



To Describe Spiritual Issues and Emotional Support Addressed by Visitors in Two Critical Care Units in UAB Hospital

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Introduction

- Understanding of patient's families/caregiver's holistic care while patient is in ICU/trauma burn care unit
- Visitors require emotional support while their loved one is critically ill
- **Spiritual needs among patient's family members**
 - Utilizing prayer as a coping mechanism
 - Understanding spiritual healing/prayer as a supplement to conventional care
 - Family members with patients in acute care settings are likely to present spiritual needs that should be met to improve their healthcare experiences
- **Motivation behind prayer**
 - Hope for miraculous healing is the dominant motivation for prayers
 - Prayer is motivated by the desire to help patients overcome illness challenges, beyond its role in healing.

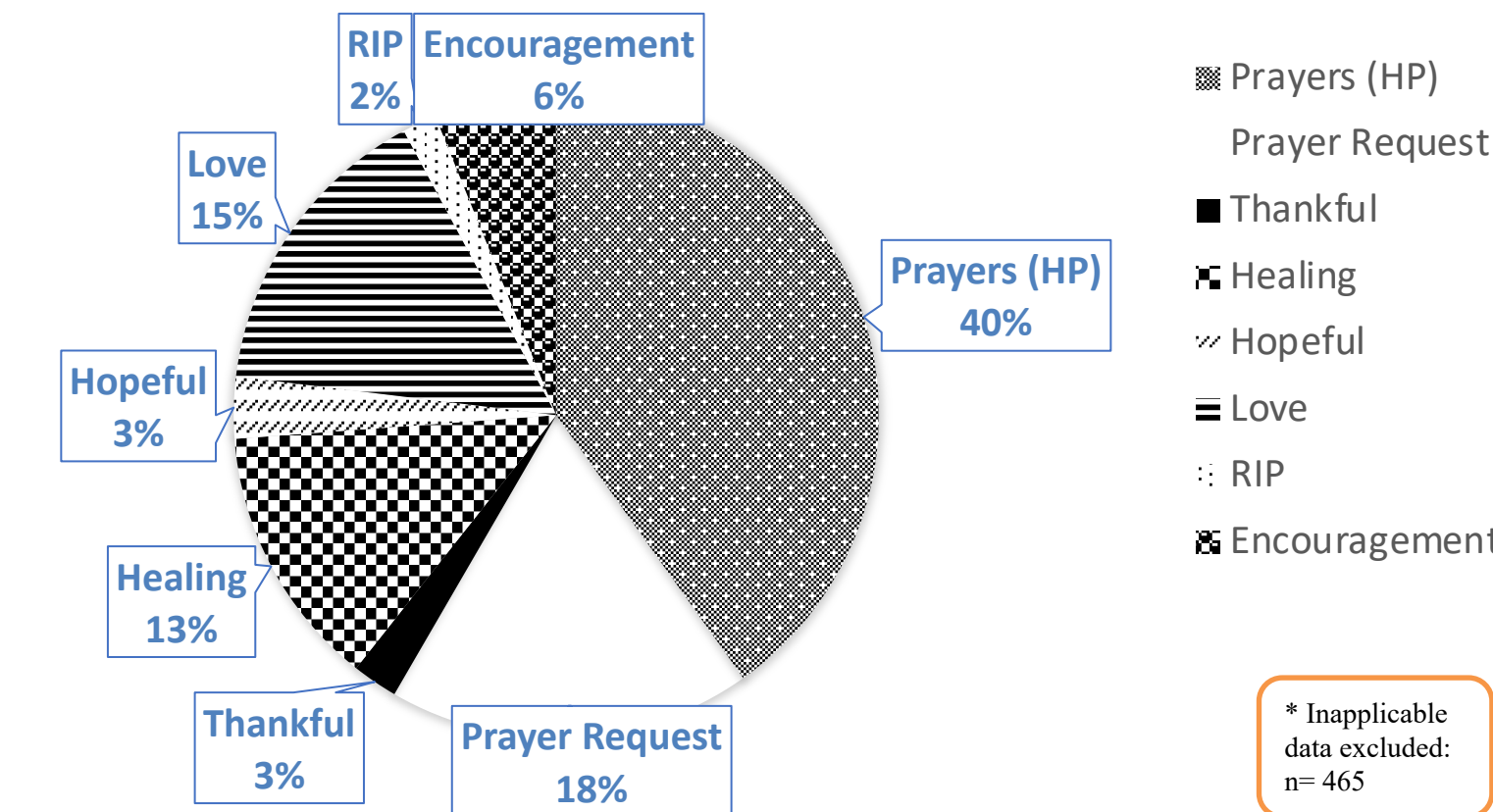
Methods

- Project conducted at SHP building at UAB
- Project is a qualitative and systematic review approved by IRB UAB guidelines
- A total of 3,667 notes gathered from spirituality tree (before COVID) at UAB were analyzed and categorized from excel spreadsheet into 8 themes
- All participants were anonymous, and no surveys/interviews were conducted
- Data collection was formed to understand broader trends among individuals and shown in table 1 and figure 1

Results

TABLE 1- EXAMPLES OF NOTES	
PRAYERS (HP)	"Father, in the name of Jesus watch over my husband while he's in surgery and protect him and heal him and your son. In Jesus's name I pray, amen."
PRAYER REQUESTS	"Prayers for my son please. Pray for healing of his mind, spirit, and body. My God heal him from addiction and mental illness. In Jesus's name, Amen." "Please pray for my friend ___ who is one of the sweetest and kindest souls. Thank you." "Please pray for ___ who is experiencing liver disease. He would like to get home to his wife."
THANKFUL	"Thank you to the doctors and nurses that are taking such good care of the one I love. He's lucky to be here with us still. Say a prayer for your loved ones. You'll never know when their time will come." "Thank you for always being my guardian angel. Love you." "Get well soon mom! I love you; we need you."
HEALING	"___ healing and restoration mentally and physically and spiritually!"
HOPEFUL	"I hope that everyone is better now and has a great summer. We love you all!"
LOVE	"Momma, I need your guidance. I'm not ready to let you go. Help me please." "Good morning son, I will see you later. Love you. Love, mom." "My dearest ___, we loved with a love that was more than love. Forever." "Let's go dad fight this. I love you so much keep fighting."
