A Survey Of The Spiritual Care Administered To The Hospitalized Patient By The Student Nurse In The Four Catholic Hospitals In The State Of Montana

Mary Sullivan
Carroll College

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A SURVEY OF THE SPIRITUAL CARE ADMINISTERED TO THE
HOSPITALIZED PATIENT BY THE STUDENT NURSE IN THE
FOUR CATHOLIC HOSPITALS IN THE STATE OF MONTANA

BY
Mary Pat Sullivan

Submitted in Partial Fulfillment of the Requirements
For The Degree of Bachelor of Science in Nursing

Carroll College
Helena, Montana

1964
This Theses For The Degree of Bachelor of Science

BY

Mary Pat Sullivan

Has Been Approved For the Department of Nursing

BY

[Signature]
ACKNOWLEDGEMENTS

I wish to express my appreciation to Sister Mary Jerome to whom I am indebted for her constant encouragement, guidance and assistance. I am grateful that she has given so generously of her time.

I would like to thank Miss Alice Jean McCarthy for her kindness and interest.

I am also indebted to my parents for their patience, encouragement, and assistance.

I am grateful for the response and interest received from the hospital chaplains, sister supervisors, student nurses, and the directors of the Catholic Schools of Nursing in Montana. I wish to thank all those who have helped in any way to make this survey possible.
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INTRODUCTION

Today, nursing has placed a great deal of emphasis on the care of the whole patient, physical, emotional, and spiritual. Although the student nurse possesses sufficient theoretical knowledge about the spiritual care of the patient, she does not have sufficient clinical experience to adequately meet his religious needs. Often the nurse finds it embarrassing and awkward to talk to the patient about his spiritual welfare. Sister Mary Berenice Beck states:

It is true that the priest is the official dispenser of the chief benefits of the Church and the Catholic physician carries a greater responsibility than the nurse for certain aspects of the spiritual welfare of the patient, but it is equally true that the nurse is often in a more strategic position than either the priest or the physician to help the patient, either by preparing the way for the priest, or, in his absence for whatever reason, by sharing with the patient out of her own abundance. 1.

In the early part of the century, the spiritual care of the sick was believed to be the duty of the sisters and the priests, but today the number of priests and sisters is decreasing. Now we find that the religious welfare of the sick is the concern of all who care for the patient; now we are beginning to realize the importance of the lay apostolate, and especially the lay apostolate nurse. A greater degree of spiritual care can and should be given by the lay nurse because she is the one who spends a considerable amount of time with the

patient. Florence Kemp states the following:

Patients in the hospitals place their faith in nurses and doctors in much the same manner as a child puts his faith in his parents. 2.

Since the nurse has the obligation to give the spiritual care to the patient, she must be given worthwhile experience while she is a student. If she does not obtain a strong foundation both in knowledge and practical application of the spiritual care as a student, she will not be able to function satisfactorily as a graduate.

Problem

To determine to what degree the students in the Catholic Schools of Nursing in Montana actively participate in the spiritual care of the hospitalized patient.

Purpose

The purpose of this study is to determine whether or not the students who are enrolled in our Catholic Schools of Nursing today are prepared to take an active part in the spiritual care of the patient.

Justification

A study was completed in 1957 on the "Activities used by a Selected Number of Nursing Students to Help Meet the Religious Needs of the Critically Ill Catholic Patient." In the findings, Sister Dennis Marie Sullivan stated that the students felt nurses have the responsibility to meet the religious needs of

the patient. The students spoke of activities which nurses might use, but in practice these activities were used to a limited degree. The students attributed the decrease in practice to the lack of skills in the clinical area. 3.

Hypothesis

Students are not given satisfactory experience and guidance in giving and assisting with the spiritual care to the hospitalized patient.

Definition

Degree is the extent or the amount to which the spiritual needs of the patient are met by the student nurse.

Students are persons who are being prepared to meet the physical, emotional, spiritual, social and economic needs of the individual patient through learning gained in the classroom, laboratory, and clinical area.

Catholic Schools of Nursing are institutions of learning which have as one of the underlying goals to help the student nurse recognize the spiritual problems of the patient and to be able to help the patient solve some of his problems.

Actively participate means that the student shares in bringing about a change in the patient's spiritual problems either by performing such actions as listening to the patient, answering his questions, praying with and for the patient, calling his priest or minister, and assisting the priest in the administration of the sacraments.

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Spiritual care is meeting the religious needs of the patient and helping the patient obtain his ultimate goal by giving proper attention to the daily needs of his spiritual welfare.

