

Spiritual assessment



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The assessment of a patient's spiritual status, especially a patient suffering from cancer, poses a challenge to many clinicians as they try to guide the patients and stay by them during the most trying times of their lives.

Patients ask themselves many questions, such as why they had to get cancer and what will happen to them after they die. This process is hard to bear, and some clinicians may not wholly embrace the responsibility of guiding the patient through the spiritual journey. The whole process gives the clinician a deep personal insight into patient's life and character, and they have to boost patient's courage to face the disease (Rumbold, 2003). The connections formed as one assesses the spiritual needs of a patient also help in making medical decisions, because the patients and the physician have similar views on the values and priorities in the patient's life. The cancer patient not only gets a cure for their physical illness, but the physician also gives the nurses and the patient hope to continue fighting for his or her life when the medicine can no longer help reduce the physical pain the patient goes through (Koenig, 2002).

During my assessment of the patient, I found out that his worst fears were about what would happen to him after he dies, because he had lost all hope of getting better. The patient suffering from cancer was in a lot of pain at the time of my assessment, and I had to be patient with him. The patient was an ardent football fan, and, prior to becoming sick, he spent most of his time watching football matches with his friends. The interesting thing was that he did not want anything to do with his previous interests, because he had given up all the hope to survive and did not want his friends to consider him a burden. He was a catholic follower, and his priest used to come visit him

and give him encouragement (Gordon & Mitchell, 2004). This was somewhat difficult for the priest, because the cancer sufferer had cut all the ties he had with the church, who felt betrayed by God through allowing a terminal disease to develop. However, I found out that when the man lost his wife some years back, he had depended on God to guide him and to give him strength during the difficult times. Therefore, I found it strange that now the same man had given up his trust in the same God that gave him strength after the death of his wife (Walter, 2002).

The assessment went well because in the end the patient agreed to give me a chance to assess him although he had been distant at the beginning. The entire process went well, and especially well went the moral authority aspect of the assessment, where I found out that the man had an inner strength that acted as his guide during trying times. The patient admitted that he was bitter about the church and mad at God for letting him develop cancer, therefore, he had to let go of his bitterness and focus on getting better (Tarumi, Taube & Watanbe, 2003).

In future, I would first focus on knowing the life's history of the patient to help me identify his strengths and likes, which will help me to get to know him or her better. This way I will not feel as if I am prying into the private life of the patient by asking him some common questions that I could get answered by doing a background check. There were many challenges in completing the assignment, most of which came from the patient who was reluctant to let me assess him by not opening up to me. In future, I would have to make sure that I develop a good rapport with the patient and build a trusting relationship before embarking on the assessment (Fitchett, 2002).

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The spiritual experience with the patient was a revelation as I realized that it is important to be there for the patient and support him or her by attending to his or her spiritual needs. The method of assessment is important as it helps one to get to know the patient better and build a mutual and trusting relationship that acts as a guide when making any decision regarding the medical condition of the patient.