ENCOURAGEMENT	"Hey dad, I love you so much. Don't forget that! Keep fighting! You are strong and brave. I know you can do this!"
REST IN PEACE (RIP)	"My name is ___ and this is the hardest thing to do, but my wife wishes were not to be on life support if she was going to be long term or for life. Love you baby, I'll see you again."
INAPPLICABLE	"It was a pleasure loving you. Rest well." "I am so thankful that do sofa" "aname, it's already done" "Look twice and load up!"

- Prayer HP (35%): Encompassed expressions invoking a higher power (God, Jesus, Lord, or Mary).
- Prayer Requests (16%): Involved requests for divine intervention and blessings, consistently referred to as 'prayers.'
- Love (13%): Included notations expressing affection and unwavering support for critically ill individuals.
- Healing (12%): Comprised phrases like 'get well soon,' 'healing,' 'recovery,' or 'wellness' as wishes for the seriously ill.
- Encouragement (5%): Consisted of motivational messages urging recipients to persevere and recover from their hospital stay.
- Hopeful (3%): Contained the term 'hope' and words instilling optimistic anticipation for patients' recovery and discharge.
- Thankful (2%): Included expressions of heartfelt gratitude towards healthcare personnel and/or a divine entity for facilitating recovery.
- Condolences - 'Rest in Peace' (1%): Dedicated to offering condolences, with visitors expressing sympathy using phrases like 'fly high in heaven,' 'see you again,' and 'rest in peace.'



Discussion

IMPLICATIONS

- Create a survey/scale to understand people's views toward prayer, their sense of fulfillment, and visitors' post-death emotional experiences

FUTURE RESEARCH

- Exploring similar practices, such as the prayer tree, in different hospitals and healthcare contexts

LIMITATIONS

- Qualitative findings may introduce subjectivity/potential researcher bias due to human interpretation, impacting data collection and analysis

Discussion continued

LIMITATIONS CONT.

- Anonymity in the study limits follow-up with participants.
- Small sample size
- Data collected exclusively in the state of Alabama may introduce geographical bias, not representing caregivers as a whole and limiting the diversity of perspectives within the population

Conclusion

- Despite these limitations, the current study has improved our understanding of the relationship between spiritual issues and visitors' emotional support. We hope that the current findings of this study will spark more research into this essential field.

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