Patient is a hospitalized person who needs restoration to health; this includes the physical, mental and spiritual aspects.

Limitations

1. The number of students questioned.
2. The number of years the students have been enrolled in the school.
3. The honesty of the answers given.
4. The number of hospital chaplains interviewed.
5. The number of sister supervisors interviewed.
6. The interest and attention of the person interviewed.

Assumptions

1. The school of nursing wishes to produce a nurse who will be able to care for the whole patient, physically, mentally, and spiritually.
2. The student has the responsibility to know how and why spiritual care is given.
3. The student receives some classroom instruction on the spiritual care of the patient.

Survey of Literature

Because the whole person is composed of body and soul, we must not neglect the spiritual aspect of the patient while caring for his physical needs. The soul is the most important part of man because it is the soul that gives life to the body and it is the soul that lives after death. Man from the beginning of
recorded time has been concerned about the welfare of his soul or as he called it "spirit." The primitive man offered sacrifice to the Spiritual God. In our modern age of rockets and jets there is still the concern for the soul in life and death. Russel Dicks states that there is something primitive about sickness and death. "The experience of enduring pain, of being forced off one's feet, of having to wait out the slow turning of health-restoring forces, modern man holds in common with his primitive forebears." 4.

It is in the time of sickness and death that man looks from the material world to the spiritual world for signs of hope; when his life is ending, he looks for mercy and salvation. It is during this period of life that the lay nurse can give the most important care to the patient's spiritual needs, by helping him realize the necessity of putting himself in the state of grace for the reception of Our Lord and by praying with the patient. At the hour of death when "nothing more can be done for the body, and at this time the most important moment in life, the moment on which the (eternity of the patient depends) professional personnel goes limp, residents and interns move on down the corridor, the nurses stand by helpless." 5.


The student nurse must learn to give this spiritual care to the patient while she is in the clinical area. Russel Dicks states that "you must go beyond the technic of giving baths, and making mitered corners. You must consider the minds that are disorderly and the souls that are in confusion...you must remember that a person in bed is a 'person' at the same time he is a patient." 6.

The only way the student nurse will be able to give proper spiritual care is by actual experience in the clinical area. "Theoretical study of religion in the classroom is not enough; it must be applied in daily life of the student nurse, in all phases of her learning, in her actual care of the sick. This is how the student learns; this is how she grows spiritually. This is how she raises her nursing care to the supernatural plain!" 7.

In 1951, Jean Antal addressed the Catholic Hospital Association Conference on Nursing Service; she stated her observation on the preparation of the Catholic nurse. Twenty-one nurses, who were recent graduates of Catholic Schools of Nursing, were introduced; they represented fifteen Catholic Schools of Nursing in eleven states and Canada. The interview revealed the following:

Ten were taught care of religious needs of the sick in the religion courses.
Five were taught care of religious needs of the sick as a unit of the Nursing Arts course.
Six reported no formal teaching of this aspect.
Five were given demonstrations of religious practices in the Nursing Arts Laboratory.
None had any follow-up on clinical units.

In addition to this, of these twenty-one graduate nurses:

Four have never seen the Last Rites administered.
Five have never seen a baptism.
Seven have never Baptized—two never had the opportunity; five were not permitted to baptize.  

It appears that the curriculum in Catholic Schools of Nursing is not set up to enable the student to give care to the whole patient, although most schools do have a curriculum that provides 32 - 64 hours of religion in their programs.

Cannon Law 1372 states that "The education of all Catholics from their childhood must be such that not only shall they be taught nothing contrary to the Catholic Faith and good morals, but religious and moral training should occupy the principle place in the curriculum." Catholic Schools of Nursing have the responsibility to see that religious and moral training do occupy a vital place in their curriculum.

The student cannot give to the patient what she herself does not possess; therefore she must have a firm foundation in her religious beliefs and she must also be active in her faith. Father FitzGibbons has suggested that the curriculum include 64 hours of religion for the student nurse covering such topics as the commandments, the sacraments, essential truths and ethical question. These courses would be focused with the attention upon the patient.

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8. ibid.
10. ibid., p. 253
Nurse educators in some sections of the country are beginning to assume their responsibility by integrating spiritual care of the patient in their curriculum; they are especially active as advisors to the student nurses sodality. In St. Vincent Hospital in New York City, the student nurses, though the activities of the sodality, provided religious movies and prayer cards for the patients, and they invited the patients to some of their religious services.

