects of patient care. Integrating such content into the Annual HealthStream Education program can equip healthcare professionals with the knowledge and skills needed to

[11] Smith et al., "A Qualitative Study Exploring Therapists' Experiences of Implementing a Complex Intervention Promoting Meaningful Activity for Residents in Care Homes," 577.

effectively support patients facing spiritual and emotional challenges, fostering a therapeutic environment built on trust and compassion.

Research implications suggest integrating spiritual and emotional care interventions into healthcare education can contribute to a more resilient and engaged healthcare workforce while limiting burnout. According to a study, burnout is an overwhelming condition of emotional weariness, dehumanization of patients, and feelings of inadequacy on the part of the practitioner. It has a negative impact on providing compassionate treatment and productivity at work.[12] Thus, healthcare professionals who feel supported in addressing the spiritual and emotional needs of patients can experience lower levels of burnout and higher job satisfaction. By prioritizing the wellbeing of healthcare professionals through comprehensive education and support, Swedish Hospital can cultivate a culture of compassion and resilience that ultimately benefits patients and providers.

Barriers and Factors Affecting Integration of Spiritual Care

The integration of spiritual care into healthcare settings is crucial for providing holistic and patient-centered care. However, several barriers and factors can affect the successful implementation of spiritual care interventions. Understanding these challenges is essential for developing strategies to overcome them and promote effective integration of spiritual care into healthcare practice.

One significant barrier to the integration of spiritual care is a lack of awareness or understanding among healthcare providers about the importance of addressing patients' spiritual needs. Research suggests that many healthcare professionals receive limited training in spiritual

[12] Chizimuzo T. C. Okoli et al., "A Cross-Sectional Examination of Factors Associated with Compassion Satisfaction and Compassion Fatigue across Healthcare Workers in an Academic Medical Centre," *International Journal of Mental Health Nursing* 29, no. 3. (December 6, 2019): 477. https://doi.org/10.1111/inm.12682.

care during their education and may feel ill-equipped to broach spiritual topics with patients. Additionally, misconceptions or biases about spirituality and religion may hinder open communication and collaboration between healthcare providers and patients. A respondent affirmed that and stated: “one easy answer is that some lack spirituality” (Respondent GH).

From the data analysis, the results revealed that some of the existing barriers were lack of awareness/education/communication (40 percent), lack of training about spiritual care among nurses (30 percent), lack of good support systems (30 percent), individual barriers like lack of interest in nursing (20 percent), negative perception of religious beliefs (20 percent), language and cultural barriers (20 percent), and lack of spirituality amongst others. More so, the literature reviewed has it that training medical staff by hospitals on spiritual care issues has positive effects on patients’ wellbeing,[13] and inadequate training is the strongest predictor of rare spiritual care provision.[14] Additionally, institutional factors, such as time constraints and competing priorities can hinder the integration of spiritual care into healthcare practice.

Cultural and religious diversity among patients also presents challenges to the integration of spiritual care. Healthcare providers must navigate varying beliefs, values, and practices related to spirituality and religion, which can influence patients’ preferences for spiritual care interventions. Language barriers, cultural taboos, and differing attitudes towards healthcare may further complicate communication and collaboration between providers and patients. In all of this, this research work affirms the need to understand that spiritual caregiving is a professional

[13] van de Geer et al., “Multidisciplinary Training on Spiritual Care for Patients in Palliative Care Trajectories Improves the Attitudes and Competencies of Hospital Medical Staff,” 224.

[14] Mitchell et al., “Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness,” 728.

practice of compassionate ministry most frequently done in secular institutions, seeking accommodation for all without the establishment of a specific religion.[15]

Despite these barriers, several factors can facilitate the integration of spiritual care into healthcare settings. Education and training programs that raise awareness about the importance of spiritual care and provide healthcare professionals with the necessary skills and knowledge can promote successful integration. Thus, to increase team members' ability to provide patients with the spiritual care that is required, training is badly needed.[16] Additionally, creating supportive institutional cultures that prioritize patient-centered care and, providing resources for addressing patients' spiritual needs can foster a more conducive environment for integrating spiritual care into healthcare practice. With this, healthcare organizations may improve the delivery of holistic, patient-centered care that successfully attends to patients' spiritual needs by addressing these hurdles and fostering elements that allow integration.

