To Describe Spiritual Issues and Emotional Support Addressed by Visitors in Two Critical Care Units in UAB Hospital  
Maria G. Jimenez, OTS; Hon K. Yuen, PhD, OTR/L  
Department of Occupational Therapy | University of Alabama at Birmingham  
Hon K. Yuen, PhD, OTR/L | UAB SHP building

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 reason
  - Family members with patients in acute care settings
- Understanding spiritual needs among critically ill patients
- Spiritual needs among patient’s family members

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

- Prayer HP (35%): Encompassed expressions invoking a higher power (God, Jesus, Lord, or Mary)
- Hopeful (13%): Included expressions of hope, prayers, and words instilling optimistic anticipation for patients’ recovery and discharge
- Gratitude (9%): Contained synonyms such as ‘thank you’ and ‘thankful’
- 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
- Prayers (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

- 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.

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

Discussion continued

- PRAYER REQUESTS

TABLE 1: EXAMPLES OF NOTES

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruam</td>
<td>1</td>
<td>“Take care of yourself in critical illness”</td>
</tr>
<tr>
<td>Ruam</td>
<td>2</td>
<td>“Feel the love and healing”</td>
</tr>
<tr>
<td>Ruam</td>
<td>3</td>
<td>“You are my sunshine”</td>
</tr>
<tr>
<td>Ruam</td>
<td>4</td>
<td>“We are all praying for you”</td>
</tr>
</tbody>
</table>

References


Acknowledgement & Contact information

CONTACT INFO: Maria G. Jimenez: mj2256@uab.edu  
Dr. Hon K. Yuen: yuen@uab.edu