**Reflection: Spirituality and Patient Care Conference**
Amy Lynch

First, I would like to thank you for the opportunity to attend the Spirituality and Patient Care Conference at Massachusetts General Hospital. It was such a pleasure to listen to a wide variety of presentations throughout the day. Although many of the nurses who presented practiced in different areas, they all shared one value in common; as nurses, we need to bring our whole self to the bedside.

The first presentation, by Reverend Alice Cabotaje and Kathleen Miller, focused on spiritual screenings and assessments. I enjoyed the focus the speaker put on the distinction between religion and spirituality and the effect that one's beliefs can have during the recovery process. It is imperative as caregivers, that we asses a patient's spirituality, because ultimately there could be core life issues that could ultimately hinder the healing process. As healthcare professionals, it is key for us to listen to our patients in healing ways. One of the best examples given for how to do this was using open ended questions to allow the patient to steer the conversation in a way that will better help them.

This initial presentation then explored many different spiritual screening and assessment tools, but the most crucial assessment was the relationship assessment. The healing process occurs in relationships, and it was identified that all patients have three core spiritual needs. All patients seek meaning and direction, they want to find self-worth to belong in the community, and they seek to love and be loved. When a patient is difficult or hard to console, it may be because they are seeking meaning and direction. We are meant to serve as a guide for our patients to help them understand their spirituality.

Many of the presentations included case studies involving a spirituality conflict. First the patient and conflict was introduced, then the team discussed what they did for the patient and the outcome. For example, four healthcare workers from Blake 12, the ICU at MGH, shared a story of a patient they took on two months ago. Lauren Lux, Samantha Sullivan, Cornelia Cremens, and Ellen Robinson discussed the influence this situation had on their unit. The patient they talked about caused a lot of moral distress on the floor because the family insisted that they wanted life support even though it was apparent that the patient was at the end of their life. It is important that we are patient advocates, but the question that arose here was, 'at what point is it too much?'

This was a very powerful story and I commend all of the workers on that floor for doing all that they could to take care of their patients during such a stressful time. The moral distress that was felt took a toll on everyone, and the staff notified us that they had debriefing sessions to help everyone cope with such an emotionally taxing situation. When I become a nurse, I will need to remember that my opinions will not always align with the decisions that my patients make, and although it may be hard at times, I will need to follow their wishes. It is important that when we are at work, we are putting our whole selves into the care we give our patients; It is equally as important that once we leave our shift we have outlets that allow us to release the stress so that we can continue to be strong providers.

My favorite part of the day was when the Precautions came to sing to us. The Precautions are comprised of the healthcare workers on Philips 21, the Oncology floor at MGH, and they sing to their patients. Singing together has built both community and comradery on their floor. The group shared different stories of patients they had and the different songs that

they used to help those patients through a hard day or just to get them to smile. I don't think I stopped smiling from the moment they started their presentation until the very end. I can only imagine the impact that they are having on the lives of their patients.

I learned so much last week and I cannot wait until I can work as a nurse!