Research Applications

These research findings offer valuable insights that can be practically applied to enhance patient and staff care at Swedish Hospital in Chicago. These findings are set to enhance the overall patient experience, improve health outcomes, and cultivate a supportive and nurturing environment for patients and staff. The findings applicable to this research work are as follows:

Implement Standardized Spiritual Assessment Tools

Implement standardized spiritual assessment tools like FACT, HOPE, SPIRIT to systematically evaluate patients' spiritual needs and preferences during intake assessments,

[15] Ali et al., *Mantle of Mercy*, 42.

[16] Kang et al., "A Meaning-Centered Spiritual Care Training Program for Hospice Palliative Care Teams in South Korea," 2.

allowing healthcare providers to tailor care plans accordingly. FACT is a spiritual assessment tool designed to assess a patient's Faith or belief system, patient's Active involvement, patient's Comfort or Concerns, and Treatment plans.[17] HOPE also is used to assess a patient's sources of Hope, Organized religion, Personal spirituality, and Effects on medical care.[18] SPIRIT is another tool for assessing patient's Spiritual belief system, Personal spirituality, Integration with a spiritual community, Ritualized practices or restrictions, Implications for medical practice, and Terminal events planning.[19] These assessment tools provide information for intervention plan. By implementing standardized assessment tools and training staff on effective communication techniques, Swedish Hospital can ensure that patient's spiritual beliefs, values, and preferences are adequately addressed within the context of patient care, leading to a holistic healing approach and patient satisfaction.

Promoting a Healing Environment

Promoting a healing environment in the hospital setting can have profound effects on patients and staff. Research suggests that elements such as natural light, soothing colors, artwork, story books, religious resources, comfort blankets, and access to green spaces can contribute to reduced stress, anxiety, and pain levels among patients. Similarly, providing spaces for relaxation, meditation, and reflection can support staff wellbeing and resilience, ultimately enhancing job satisfaction and performance. By integrating these principles of holistic healing

[17] Mark LaRocca-Pitts, "FACT, a Chaplain's Tool for Assessing Spiritual Needs in an Acute Care Setting," *e-Journal of the Association of Professional Chaplains* 28, no. 1. (2012): 25. http://dx.doi.org/10.1080/10999183.2012.10767446.

[18] LaRocca-Pitts, "FACT, a Chaplain's Tool for Assessing Spiritual Needs in an Acute Care Setting," 28.

[19] Ibid., 29.

into the design and management of hospital spaces, Swedish Hospital can create environments that promote healing and foster a sense of peace and comfort for all who come into the hospital.

Educational Training for Healthcare Providers

Providing ongoing education and training opportunities for staff is essential for staying updated on the latest research and best practices in spiritual care and holistic healing. By offering annual education, workshops, seminars, new staff orientation, and continuing education programs, Swedish Hospital can equip healthcare providers with the knowledge, skills, and resources needed to effectively integrate spiritual care into patient interactions. This approach not only enhances staff competence and confidence in addressing patients' holistic needs, but also fosters a culture of learning, innovation, and continuous improvement within the organization.

Fostering Interdisciplinary Collaboration

Fostering interdisciplinary collaboration among healthcare providers is essential for delivering comprehensive care that addresses patients' physical, emotional, and spiritual needs holistically. By bringing together physicians, nurses, therapists, chaplains, and other professionals, Swedish Hospital can develop integrated care plans that consider the whole person and promote holistic wellbeing. Regular interdisciplinary team meetings, joint care planning sessions, unit rounds, team referrals, and opportunities for shared learning and skill-building can strengthen collaboration and communication among staff, leading to more coordinated and effective care delivery. Through these collaborative efforts, Swedish Hospital can maximize the impact of research findings on spiritual care and holistic healing, ultimately improving patient outcomes and enhancing the overall quality of care provided.