In St. Joseph's Hospital School of Nursing in Elmira, New York City, the student nurses, in sodality, became aware of the fact they were not able to cope with the religious problems of the patient because they lacked experience and strong foundation in their religion. One of their first projects was placing miraculous medals on the wrists of patients going to surgery and gradually they were given to all patients who wanted them—Catholics or non-Catholics. The students were able to tell the meaning of the medal together with a brief history of its origin. Their next project was to obtain a list of the patients who would like to receive daily Holy Communion. Because of the students' interest and enthusiasm, the number of patients who received Our Lord in the Blessed Sacrament, daily, began to increase. The students accompanied the priest when he brought the Holy Eucharist to the sick. The students also asked the patients to say grace with them when they served the patient's tray.

Sister Xavier Marian, "Care for the Soul in the Catholic Hospital," Hospital Progress, (February, 1953), p. 60
Sodality members check the sick call set regularly and help keep the patient's library up to date on Catholic literature. 12.

Thus some of the educators have taken positive steps to prepare the nurses to care for the spiritual needs of the patient, but there remains much to be accomplished if the student nurse of today is to become the lay apostolate. Every Catholic School must develop a curriculum to produce nurses who are truly able to care for the whole patient. Every Catholic nurse should be a lay apostolate who will be able to "see that the Catholic patients assist at the Holy Sacrifice of the Mass whenever possible; she can and should assist the priest when he administers the sacraments of Extreme Unction; she can help to prepare for confessions and Holy Communion; she can in an emergency administer the sacrament of Baptism; she can teach catechism; she can help the patient to pray and herself pray for him." 13.


METHOD OF STUDY

The descriptive method was used in this dissertation. Amy Frances Brown states "Descriptive research is fact-finding with adequate interpretation. All studies purporting to the present facts concerning the nature and status of a group of persons, a set of conditions, a class of events, a system of thought, or any other kind of phenomenon under study may be classified as descriptive investigations." 1

The evidence was gathered by the use of a descriptive survey; this included the use of personal interviews and questionnaires.

A letter was sent to the hospital chaplains and to the hospital religious supervisors to obtain permission for a personal interview. (See Append. I & II). When the permission was received, each person was interviewed; (Append. III & IV), the purpose was to obtain their views concerning the nurse’s ability to give spiritual care to the hospitalized patient.

The Directors of the four Catholic Schools of Nursing in Montana received letters requesting permission to send questionnaires to students who were presently enrolled in their schools. (Append. V). The questionnaires were sent to the directors of the schools; the directors were requested to present each student nurse with a questionnaire. (Append VI). Directions accompanied the

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questionnaires. The questionnaires were designed not only to obtain facts relative to the spiritual care of the hospitalized patient but to elicit the students' opinion concerning the same. The questionnaires were also used to determine the amount of theoretical and clinical experience available and to what degree the student utilized the opportunities to assist in the spiritual care of the patient.
ANALYSIS OF DATA

Data regarding the spiritual care of the hospitalized patient was obtained by personal interviews with four hospital chaplains, one of whom was chaplain in a non-Catholic Hospital. They were in general agreement that the spiritual care is the responsibility of all who came in contact with the patient; this includes the parish priest, the doctor, the sister, the Catholic and non-Catholic nurse, as well as the nurse aide. The Chaplains agreed that in the majority of cases it is the religious nurse who contacted them concerning the spiritual needs of the patient, only occasionally are they contacted by a lay nurse. In the non-Catholic hospital, the relatives contact the priest as frequently as he is contacted by the lay nurses. When administering the last rites to the patient, the chaplains are assisted by different people. One priest is usually assisted by a sister, occasionally a Registered Nurse, and rarely a student nurse or a nurses aide. Another Chaplain stated that he is often alone; while still another chaplain prefers to be alone because the patient is less frightened and apprehensive. The chaplain in the non-Catholic hospital expressed the regret that he was not assisted often enough by a lay nurse, and when he is assisted the nurse usually is a non-Catholic nurse rather than the Catholic nurse. It appears to the writer that the non-Catholic nurse is more alert about calling a priest and assisting him than our Catholic nurses. The question seems to be why is the Catholic nurse in the background? Does she feel uncertain
and uncomfortable because she does not have experience in these matters? In our Catholic Schools of Nursing are our students made cognizant of their obligations to recognize the spiritual needs of the patient?

