Restoration and re-creation: spirituality in the lives of healthcare professionals

Christina M. Puchalski and Margaret Guenther

Purpose of review
The clinician–patient relationship is essential to the practice of person-centered care. This healing relationship can present challenges to clinicians when working with patients who suffer. Clinicians today are looking for ways to deal with the stress of care-giving and to find greater meaning in their professional lives.

Recent findings
Professional guidelines recognize that medicine, nursing and other healthcare professions are vocations, not jobs. Reports indicate that physicians and other clinicians feel the current healthcare environment is too business-like yet, patient relationships continue to be the primary source of satisfaction for many clinicians. The relationships can be rewarding but also stressful. Spirituality is proposed as a way for clinicians to reconnect with their professional roots to serve those who suffer. Resources are suggested that might enable clinicians to find greater meaning in their profession.

Summary
Professional development should address spiritual development especially as it relates to the healthcare professional’s sense of calling to their profession, the basis of relationship-centered care, and the provision of compassionate care.

Keywords
healthcare, reflection, relationship-centered care, self-care, spirituality

INTRODUCTION
Healthcare means to care for the health of others. Caring is not a one-dimensional function. It occurs within the context of the relationship of the caregiver and the care receiver. Out of that relationship the potential for healing arises. Whereas many see healing as unidirectional, from clinician to patient, it is actually bidirectional. We would describe that aspect of the clinical encounter as sacred – the sense of something greater than ourselves that is occurring during the parts of the clinical encounter that are poignant or perhaps moving. Clinicians talk of something hard to describe, but something that is perceived by both clinician and patient. Katz [1] describes a concept of counter-transference involving an alchemical transformation between patient and caregiver, which occurs when two individuals engage together at the most vulnerable time in the lives of patients – serious illness and end of life. Alchemy is ‘that space’ that occurs within relationship between clinician and patient [1]. Through the experience, both patient and clinician can be transformed. Spiritual care, at its roots, emphasizes the importance of the relationship between two people [2]. Thus, spirituality is a foundational aspect of any care-giving relationship.

Within the context of these profound healing relationships it is not only the patient that is affected. Clinicians too are humans and as a result of our interactions with our patients we may experience joy as well as sadness or even anger and impatience. Patients come to clinicians often in the midst of very difficult times in their lives. Anyone involved in healthcare—physicians, nurses social workers, technicians, therapists, and chaplains – at one time
or another are working with people at the edge, patients facing fear, pain, and loss of dignity, diminishment, and ultimately death. Clinicians’ helplessness in the face of imminent loss may manifest itself in anger, impatience, often demanding more than we can offer.

Caring for patients who are suffering physically and spiritually is inevitably challenging and stressful. Long hours and tight schedules can lead to sheer physical and mental fatigue. Our work calls us to be attentive and alert, to make maximum use of our knowledge and experience. When the suffering of a patient cannot be alleviated, we may find ourselves powerless against the inevitability of that suffering and eventual mortality. There is often unrecognized and unacknowledged spiritual fatigue, or what may be called ‘burnout.’ In these times especially, it is important that clinicians pause, reflect, and look at all meanings in a situation – the scientific and the spiritual – for both patient and clinician.

Sulmasy [3**] refers to the concept of the Spiritual-Scientific practitioner as a clinician that attuned to the spiritual dimension of care, including his or her own inner life, integrating that with the scientific basis of clinical care. He underscores the importance of attending to the spiritual dimension of our lives. Emotionally and spiritually, regardless of professional skills, we are working in those areas of deepest meaning, even if we do not always recognize this. Our work takes us into areas of deepest meaning, which some might refer to as sacred, which underscores the importance of attending to our spiritual or inner life within the context of our professional development.

**CALL TO SERVE**

Whereas the clinician is a professional expert in the clinical encounter, he or she still is a human being. By relating from our humanness, with the ‘expertise’ being just part of the whole of our human being, we can form deeper and more meaningful connections with our patients. In an address to the American Medical Association, Abraham Heschel told the delegates ‘To heal a person, one must first be a person’ [4]. Heschel reminds us that if we, as clinicians, are to be in these healing relationships, we must be aware of our own humanness on all levels – intellectual, physical, psychosocial, and spiritual.

‘Spiritual’ and ‘spirituality’ are difficult, frequently indefinable words in a society that loves the quantifiable, easily analyzed, and easily explained. Spirituality in its broadest meaning is what gives people ultimate meaning and purpose. For some that is seen in a religious or cultural context, for others it maybe in family, nature, the arts or philosophy. We all have something deep within ourselves, that sense of ultimate value and the ongoing search for meaning. What is this life all about, and what really matters? What is the meaning we derive from our profession as healers? What are we called to?