Offering Supportive Services

Establishing support services such as chaplaincy programs, counseling services, and support groups to provide emotional and spiritual support to patients/families and staff during times of illness, grief, or loss is important. This approach encompasses various forms of assistance tailored to individuals' requirements, ranging from checking in with individuals, emotional support, and counseling, to logistical aid such as transportation, parking garage tickets, a cup of coffee/tea, and other assistance. Offering support services not only enhances the overall wellbeing of the care recipient but also increases the integrity and reliability of research findings. Moreover, it underscores a commitment to ethical research practices by prioritizing the holistic welfare of individuals involved, thereby promoting inclusivity, equity, and ultimately advancing scientific inquiry for the betterment of society.

Evaluating Outcomes and Quality Improvement

Regularly assessing patient outcomes, satisfaction levels, and staff wellbeing to gauge the effectiveness of spiritual care and holistic healing interventions and applying feedback to drive continuous quality improvement efforts should be considered. This process encompasses rigorous evaluation and systematically analyzing findings and identifying areas for improvement. Commitment to quality improvement not only ensures the integrity and credibility of this application but also fosters innovation and adaptation in response to evolving challenges and opportunities. In addition to ensuring the validity and integrity of this application, a dedication to quality improvement encourages creativity and adaptability in the face of changing possibilities and difficulties.

Summarily, the practical application of the research findings above can significantly enhance patient and staff care at Swedish Hospital. By incorporating spiritual assessment into

patient intake procedures, creating healing environments within the hospital setting, fostering interdisciplinary collaboration among healthcare providers, and providing ongoing education and training opportunities for staff, Swedish Hospital can create a more patient-centered, supportive, and nurturing care environment that promotes holistic wellbeing for patients/families and staff.

Research Limitations

While the research on developing and implementing a model of holistic healing for cardiac care patients at Swedish Hospital in Chicago holds promise for improving patient outcomes and wellbeing, it is essential to acknowledge some limitations that impacted the interpretation and generalizability of the findings. These limitations include:

Ethical Consideration

Ethical considerations pose a significant challenge for the researchers investigating spiritual care as an art of holistic healing intervention at Swedish Hospital, particularly when healthcare professionals serve as participants in the study. One projected ethical concern involved ensuring the voluntary and informed consent of the participants. The researcher also prioritized transparent communication, provided comprehensive information about the study objectives, risks, and benefits, and affirmed participants' rights to withdraw from the study at any time without repercussions. Upholding the principles of autonomy and respect for participants' decisions was essential for maintaining ethical integrity throughout the research process. Similarly, safeguarding the confidentiality and privacy of the participants was paramount while also protecting the participant's professional standing and personal beliefs.

Spiritual care is often a deeply personal and sensitive topic, and healthcare professionals may be hesitant to share their experiences or perspectives if they fear breaches of confidentiality. Therefore, the researcher implemented strong data protection measures, such as anonymization

and secure storage of data, to minimize the risk of inadvertent disclosure and maintain the trust and confidence of participants. Additionally, the researcher considered the potential impact of the study on participants' wellbeing, particularly as it involves exploring sensitive topics related to spirituality and holistic healing practices. Prioritizing participants' welfare and mitigating potential risks through ethical review and oversight mechanisms were essential steps the researcher took to ensure the ethical conduct of this study.

Cultural and Contextual Factors

Like any healthcare facility, Swedish Hospital functions within a particular cultural and contextual framework influenced by its location, the demographics of its patients, and its organizational culture. The cultural diversity among the participants influenced the perceptions, beliefs, and practices of respondents regarding the research study, which posed some challenges as the researcher tried to capture the full spectrum of perspectives. Cultural differences in understanding spirituality, illness, and healing influenced the participant's responses, as well as participant's willingness to engage with spiritual care interventions, as research experienced during participants' recruitment.