The chaplains in the Catholic hospitals agreed that the religious nurse is the person who is generally present when the Sacraments of Extreme Unction and/or Baptism are administered, the lay nurse if present occasionally. The priest is usually assisted by a sister when administering Baptism. When premature babies are Baptized, one chaplain has the sister and a lay nurse serve as witnesses; also in the baptism of an adult the lay nurse is a witness. The writer believes that the only way the nurse will learn to assist the priest is by being present when spiritual care is administered.

Only one chaplain had taught formal classes which included Ethics, Marriage Guidance and Psychology for a total of approximately 96 hours. Another only gave an hour lecture three or four times a year, he covered such material as assisting the chaplain with Baptism, Extreme Unction, Holy Communion; and what to do on other occasions when a priest should be contacted.

In the Catholic hospitals, two sisters accompanied the priest when he brings the Holy Eucharist to the patients. The chaplain from the non-Catholic hospital states that the majority of the time no one accompanies him and only one out of ten times a nurse will assist him. The writer believes that if the student nurse was taught and given the experience to assist the priest then she would be able to accept the responsibility when she is functioning as a Graduate Nurse in a non-Catholic institution.
The four chaplains agreed that in a general way the nurse is prepared to assist the priest but she could do more to put her knowledge into action, especially in the non-Catholic institutions. It is especially important that the nurse have experience in preparing the patient and the room for the sacrament of Extreme Unction and Holy Communion, and to assist the priest with the prayers. One chaplain stressed the need to have the nurse care for the patient after receiving Holy Communion by giving the patient a glass of water, especially elderly patients. The nurse should have the room sufficiently lighted.

The following items are the recommendations from the chaplains on how the nurse could take a more active part in the spiritual care of the hospitalized patient:

1. The nurse should know the assets in the preparation and administration of the Sacraments.
2. The nurse should be more aware of the patient's spiritual needs.
3. The nurse should check the religion of the patient.
4. The nurse should inform the priest about patients in poor or critical health.
5. The lay apostolate nurse should say prayers for the dying and give aid to the non-Catholic patient who is dying.
6. The lay apostolate nurse should pray with the patient.
7. The nurse, while caring for the patient, can ask him if he would like to see a spiritual advisor.
8. The nurse when going off duty can inform the patient that she will pray for him; she can also tell the patient that she prayed for him at Mass.
9. The nurse can make remarks such as "With God's help you will certainly come around" or "Has Father been in to see you?"; these can provide an opening for the patient to talk about his problems.
Eight religious hospital supervisors were interviewed to obtain their views about the spiritual welfare of the patients. The majority of the persons interviewed believed that it is the responsibility of the religious supervisor to notify the priest of the patient's condition, and also their responsibility to prepare the patient when he is to be anointed or baptized. The writer believes that valuable experience for the Registered Nurse as well as the student is lost because of this practice. The sister is the one who accompanies the priest to the room and is present when Extreme Unction is administered. The writer believes that, because of the increasing shortage of religious, they must help prepare lay nurses to take a more active part in lay apostolate work.

From the information obtained, it was revealed that it is the sister nurse who prepares the patient for Extreme Unction. Although a sick call set is available in each department, the majority of the personnel did not know where it was or how to set it up.

The lay nurse on night duty and the nurse's aide prepare the patient to receive Holy Communion. It is also important that the student nurse knows how to prepare the patient for Communion because it will be part of her duties as a Registered Nurse. The priest is accompanied by two sisters when he brings the Holy Eucharist to the patients. The writer believes that the school of nursing and nursing service reach some agreement so that the student will be able to prepare the patient and accompany the priest.

Six of the supervisors believed that a sister should Baptize in an emergency, for the following reasons:
1. The lay nurse is hesitant to perform Baptism because of the relationship between her and the baptized.
2. The patient expects the sister to do it.
3. It is the sister's responsibility.

Two sisters believed that the lay nurse should baptize in a case of an emergency for the following reasons:

1. It is the nurse's prerogative.
2. The lay nurse has less opportunity to baptize than the religious; they should take advantage of the opportunity.
3. Someday the lay nurse will not be working in a Catholic hospital.
4. The role of the sister nurse is changing. (this could eventually be the lay nurses' responsibility in Catholic institutions)

Various opinions were expressed when the supervisors were asked whose responsibility it is to give spiritual care to the hospitalized patient. Three persons believed that the degree of responsibility was first the supervisors, the nurses, the students, and lastly the nurse's aides. Some believed that the degree of responsibility was in whomever the patient confided. It is the opinion of some supervisors that the role of the lay apostolate nurse should be emphasized so that she will be able to accept more responsibility for the spiritual care of the patient. It is the belief of the writer that this is very important point that will eventually have to be given more serious attention in Catholic Schools of Nursing.