First-year medical students often enter medical school with intense passions to serve, to heal and to care for others. ‘I want to relieve other’s pain and suffering, I want to make a difference, I want to cure cancer so people won’t suffer’ is something we hear from our students. The choice to be a clinician is a calling to care for others, a desire to serve and a commitment to make a difference in the well being of our patients. Even when healthcare professionals become dissatisfied with the work environment or stressed with patient care, they may continue to derive a great satisfaction from providing compassionate care. A report from the Association of American Medical Colleges (AAMC) finds that physicians feel the current healthcare environment is too business-like, but the majority of physicians cite patient relationships as a continuing and primary source of satisfaction in their medical practices [5,6]. Thus, one key element of spirituality as part of professional development is to recognize one’s inner call or deep reason to enter into professions of service to others. Medicine and health professions are vocations, not jobs. In this vocation, we are deeply dedicated to serve the needs of those who are ill or suffering. This dedication goes beyond a job, and is rooted in altruism. Our personal identity is rooted in our profession. Thus, we are doctors or nurses all the time, not people who work as doctors or nurses for 40–50 h per week. By serving out of our call, we have a possibility of a more integrated life, with increased wholeness, less fragmentation and greater meaning. One of my residents said that ‘from 6 p.m. to 6 a.m. I am a very spiritual person but not during the day.’ Once she reconnected with the
reason she entered her profession, she began to integrate her deep inner self into her ‘work hours’ and began to find greater meaning and joy in her daily life.

**PROFESSIONAL GUIDELINES**

Professionalism, a required competency of medical and other professional education, can be thought of as a contract with those we serve. Jordan Cohen, MD, the former President of the AAMC, noted that ‘The physician professional is defined not only by what he or she must know and do, but most importantly by a profound sense of what the physician must be.’ [7] Part of the ‘sense of what a physician’ (or clinician) must be is the sense of authenticity – who we are as whole persons and how we bring our whole self to those we care for. This requires not only ongoing formation in clinical reasoning and technical skills, but also reflection about our relationship with our patients and how we are adhering to the goals and meanings of our vocation for the benefit of the people we serve [8].

This service to others is the duty and that service is altruistic – putting our patients’ needs above our own [9**]. The AAMC led an initiative called the Medical School Objectives Project to determine goals and objectives for overall medical education. The first report of this initiative delineated the four main physician attributes that AAMC encouraged medical schools to focus on in training physicians. The first attribute is that physicians must be altruistic for that is where the call to serve begins.

Physicians must be compassionate and empathetic in caring for patients, and must be trustworthy and truthful in all of their professional dealings. At all times they must act with integrity, honesty, respect for patients’ privacy, and respect for the dignity of patients as persons. In all of their interactions with patients they must seek to understand the meaning of the patients’ stories in the context of the patients’ beliefs, and family and cultural values. They must continue to care for dying patients even when disease-specific therapy is no longer available or desired [10].

To be altruistic, clinicians must be able to remain true to their calling to serve and care for their patients. This is the foundation that gives clinicians the strength to override system requirements and pressures dictated by the economics of medicine and to use their professional knowledge and technical competence to act first and foremost in the best interest of individual patients. An understanding of one’s vocation and ways to remain true to that call are critical professional development elements for clinicians who may be facing depression or burnout as they work within a system that puts economics over patient care.

**SPIRITUAL DEVELOPMENT AS INTEGRAL TO PROFESSIONAL DEVELOPMENT**

Professional formation must therefore include spiritual or reflective aspects of care and not just the intellectual and technical. In the 2009 Consensus Conference on Interprofessional Spiritual Care within Palliative Care, participants concluded that spirituality is an essential aspect of professional development. Recommendations included:

1. Healthcare settings should support and encourage the healthcare professional’s attention to self-care, reflection, retreat and attention to stress management.
2. Professional development should address spiritual development especially as it relates to the healthcare professional’s sense of calling to their profession, the basis of relationship-centered care, and the provision of compassionate care.
3. The interprofessional team should be encouraged and given time for regular and ongoing self-examination and reflection about one’s interaction with patients [11**].

One of the key outcome goals for courses in spirituality and health is that students recognize that spirituality is the basis of their call as physicians and that spirituality is the basis of their compassionate relationship with their patients [12,13]. Health professional students and clinicians need to address their own spirituality in their lives to be able to express compassion and be present to another’s suffering. In practical terms: What gives my life meaning? Why did I choose this profession? How do I care for my deepest self? How am I restored after a day surrounded by suffering and loss? Hence there is the need for self-care in the broadest sense. While recreation is how people pass time, recreation speaks to taking time to see opportunities for personal transformation from our encounters with our patients. Are we continuing to grow and be formed in our profession beyond intellectual and scientific growth and development?

Neil McKenna, a chaplain at the Cape Breton Regional Hospital in Canada, suggests six areas of spirituality for reflection for clinicians:

1. What gives meaning to my life?
2. What beliefs and values are most important in guiding my life?
3. What does religion mean to me?
4. What does spirituality mean to me?
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(5) How would a serious, life-threatening illness change the way I find meaning, values or beliefs in life?

(6) What spiritual resources do I bring to my work as a nurse or counselor [or clinician]? [14].