Navigating cultural and contextual factors made the researcher adopt a nuanced and culturally sensitive approach in carrying out the investigation. Sensitivity to cultural diversity and contextual nuances was essential for accurately interpreting participants' responses and ensuring the validity and reliability of the study findings. The researcher engaged with healthcare professionals from diverse cultural backgrounds and disciplines, acknowledging and respecting the multiplicity of perspectives on spirituality and holistic healing. By addressing cultural and contextual factors as inherent limitations in this research study, the researcher fostered greater

inclusivity and relevance in the exploration of spiritual care as an integral component of holistic healing at Swedish Hospital.

Participant Bias

As a limitation of this study, the researcher observed the respondents' biases ranging from individual beliefs, their understanding of spirituality, and personal experience of the topic under review. For instance, healthcare professionals with strong religious affiliations or spiritual beliefs may approach the topic of spiritual care with a predisposition toward certain practices or interventions, potentially affecting the objectivity of their feedback. Similarly, individuals' prior experiences with holistic healing or spiritual practices may color their perceptions of the effectiveness or relevance of such interventions within the healthcare setting. By acknowledging and addressing participants' bias, the researcher enhanced the credibility and relevance of participants' investigation into spiritual care as an essential component of holistic healing at Swedish Hospital by creating a supportive and non-judgmental research environment that encouraged open and honest dialogue among participants, allowing for the exploration of diverse perspectives and experiences related to spiritual care.

Time Constraint

Acknowledging and addressing time constraints as a limitation is essential for this research work. The demanding nature of the medical profession, coupled with the bustling environment of Swedish hospital presented some challenges in scheduling and conducting research activities. Healthcare professionals often have tight schedules filled with patient care duties, administrative tasks, and professional development commitments, leaving limited time for participation in other endeavors. So, the unpredictable nature of healthcare settings necessitated some rescheduling of interviews or data collection sessions due to emergent patient

needs or unforeseen circumstances, which in a way almost affected the researcher's timeline. In some situations, these time constraints can impede the thoroughness and depth of data collection, potentially limiting the researchers' ability to capture the nuanced perspectives and experiences of the participants. That notwithstanding, the researcher carefully navigated these time constraints by adopting some flexibility with time to accommodate participants' schedules to maximize the efficiency of the research procedures to optimize the quality and depth of data obtained within the available timeframe.

In conclusion, even though the research on developing and implementing a model of holistic healing for cardiac care patients offers valuable insights into the potential benefits of integrating spiritual and emotional care alongside physical treatment, this subtheme recognized the importance of addressing these limitations which could have affected the validity and reliability of this study. To optimize holistic care approaches that effectively meet the different needs of cardiac care patients, healthcare practitioners ought to acknowledge these limitations and incorporate them into future research and practice efforts.

Further Research

As a recommendation for further research, exploring the impact of integrating spiritual care into the Swedish Hospital Annual HealthStream education, alongside other ongoing spiritual care education for the interdisciplinary team, holds significant promise. Understanding how such integration influences healthcare professionals' attitudes, knowledge, and practices regarding spiritual care can provide valuable insights into improving patient-centered care and addressing holistic patient needs. By conducting longitudinal studies or randomized controlled trials, the researcher can assess the effectiveness of these educational interventions in enhancing patient outcomes, satisfaction levels, and overall quality of care. Additionally, investigating potential

barriers, facilitators, and best practices for integrating spiritual care education into existing training programs can inform the development of comprehensive, evidence-based approaches to spiritual care delivery within healthcare settings.

APPENDIX A

SUMMARY OF POINTS FOR ADDRESSING EMOTIONAL AND PSYCHOLOGICAL ASPECTS OF HEALING.