There are different opinions concerning the student nurses degree of responsibility in giving spiritual care to the hospitalized patient. Some of the supervisors believe that it is not the responsibility of the student nurse. One supervisor believes that the student nurse is in the hospital situation primarily for learning that she can obtain, therefore the student nurse has less responsibility for the spiritual care of the patient than other members
of the hospital team whose primary goal is patient service. One religious stated that the sisters believe the spiritual care of the patient is their responsibility and do not delegate it in matters of religious nature. Six of the eight supervisors interviewed believed that the student is not being adequately prepared to assist in the spiritual care of the patient. They felt that the nurse must be prepared to give more spiritual care to the patient.

The writer believes that because the degree of the students responsibility is less, it is often forgotten or neglected when the student is caring for the individual patient. Those who are responsible for the guidance of the student nurse must take positive steps to help the student become more aware of how to give spiritual care to the patient. It is important that the student knows not only the theory of spiritual care but how to put it into actual practice.

Some supervisors believe that students are being adequately prepared to give spiritual care, because the student nurse has received courses in guidance and religion, and has had an opportunity to observe while the sacraments are being administered.

Most of the sisters have taken steps to help the student nurse assume her responsibility for the spiritual care of the patient by encouraging her to assist with the administration of the sacraments, to pray, and say ejaculations at the bedside of the dying patient, and to pray for the return of a lapsed Catholic. The nursing staff assists the student in the following ways:

1. Having the student help the patient understand the value of pain and suffering (according to the patient's ability to understand)

2. Having the student aid the child retain or acquire habits of simple prayer and devotion (vary according to patient's religious beliefs)

3. Having the student nurse and the nurse's aide say rosaries with the family
1. Encouraging the student nurse to make a visit to the chapel when she comes on and off duty.

5. Having the student do follow-up care of the patient through lay apostolate work.

Questionnaires regarding the student nurses' experience in the spiritual care of the patient were completed by 129 students enrolled in the four Catholic Schools of Nursing in Montana; there were 23 seniors, 42 juniors, and 45 freshman.

The freshman have had some classes regarding the spiritual welfare of the patient. One group had Fundamentals and Orientation for six hours and Theology for forty-eight hours; the spiritual care of the Catholic, non-Catholic and Jewish patient were discussed. Another freshman group had one hour of Fundamentals course in which they covered Baptism and Extreme Unction. One student commented that the subjects were covered only slightly and that she did not have enough confidence to do or say the right thing. Since the freshman are beginning to learn the basic knowledge necessary for caring for the whole patient, the student should be given adequate foundation in the spiritual care of the patient, because it will be one of the duties required in the future.

One junior group attended classes concerning the spiritual welfare of the patient in Fundamentals, two days were devoted to the discussion. The second group of juniors had courses that ranged from six hours of Fundamentals to one quarter of Theology; while a third group had Theology for two semesters, Medical Moral Ethics for two quarters and voluntary lay apostolate work. The fourth group had Medical Moral Ethics for one quarter; the material covered included such things as the nurses' role in administration of the sacraments, and the beliefs of the different faiths. There seems to be somewhat of a variation in the amount
of time spent in the instruction of the spiritual care, but two days of one course does not seem sufficient to give adequate care to the patient. Even the students who have received two semesters of Theology and two quarters Medical Moral Ethics do not feel they are receiving adequate experience to be able to give spiritual care. They do not know how to initiate conversation concerning the spiritual needs of the patient. This feeling of insecurity and awkwardness will be overcome only by solid foundation in theory and actual experience in assisting with spiritual care of the patient.

A group of seniors attended one quarter of Theology, one quarter of Ethics, and two hours learning how to assist the dying Catholic, to assist with Communion and when and how to contact a religious advisor. Another group of seniors attended classes in Marriage and the Family, Ethics, and Moral Theology, each course lasted for one semester. The third group had a forty-eight hour course in Medical Ethics; they also had one chapter in Nursing Arts which discussed the beliefs and customs of various religions. The writer believes that there should be one course dealing directly with the spiritual care of the patient and that this course should be integrated with the clinical experience. It is at the time of sickness and death that the patient gives serious thought to his spiritual life and his life after death. If the nurse can help him to solve some of his spiritual problems, she may be removing an obstacle to his physical recovery.

