The Role of Pastoral & Spiritual Support in the Intensive Care Unit

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Introduction

Faced with suffering and death, critically ill patients and families need a source of comfort and hope.

"Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity"[1]

Spirituality, which includes existential, cultural, spiritual, faith/belief and religious care needs, is an essential domain of palliative care.[2]

Aim:

- To challenge the existing ICU end-of-life (EOL) care pathway.
- To promote holistic care within the ICU, by improving access to Pastoral & Spiritual Specialists.

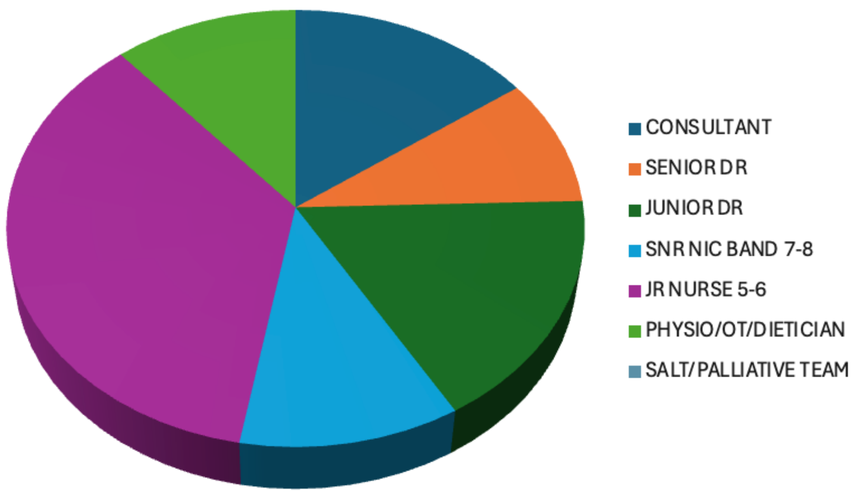
Methods

An anonymous survey for the ICU multi-disciplinary team (MDT) at Kingston Hospital NHS Foundation Trust (KHFT).

53 ICU MDT staff participated: 8 consultants, 5 senior doctors, 9 junior doctors, 6 senior nurses, 19 junior nurses and 6 allied health professionals (AHPs) (Figure 1).

Data collected quantitatively and qualitatively in 2024.

Figure 1 – Responses by MDT job role



Results

Chaplains have traditionally been involved in KHFT as part of the ICU MDT to help support patients and families in EOL care.

There was a good overall understanding of the integral role of chaplaincy, however, more teaching was required to enhance knowledge and skills in addressing pastoral and spiritual needs of ICU service users (Figure 2).

Our survey supported the preference of the use of "Pastoral & Spiritual Specialist" (64%) instead of "Chaplaincy" (36%) due to barriers of religious connotation (Figure 3).

Figure 2 – Understanding EOL role of chaplains

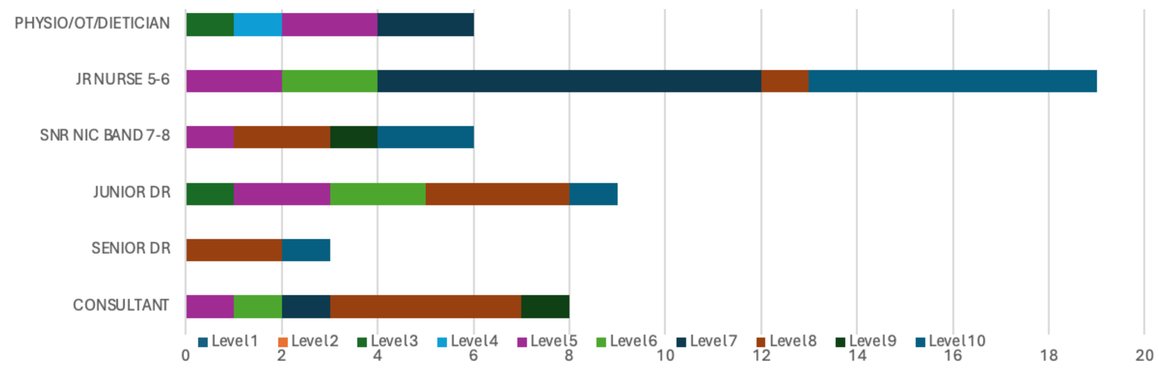
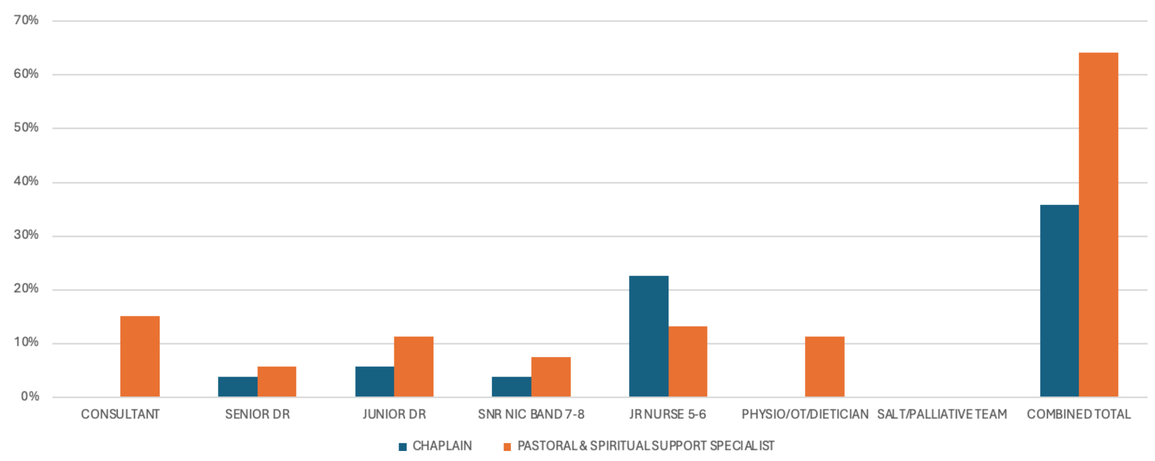


Figure 3 – Preference of job role title



Discussion

Integrating pastoral & spiritual specialists as an essential component of the ICU MDT is paramount, with inclusion into morning handovers, MDT meetings and EOL discussions.

Spirituality is part of health not peripheral, but core and central to it.[3]

Addressing uncertainties around pastoral & spiritual support yields positive results and is fundamental to holistic care:

Beneficial to ICU staff: motivation, work efficiency, well-being and reduce burn out risks.

Beneficial to patients / families: improved quality of life, satisfaction in care, prevention or alleviation of psychological effects of hospitalisation.

Beneficial to organisation: reduced ICU hospital costs due to EOL decision making support.[4]

References

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3. *Wright LM (2005). Spirituality, suffering, and illness: Ideas for Healing. Philadelphia: F.A. Davis.*
4. *Klimasinski MW (2021). Spiritual care in the intensive care unit.* https://doi.org/10.5114/ait.2021.109920.