S/N	Coded responses	Response Frequency	%
1	Holistic healthcare approach	4	40.00
2	Collaboration	1	10.00
3	Communication	1	10.00
4	Positive mindset towards patients	1	10.00
5	Participatory approach	2	20.00
6	Goal setting	1	10.00
7	Prayers	1	10.00
8	Paying attention to the patient	1	10.00
9	Use of family and friends	3	30.00
11	Discussion with the patient	1	10.00

Note. Multiple responses recorded

APPENDIX B

SUMMARY OF POINTS FOR EFFECTIVENESS OF SUPPORT NETWORKS IN PROMOTING SPIRITUAL AND EMOTIONAL HEALING FOR CARDIAC CARE PATIENTS

S/N	Coded Responses	Response Frequency	%
1	Impacts the healing process positively	2	20.00
2	Promoting support system	1	10.00
3	Promote emotional healing	5	50.00
4	Improves the outlook on the patients' conditions	1	10.00
5	Provides more cultural and societal understanding and spiritual care for the patient	1	10.00

Note. Multiple responses recorded

APPENDIX C

SUMMARY OF MEASURES TO FOSTER COLLABORATION AND COMMUNICATION AMONG MULTIDISCIPLINARY TEAMS IN PROVIDING HOLISTIC HEALING FOR PATIENTS

S/N	Coded Responses	Response Frequency	%
1	Open communication	7	70.00
2	Working together as a team	2	20.00
3	Acknowledging and respecting cultural diversity	1	10.00
4	Involvement in multidisciplinary rounds	2	20.00
5	Holistic approach	1	10.00
6	Medical record charting	2	20.00
7	Use of chaplaincy	1	10.00

Note. Multiple responses recorded

APPENDIX D

SUMMARY OF BARRIERS AND FACTORS THAT AFFECT THE INTEGRATION OF SPIRITUAL AND EMOTIONAL CARE

S/N	Coded Responses	Response Frequency (n=9)	%
1	Neglect of some aspect of the care of the patient	1	10.00
2	Lack of continuity	1	10.00
3	Lack of education and training about spiritual care among nurses.	3	30.00
4	Lack of time due to short staffing	1	10.00
5	Individual barriers like lack of interest in nursing.	2	20.00
6	Negative perception of religious beliefs	2	20.00
7	Problems in nurses' family relationship and financial problems	1	10.00
8	High level of providers burnout	1	10.00
9	Lack of clear institutional policies	1	10.00
10	Patients varying levels comfort levels	1	10.00
11	Lack of spirituality	2	20.00
12	Lack of good support system	3	30.00
13	Language and culture barriers	2	20.00
14	Lack of awareness/education/communication	4	40.00

Note. Multiple responses recorded

APPENDIX E

Summary of the Impact of Integration of Spiritual and Emotional Care Interventions into the Annual HealthStream Education on Patient's Holistic Healing Process

S/N	Coded responses	Response Frequency	%
1	The mind can affect how the body functions.	1	10.00
2	Creates awareness and understanding of the need for spiritual care	6	60.00
3	It will improve care interventions	4	40.00
4	To overcome decades of pharmaceutical driven practices	2	20.00
5	It creates environment of hope and support	5	50.00
6	Promotes seamless Chaplain services	2	20.00

Note. Multiple responses recorded

APPENDIX F

RECRUITMENT LETTER

Dear Potential Participants,

I am Mary Pamela Eke, a Doctoral Candidate at Liberty University. The reason for the study is about the need for health care organizations to focus not only on physical ailments but also on the patient's spiritual, mental, and emotional needs for the purpose of holistic healing. This DMIN action research project is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients.

As a doctoral candidate in the School of Divinity, at Liberty University. I am conducting research as part of the requirements for a Doctor of Ministry degree in Pastoral Counseling. The title of my research project is "Spiritual Care and the art of Holistic Healing at Swedish Hospital in Chicago." The purpose of my research is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients, and I am writing to invite you to join my study.

Participants must be between 25 to 75 years of age, and must have up to 5 years working experience at Swedish Hospital in Chicago. Participants will be asked to participate in a semi-structured face-to-face interview with the researcher, responding to 5 open-ended questions. Participant will also provide feedback to a questionnaire that has 5 open-ended questions. These questions will be made available to participant a week before the interview. It should take approximately 30 minutes to complete the procedures listed.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please contact me at [redacted] I will work with you to schedule a time for the face-to-face interview.