When the students were asked how they had given spiritual care, seventy students said they had given care in one of the following ways: assisting with communion; contacting religious advisors; helping with prayers; giving sacramentals, and assisting with the administration of the sacraments. Fifty-seven
of the students stated they had not given any spiritual care to the patient. This is a large number but it is possible that they have given spiritual care of some type and did not realize it, or that they have not received the proper guidance in recognizing and caring for the patient's needs.

The following chart represents the general results of the questionnaires sent to the 129 students:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>NO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the patient ever discussed his spiritual problems with you?</td>
<td>52</td>
<td>76</td>
<td>1</td>
</tr>
<tr>
<td>2. If so, did you feel you could adequately handle the problem?</td>
<td>32</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td>3. Have you ever assisted the priest when he is administering Extreme Unction?</td>
<td>29</td>
<td>98</td>
<td>1</td>
</tr>
<tr>
<td>4. Have you ever prepared the patient for the reception of Holy Communion?</td>
<td>45</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>5. Have you ever accompanied the chaplain when he brings the Holy Eucharist to the patients?</td>
<td>44</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever Baptized or assisted at a Baptism?</td>
<td>31</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>7. Do you believe that you can recognize the religious needs of your patients?</td>
<td>102</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>8. Before you care for the patient do you refer to the chart to learn his religious affiliation?</td>
<td>119</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9. When you bring the patient his tray, do you ever say grace with him?</td>
<td>7</td>
<td>120</td>
<td>2</td>
</tr>
<tr>
<td>10. Do you pray with the patient?</td>
<td>33</td>
<td>94</td>
<td>1</td>
</tr>
<tr>
<td>11. Do you help the patient realize the value of offering his suffering for supernatural merit?</td>
<td>43</td>
<td>78</td>
<td>7</td>
</tr>
<tr>
<td>12. Have you ever given the patient sacramentals, such as medals, scapulars, holy water, crucifix, or rosary?</td>
<td>44</td>
<td>73</td>
<td>1</td>
</tr>
</tbody>
</table>
13. Have you ever contacted a priest concerning the spiritual care of the Catholic patients? 

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>NO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever contacted a priest concerning the spiritual care of the Catholic patients?</td>
<td>33</td>
<td>34</td>
<td>1</td>
</tr>
</tbody>
</table>

14. Do you feel you are receiving adequate experience to be able to give proper spiritual care to the Catholic patient? 

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>NO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel you are receiving adequate experience to be able to give proper spiritual care to the Catholic patient?</td>
<td>67</td>
<td>57</td>
<td>5</td>
</tr>
</tbody>
</table>

From the above chart it is evident that approximately half of the students are not actively participating in the spiritual care of their patients. The majority of the students believe they can recognize the spiritual needs of the patients, but maybe there is a gap between being able to recognize the needs and being able to satisfy them. The writer believes the student can recognize most of the patients needs but does not know how to handle them adequately and comfortably. Over half of the students have not prepared the patient to receive Extreme Unction, Holy Communion, or assisted with Baptism or reception of Holy Communion. This experience would be very valuable to the student nurse when she must assume the responsibility of a Registered Nurse, especially in non-Catholic institutions.

Less than half the students have said grace or prayed with the patient. Praying with the patient is one of the ways the student can help the patient meet his spiritual needs; praying is especially satisfying to the chronically ill patient.

A little more than half the students felt they were receiving adequate experience to be able to give proper spiritual care. One senior student felt that the spiritual could be better emphasized, especially how to care for a patient's daily spiritual needs. Another student felt that she did not have adequate experience because she did not know enough about the Catholic Religion.
Some students felt that they should have knowledge concerning various faiths, not just the Catholic faith, so that they as future nurses will be able to give adequate care to the patients. Some students feel that they have a responsibility to take advantage of the experience available, but these same students feel that they seldom find an opportunity to help the patient spiritually because of lack of time. The writer believes that it is while they are students that they will have the greatest amount of time to give the proper spiritual care under proper guidance.

Some students do not think there are very many nurses who can give adequate spiritual care; they feel that this is the duty of the clergy.

While the freshman and juniors are very optimistic about the experience they are receiving, the seniors, who are about to graduate seem to be somewhat doubtful. It has been suggested by some seniors that a course dealing directly with the spiritual care of the patient would be very useful to the nurse; they would like to have more explanation and some reminders when they are caring for the patient on the units. They also expressed the need for improvement in communications between the students, sister supervisors, and the patient. Some of the students feel that they would not be able to handle a situation adequately in a non-Catholic institution. One senior student feels that attention is rarely paid to the patient's spiritual needs unless he is dying. These students are looking for tangible experience and not just examples from a textbook. A student felt if they had more experience they could give better spiritual care.
There are some students who believe that they are not able to take an active part in spiritual care because the supervisor is the one who calls the priest, gives advice to the patient, prays with him, and gives him religious articles. They feel that they are in the background because so much is done by the religious. They feel they receive adequate education, but because experience is the key to optimal practice, they never receive experience in assisting with Baptism or Extreme Unction. A senior student stated that we rely too much on the sister nurse in the Catholic hospitals; many nurses who graduate from Catholic schools have no idea of what to do for the spiritual needs of the Catholic patients in non-Catholic hospitals.