Spiritual or reflective practices can grow out of the search for our spirituality that these questions trigger. These practices can come out of our lives in a faith or other spiritual community or perhaps of our own personal making. Spiritual or reflective practices are beneficial when they are a regular and integral part of our life. Some examples include:

(1) Participation in a faith or other spiritual community can provide the support and comradeship. Shared rituals, sacraments, and friendship can provide a safe place to let go and be one’s true self.

(2) Spiritual Directors or Mentors can help guide our spiritual inquiry and journey. Meeting regularly with a dedicated and careful listener to speak freely of matters of deepest concern, to be heard critically but not judgmentally can be immensely restorative. Originally identified with the Christian tradition, this ministry has become multifaith as well as secular.

(3) Like spiritual direction, spiritual friendship is a rich resource. The word ‘friendship’ has become devalued in American English – colleagues, neighbors, acquaintances are all too frequently dubbed ‘friends. True spiritual friendship goes deeper: offering safety, it invites candor. One can speak candidly of shortcomings, even failure, but at the same time celebrate the small and large victories of daily life. A spouse or life partner might provide such support, but often just a ‘friend’ can offer a secure place to unload concerns and triumphs. Unlike spiritual direction, this is a truly mutual relationship of giving and receiving.

(4) Small groups, perhaps in the context of the faith community or after the model of 12-step programs or other support groups can offer a safe place to let go of professional identity and to be authentically human, to share belief, values and doubt. Again, these are relationships of mutuality and trust.

(5) Meditation has been shown in many studies and theological writings to have health as well as spiritual benefits. It helps to find refreshment in this temporary letting-go of all distractions, or of active seeking. Discovering the art of being, rather than doing, helps us appreciate the present moment; it helps us rest.

Contemplative practices such as mindfulness-based meditation have also been shown to be helpful for clinicians to be present to themselves as well as their patients [15].

(6) Prayer or reading from a sacred text as an integral part of one’s spiritual practice can have salutary effects.

(7) Gratitude practices, in which one takes some reflective time during the day or at the end of the day to offer thanks for the gifts of the day can help reframe the day. These types of practices can offer opportunities to reflect on the positive aspects of one’s life.

(8) Reflection after seeing patients can be a practice that helps us get in touch with the patient encounter at a deep level. We can reflect on a specific part of the encounter that affected us spiritually and emotionally. We can ask ourselves what we learned from the encounter and how we might have been transformed by that encounter. We might offer gratitude at the end of that process.

(9) Retreats can be helpful. To get ‘away from it all’ can be clarifying. Many spiritual centers and monastic houses offer simple hospitality, without imposing any obligation of religious observance. But a retreat can be as simple as a few days hiking in the woods or watching the sky or the ocean or simple staying home and turning off all intrusive devices – phones, television, and radio. Times of solitude and silence can be challenging but ultimately restorative.

(10) Journaling or reflective writing can help us bring closure to a day with our patients, help us reflect on how to improve the way we interacted with others, or help us reflect on our strengths and gifts.

(11) The arts, whether we write our own poetry, paint our own pictures, play our own musical instrument or whether we enjoy the richness of the creativity of others can help us experience creativity.

(12) Appreciating beauty in nature by taking a slow walk in the woods, stopping to admire the intricacy of leaves and texture of bark or the contemplation of a magnificent sunset, can make us new. The experience of awe is all too rare in the workday world – or maybe we are too stressed and busy to notice it. But regular doses of a little awe can keep us anchored, aware, and humble.

(13) Exercise is a powerful reminder that much of our work is sedentary. After being glued to a computer screen, there is great refreshment in using our muscles. Embodied spiritual practices such as yoga, dance, walking meditation

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CONCLUSION

The art of medicine and healthcare is the root of healing for both patients and clinicians. Making a decision to be a physician, nurse, chaplain, social worker, therapist, pharmacist, counselor or other clinician, is to respond to the call to walk to serve others. At times this can be exhilarating, at other times difficult and exhausting. Being attentive to our call, to who we are as authentic, whole people, and to the healing relationship we co-create with our patients, is a way to restore ourselves and to continue to grow in our lives as healers. We are gifts to our patients as they are gifts to us. What a unique opportunity we have to be called to a vocation that on a daily basis has the potential to impact others as well as ourselves. What an amazing life we have where we evolve in the presence of others, where others give us windows into experiences and insight that we might never see ourselves, and where we continually discover our inner self in the reflection of those we serve. The daily awareness, gratitude and celebration of our vocation, our calling, are perhaps the secret of restoration and re-creation.

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Conflicts of interest

Disclosure: The authors have no financial, consultant, institutional or other relationships that might lead to bias or a conflict of interest.

REFERENCES AND RECOMMENDED READING

Papers of particular interest, published within the annual period of review, have been highlighted as:

* of special interest
** of outstanding interest

Additional references related to this topic can also be found in the Current World Literature section in this issue (p. 296).


Dignity conserving care is a model of care that embodies the basics of professionalism especially with regard to respect of the patient.


This executive summary of a national consensus conference on interprofessional spiritual care provides resources and recommendations for how to integrate spirituality into clinical settings. The models and recommendations are currently being piloted in several hospital settings.