A consent document will be emailed to you if you meet the study criteria and are willing to participate in the study. The consent document contains additional information about my research. After you have read the consent form, please sign, and return or email back a copy to me. Doing so will indicate that you have read the consent information and would like to take part in the study.

Sincerely,

Mary Pamela Eke
Doctoral Candidate
[redacted]

APPENDIX G

RECRUITMENT LETTER: FOLLOW UP

Dear Participant,

I am Mary Pamela Eke, a Doctoral Candidate at Liberty University. The topic of my thesis is "Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago," and this research work seeks to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients.
As a doctoral candidate in the School of Divinity, at Liberty University. I am conducting research as part of the requirements for a Doctor of Ministry degree in Pastoral Counseling.
Last week an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to contact me so we can schedule a date for the interview, if you would like to participate and have not already done so. The deadline for participation is January 31, 2024.
Participants must be between 25 to 75 years of age, and must have up to 5 years working experience at Swedish Hospital in Chicago. Participants will be asked to participate in a semi-structured face-to-face interview with the researcher, responding to 5 open-ended questions. Participant will also provide feedback to a questionnaire that has 5 open-ended questions. These questions will be made available to participant at least a week before the interview. It should take approximately 30 minutes to complete the procedures listed.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please contact me at [redacted] I will work with you to schedule a suitable time for the face-to-face interview.

A consent document will be emailed to you if you meet the study criteria and are willing to participate in the study. The consent document contains additional information about my research. After you have read the consent form, please sign, and return or email back a copy to me. Doing so will indicate that you have read the consent information and would like to take part in the study.

Sincerely,

Mary Pamela Eke
Doctoral Candidate
[redacted]

APPENDIX H

CONSENT TO PARTICIPATE

Title of the Project

Pastoral Care and the Art of Holistic Healing at Swedish Hospital in Chicago

Principle Investigator

Mary Pamela Eke, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be between 25 to 75 years of age, and must have up to 5 years working experience at Swedish Hospital in Chicago. Taking part in this research projects is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this DMIN action research project is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients. This study is about the need for health care organizations to focus not only on physical ailments but also on the patient's spiritual, mental, and emotional needs for the purpose of holistic healing.

If you agree to be in this study, you will be asked to do the following things:

1. Participate in a semi-structured face-to-face interview with the researcher, responding to 5 open-ended questions.
2. Provide feedback to a questionnaire that has 5 open-ended questions.

3. These questions will be made available to you at least a week before the scheduled interview date.
4. Be aware that this exercise is scheduled to last for about 15 to 30 minutes approximately.
5. Otter.ai, a transcribing application will aid in transcribing all interviews.
6. Participant's data will be ensured by providing the interviewees with a copy of the transcripts for member-checking.
7. Updated transcripts will be secured in a password-protected computer to preserve participants' confidentiality.

How could you or others benefit from this study?

The direct benefits a participant should expect from participating in this study is providing feedbacks to the questions on how spiritual care can impact a patient's holistic healing and overall wellbeing. To also contribute to the developing and implementing a model of holistic healing for integrating spiritual and emotional care alongside physical treatment that patients in Swedish Hospital and those in other healthcare organizations can benefit from.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will your personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a participant. Research records will be stored securely, and only the researcher will have access to the records. Anonymous data collected from you may be shared for use in future research studies or with other the researchers.

- Participant responses will be anonymous and kept confidential using pseudonym (fake name).
- Data will be stored on a passworded computer and may be used in future presentations. After three years, all electronic records will be deleted.
- The interview recordings will also be stored in a passworded computer that can only be accessed by the researcher.

Is study participation voluntary?

Participation in this study is totally voluntary, and your decision will be completely honored and respected by the researcher. If you decide to participate, and you are not comfortable responding to any of the questions, your right will be respected.

What should you do if you decide to withdraw from the study?