There seems to be some definite progress to help the student accept the responsibility of the spiritual care through the work of the lay apostolate. Many students have expressed the belief that this group has helped them receive more adequate experience in spiritual needs of the patient not only while he is in the hospital, but also through house calls.

The students, who believe they have had adequate experience to give proper care to the patient, gave the following reasons:

1. Because of the courses in Medical Moral Ethics and their religious training.
2. Because they have prepared the patient for Holy Communion, and Extreme Unction.
3. Because they encouraged the patient to seek help in religion.
4. Because they can baptize or assist with Baptism.
5. Because they feel that they would know what to say to a patient if the need arises.
6. Because they have established rapport with the patient.
There are some students who are receiving adequate experience and are able to give proper spiritual care to the individual patient; however there still remains a large number of students who have not received this experience. We must recognize that there are some weak areas in the students experience, and we must take positive steps to strengthen their experience.
CONCLUSIONS

The purpose of this study was to determine whether or not the student nurses who are enrolled in our Catholic Schools of Nursing in Montana are prepared to take an active part in the spiritual care of the patient.

The hypothesis that the students are not given satisfactory experience and guidance in administering and assisting with the spiritual care of the patient was tested by a descriptive survey. Inquiries were made by personal interviews with the hospital chaplains and religious supervisors, and by a questionnaire to the student nurses in the Catholic Schools of Nursing in Montana. The purpose was to determine to what degree the students in the Catholic Schools of Nursing actively participate in the spiritual care of the hospitalized patient. By actively participating, the writer means that the student shares in bringing about a change in the patient's spiritual problems either by performing such actions as listening to the patient, answering his questions, praying with and for the patient, and assisting the chaplain.

From the results of the survey, it appears that the student nurse is receiving an adequate amount of theoretical knowledge, but she does not put the knowledge into action. More than half the student nurses felt they could not handle the spiritual problems patients discussed with them; more than half of the students have not assisted with Baptism, Holy Communion or Extreme Unction; have not prayed or said grace with the patient or contacted a priest concerning the spiritual welfare of the patient.
More insight could be gained if a study was conducted with a larger group of students, chaplains, and supervisors. A study of recent graduates who are now employed in non-Catholic as well as the Catholic hospitals. Much could be revealed if work could be done with our chaplains working in non-Catholic hospitals.

As a result of this study, the writer would like to recommend:

1. To have specific classes dealing with the spiritual care of the patient added to the curriculum.

2. To follow the classes with actual spiritual care given by the student nurses in the units.

3. To have nursing education, nursing service and the chaplains meet to determine how they can help the student receive more effective experience.

4. To have sister supervisors recognize their responsibility to the lay apostolate.

5. To arrange workshops dealing with the spiritual care of the patient conducted for nursing education.
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APPENDIX
APPENDIX I

LETTER TO CHAPLAIN

28 S. Benton
Helena, Montana
November 23, 1963

Dear Father,

I am a graduate nurse attending Carroll College to obtain a bachelors degree in nursing. I am conducting a survey to be used in a thesis on the "Spiritual Care Administered to the Hospitalized Patient by the Student Nurse in the Four Catholic Hospitals in Montana."

Since you are a hospital chaplain, I would like to obtain a personal interview with you. The information will be used in the dissertation, but no names will be used.

If it would be convenient for you, would you be able to see me sometime during the period from December 9, to December 18, 1963.

Thank you for your time and co-operation.

Sincerely yours,

Mary Pat Sullivan, R. N.
Dear Sister,

I am a graduate nurse attending Carroll College to obtain a bachelors degree in nursing. I am conducting a survey to be used in a thesis on the "Spiritual Care Administered to the Hospitalized Patient by the Student Nurse in the Four Catholic Hospitals in Montana."

If it would be possible, I would like to obtain a personal interview with you. The information will be used in the dissertation, but no names will be used.

If it would be convenient for you, would you be able to see me sometime during the period from December 9, to December 18, 1963.

Thank you for your time and cooperation.

Sincerely,

Mary Pat Sullivan, R. N.
APPENDIX III

CHAPLAIN'S INTERVIEW

1. Whose responsibility do you believe it is to give spiritual care to the hospitalized patient, other than the priest?

2. When you are notified about a patient who needs spiritual care, who contacts you, a lay nurse or a religious?

3. When administering the last rites to the patient, who assists you?

4. Who is usually present in the sick room when you are anointing the patient?

5. If you have an occasion for Baptism in the hospital, who assists you?

6. Are you ever contacted by the student nurse concerning the spiritual welfare of the patient they are caring for in the hospital?

7. Have you taught formal classes concerning the spiritual care of the hospitalized patient? If so, to whom were the classes taught?

8. What was the nature of the material covered and how long were the classes conducted?

9. When you bring the Holy Eucharist to the patients in the morning, who accompanies you?

10. Do you feel the student nurse is adequately prepared to assist with spiritual care administered to the hospitalized patient? Give reasons for your answer.

11. How could the nurse take a more active part in the spiritual care of the hospitalized patient?
APPENDIX IV

SUPERVISOR'S INTERVIEW

1. When a hospitalized patient needs spiritual care, who usually notifies the priest?

2. Who prepares the patient and the patient's room when the patient is to be baptized or anointed?

3. Who accompanies the priest to the patient's room and who is present when the patient is baptized or anointed?

4. Do you have a sick call set in your department?

5. How many of your personal know where it is and how to set it up?

6. Who prepares the patient for the reception of the Holy Eucharist in the mornings?

7. Who accompanies the priest when he brings the Holy Eucharist to the patient?

8. If there was an emergency Baptism to be performed and you and a lay nurse were the only ones available, who would probably administer Baptism? Give reasons for your answer.

9. To what degree do you believe the student nurse is responsible for the spiritual care of the hospitalized patient, if she is to care for the whole patient—body, mind and soul.

10. Whose responsibility do you believe it is to give the spiritual care to the hospitalized patient other than the priest? Please answer in the order of the degree of the responsibility.

11. Do you believe the student nurse is being adequately prepared to assist in the spiritual care of the hospitalized patient that she will be able to function satisfactorily when she works in other hospitals that are not operated by the religious.

12. What do you do to assist the student to assume her responsibility for the spiritual welfare of the patient?
APPENDIX V

LETTER TO DIRECTORS OF SCHOOLS OF NURSING

28 S. Benton
Helena, Montana
November 23, 1963

Dear Sister,

I am a graduate nurse attending Carroll College to obtain a bachelors degree in nursing. I am conducting a survey to be used in a theses on the "Spiritual Care Administered to the Hospitalized Patient by the Student Nurse in the Four Catholic Hospitals in Montana."

I would like to obtain permission to send a questionnaire to be completed by the student nurses enrolled in your school of nursing. The data gathered will be used in the dissertation, but no names will be used.

If you would like a copy of the results, I will send them to you sometime in May.

Thank you for your time and co-operation.

Sincerely,

Mary Pat Sullivan, R. N.
APPENDIX VI

STUDENT QUESTIONNAIRE

1. Indicate class rank:
   Freshman ____________________ Junior ____________________ Senior __________________

2. What is your religious affiliation?

3. Have you attended classes concerning the spiritual welfare of the patient?

4. What was the name of the course and/or courses?

5. How long was the course?

6. Briefly list the material covered.

7. How have you given spiritual care to the hospitalized patient?

8. Has the patient ever discussed his spiritual problems with you?

9. If so, did you feel that you could adequately handle the problem. Please explain.

10. Have you ever assisted the priest when he is administering the Sacrament of Extreme Unction?

11. Have you ever prepared the patient to receive the Holy Eucharist?

12. Have you ever accompanied the chaplain when he brings the Holy Eucharist to the patient?

13. Have you ever baptized or assisted with Baptism?

14. Do you believe that you can recognize the religious needs of your patients?

15. Before you care for the patient, do you refer to the chart to learn his religious affiliation?

16. When you bring the patient his tray, do you ever say grace with him?

17. Do you pray with the patient?

18. Do you help the patient realize the value of offering his sufferings for supernatural merit?

19. Have you ever given a patient sacramentals, such as medals, scapulars, holy water, crucifix, or rosary?

20. Have you ever contacted a priest concerning the spiritual care of the Catholic patient?

21. Do you feel you are receiving adequate experience to be able to give proper spiritual care to the patient? Give reasons for your answer.