If you chose to withdraw from the study, all you need do is to let the researcher know about your feelings or decisions about the study and your unwillingness to proceed. Then, the process would stop and your responses will not be included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher's name is Mary Pamela Eke, and you are free to ask any question regarding the research process before the study commences. If you have questions later, you are encouraged to contact her at [redacted] You may also contact the researcher's faculty mentor, Dr. Mario Garcia at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I am 25 years of age and older. I have worked with Swedish Hospital in Chicago for up to 5 years and above. I consent to participate in the study.

☐ The researcher has my permission to audio-record the person named below as part of their participation in this study.

_____

Participant's Name (Printed)

_____

Participant's Signatured and Date.

APPENDIX I

SEMI-STRUCTURED INTERVIEW PROTOCOL

The most popular qualitative interviewing method is semi-structured interview, which are frequently used for phenomenology, case study, grounded theory, and descriptive/interpretive research, among other qualitative designs. This form of interview comprises of extremely important questions that are arranged in a certain order to help the researcher define the topics to be examined while also allowing for digression into related topic areas.[1] This approach is flexible.

Title of Project

Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago.

DATE: ……..TIME……..PLACE:…….……..

NAME…….....DEPARTMENT……

PROFESSION: ……..AGE:…….....

HOW LONG @ SWEDISH…….. OTHER IN…….……

Pre-Interview Information and Procedures

Introduction: *The researcher introduces self, reviews process for session, length of time that interview would last, and general format for questions*.

Purpose of Study and applications

The purpose of this study is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients. The pastoral care department here at Swedish is doing wonderfully well in providing spiritual care to patients/families and staff. But there is need to work as a team, focusing not only on physical ailments but also on the patient's spiritual, mental, and emotional needs for the purpose of holistic healing. How do we continue to meet this need?

Consent Forms Approvals

Participants are given informed consent forms, signatures are acquired, privacy, confidentiality, and anonymity assurances are reviewed, participant protection assurances are also reviewed by the researcher. Questions are addressed, and permission to record the interview is gained.

[1] Billups, *Qualitative Data Collection Tools*, 16.

Treatment of data

The researcher explains how data will be managed, safeguarded, and disposed of after three years of this investigation.

Other Questions or Concerns

Prior to beginning the interview other issues are discussed.

Interview Questions

The researcher used the same questions as in the questionnaire and some probing questions that are most closely related to the aspects of the topic that the researcher wants to examine.

Q1. Content:
Probes: What are some holistic healing practices or therapies that you integrate into patient care.

Q2. Content:
Probes: In what ways do cultural, religious, and belief-system factors impact the provision and acceptance of spiritual care among diverse groups of cardiac care patients, and how can healthcare institutions better accommodate these factors?

Q3. Content
Probes: To enhance the capacity to provide holistic care that includes addressing the spiritual and emotional aspects of cardiac patients' wellbeing, what are the most effective training and education strategies for healthcare professionals?

Q4. Content
Probes: What are the long-term sustainability and scalability challenges associated with incorporating spiritual and emotional care into cardiac care practices, and how can these challenges be effectively addressed?
Q5. Content
Probes: What resources or tools do you use to stay informed about the latest developments in spiritual care and holistic healing?

Interview Conclusion

The researcher ends the interview with a question that provide the subject a chance to debrief or express any last ideas, clarifications, or any comments that need to be made. The researcher's single unrestricted question is the most effective tool for eliciting these last impressions or ideas.

Concluding Question

Do you have any further information you would like to share with me about today's topic to get your final thoughts?

Thank you and Follow-up Reminder

The researcher Script: Thank you for your time and your insights on Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago. I may contact you again in a few days to complete a member-checking exercise to confirm my notes of the session or to ask you a few clarification-related questions.

APPENDIX J

SPIRITUAL CARE AND THE ART OF HOLISTIC HEALING AT SWEDISH HOSPITAL IN CHICAGO

QUESTIONNAIRE

This study will utilize questionnaire with open-ended research questions. These questions will serve as a foundation for conducting in-depth investigations into the complex issue of balancing physical, spiritual, and emotional care in the context of cardiac care, ultimately leading to more patient-centered and effective healthcare interventions. The 5 open-ended research questions to aid the investigation include:

QUESTIONS 1:

How do you address the emotional and psychological aspects of healing alongside the physical aspect of healing?

QUESTIONS 2:

How can support networks, such as those in the family and community, be more effectively tapped into to promote spiritual and emotional healing for cardiac care patients?

QUESTIONS 3:

How can healthcare institutions create an environment that fosters collaboration and communication among multidisciplinary teams, including physicians, nurses, chaplains, social workers, and mental health professionals, to provide holistic healing for patients?

QUESTIONS 4:

What are the existing barriers and factors that affect the integration of spiritual and emotional care into the cardiac care journey, both within healthcare institutions and among healthcare providers?

QUESTIONS 5:

How can integration of spiritual and emotional care interventions into the Swedish annual HealthStream education impact patient's holistic healing process?

APPENDIX K

PERMISSION TO CONDUCT RESEARCH AT SWEDISH HOSPITAL, CHICAGO

Mary Pamela Eke
Graduate Student
John W. Rawlings School of Divinity
Liberty University
1971 University Boulevard
Lychburg, VA 24515.

November 13, 2023

Shameem A. Abbasy, M.D.
Vice President, Clinical Quality and Transformation
Swedish Hospital, a part of NorthShore
5140 N California Ave
Chicago, IL 60625

Dear Dr. Abbasy,

As a graduate student in the John W. Rawlings School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree in Pastoral Counseling. The title of my research project is "Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago." The purpose of my research is to develop and implement a model of holistic healing for integrating spiritual and emotional care alongside physical treatment for cardiac care patients.

The research I am proposing will enhance my work as a staff chaplain within the Pastoral Care Department and increase the quality of spiritual care provided at Swedish Hospital and beyond. I request your permission to conduct my research at Swedish Hospital and to invite healthcare staff on the 5 East and 5 South Units to participate in my research study. Participants will be asked to participate in a semi-structured interview that could last between 15 to 30 minutes, responding to 5 open-ended questions during the interview, Participants would also respond to a questionnaire containing an additional 5 open-ended questions.

Participants will be presented with informed consent information before participating. Taking part in this study is entirely voluntary and responses will be anonymous. Participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval. An example of a permission letter documents is attached for your convenience.

Sincerely,

Mary Pamela Eke
Graduate Student
John W. Rawlings School of Divinity
Liberty University.

APPENDIX L

PERMISSION RESPONSE LETTER

Swedish Hospital
Part of NorthShore

PERMISSION RESPONSE LETTER

November 13, 2023

Mary Pamela Eke
Graduate Student
John W. Rawlings School of Divinity
Liberty University
1971 University Boulevard
Lychburg, VA 24515.

Dear Pamela,

Thank you for sharing with us your research proposal "Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago." After carefully reviewing your proposal, the hospital management and I have agreed to grant you permission to conduct your research on the 5 East and 5 South Units of Swedish Hospital, which is the cardiac care units, for the following five reasons:

1. ☐ The permission is granted on the basis that you are a staff of Swedish Hospital, Chicago, currently working with Pastoral Care Department.
2. ☐ That you will contact healthcare staff on the said units to invite them to participate in this research study
3. ☐ That the potential participants information will be kept confidential.
4. ☐ That the data collected from this research will be used for the sole purpose of this research work and kept safe for future researches for the period of three years.
5. ☐ That the outcome of this research work will be an additional knowledge to our interdisciplinary team on holistic healing and patient/family wellbeing.

We all look forward to your success in this endeavor and for the improvement it will bring in our overall patient/family and staff care.

Sincerely,

Shameem Abbasy, MD/MPH
Vice President, Quality and Clinical Transformation
.....
.....

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IRB APPROVAL LETTER

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

November 28, 2023

Mary Eke
Mario Garcia

Re: IRB Application - IRB-FY23-24-855 Spiritual Care and the Art of Holistic Healing at Swedish Hospital in Chicago

Dear Mary Eke and Mario Garcia,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your project is not considered human subjects research because it will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46.102(l).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office