

# [Spiritual assessment of mentally retarded patient](https://assignbuster.com/spiritual-assessment-of-mentally-retarded-patient/)

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SPIRITUAL ASSESSMENT OF MENTALLY RETARDED PATIENT Case History: The selected patient called Mrs. Wilson, aged 61 years, is a widow and has been living alone for the last five years in her apartment situated at Staten Island, New York City, USA, after the immediate demise of her husband Mr. Wilson. Mr. Wilson was diabetic and died of chronic cardiovascular ailment five years ago. Since the couple had two married daughters living abroad, there was no one to look after the old lady after her husband’s death. In the beginning, she was doing well and was able to perform all her domestic and financial responsibilities and obligations; however, permanent loneliness and absence of companionship adversely told upon her frail nerves. Consequently, she underwent emotional collapse and mental retardation. She hired the services of an attendant at her residence, but no signs of recovery could be found in her mental and physical condition. Now she is being treated at the local Trinity Healthcare Center, where she would receive spiritual and psychological treatment from the team of professionals. “ It would be very hard to find a nurse who saw only the physical aspect of care as that which defines nursing. We all know that when a person is hurting emotionally, all sorts of physical ailments crop up. On the other hand, physical conditions can affect the mind and spirit.” (Hutchison, 1997: 4) Hence, FICA Spiritual Assessment Tool is being applied in order to explore the mental illness of Mrs. Wilson for her complete convalescence. Brief Introduction to FICA: FICA serves as an imperative tool for the spiritual assessment of the patients in order to cure them from spiritual and psychological disorder. The medical advisor concentrates upon the nature, influence, community and application of the patient’s faith in order to pacify and soothe him in the light of his religious and spiritual beliefs. “ The connection between spirituality and medicine”, Puchalski observes, “ has been receiving a lot of attention in both the scientific and lay presses recently, but research and anecdotal evidence all indicate that spirituality is central to the care of the chronically ill and dying.” (2006: 10) Consequently, almost all therapeutic and healthcare centers take spiritual needs of the patients into serious consideration in order to rescue them from emotional trauma on the basis of their spiritual needs. Mrs. Wilson’s Faith and Spiritual Needs: The researcher, on the basis of the case history of Mrs. Wilson, asked her whether she considered herself as a religious or spiritual person. Mrs. Wilson admitted that she was Christian by faith and was born to a Catholic family. On enquiry, she also admitted that she did not give due heed to her belief because of her financial, professional and domestic engagements. She also informed the researcher that she had never been a regular visitor of church; on the contrary, she attended religious activities on few special occasions only, which included Easter, Christmas and few feasts attributed to the saints. Importance and Influence of Faith: Mrs. Wilson claimed to be a spiritual person, as she aptly heard the call of conscience and virtue deep in her heart; consequently, she used to offer charity and donation to the disabled persons and orphans through non-governmental and charity organizations. She endorsed the very reality that religion maintained imperative significance in her life. Since the noble teachings of St. Perpetua had left indelible imprints upon her mind, she felt great relief by studying the marvelous sacrifices made by her. She also sought support from Heavens to get cured immediately, which revealed her strong belief in her Creator. During treatment, she repented for neglecting her religious obligations and cursed herself for dropping her prayers and meditations to God. Mrs. Wilson’s Community: Mrs. Wilson had been a modern lady, and served as a market analyst in her professional life. She had been involved in her professional responsibilities in such a manner that she could not develop strong ties and relationships with the Christian community. Additionally, her husband was also a liberal person, and had never been an orthodox altogether. Thus, Mrs. Wilson did not have any penetration with the members of her Christian community. Address/Application: The patient, Mrs. Wilson, replied in favor of the need for spiritual treatment for her cure. She recommended delivering of lectures on regular basis about the life of Holy Christ, his disciples and the saints belonging to the early Christian era. The lectures, based on the tales of the respectable and sacred personalities, would infuse a new spirit in her, and she would certainly feel energetic, healthy and convalescent. In addition, she desired to attend prayers and hymns being performed at any nearby church in order to soothe her soul and pacify her worries. Treatment Plan for Mrs. Wilson: It is professional and ethical responsibility of nurses to apply best of the skills for the complete cure of the patients. The nurses should not confine treatment process to medicines and look after only. On the other hand, they must apply all methods in order to satisfy the spiritual needs of the patients. Moreover, the patients should not be ridiculed provided they observe childish behavior during illness. Rather, they must be given appropriate regard and consolation. Since Mrs. Wilson has been seriously ill for the last one week and is suffering from mental and emotional trauma, she requires a comprehensive treatment plan for her complete and instantaneous recuperation. For this purpose, the following steps would be taken at the healthcare center: Mrs. Wilson will be provided with electroconvulsive therapy (ECT) at healthcare center. “ Modified electroconvulsive therapy (ECT) is a controlled medical procedure in which a seizure is induced in an anaesthetized patient to produce a therapeutic effect.” (Kavanagh & McLoughlin, 2009: 1372) It will provide relief and relaxation to the patient, and her mental retardation will certainly decrease to a significant extent. Moreover, since loneliness is one of the vitals causes of her ailment, Mrs. Wilson would be provided a permanent attendant at her room, so that she could give vent to her thoughts and ideas without any hesitation or hurdle. Additionally, she would have sitting with the patients of her age have been admitted at the healthcare center, which would be supportive in mitigating her worries regarding her falling health and loneliness. She would also be accompanies with a staff nurse in the TV room, where she could be able to interact with other patients and staff members. Consequently, her loneliness would perish away during her stay at the healthcare center. Attitude and behavior of nurses also plays important part in the fulfillment of the spiritual needs of the patients. “ While most agree in principle that a patient's good comes before the organization's or nurse's good, nurses often confuse what is good for the patient with what the nurse believes is good for the patient. At debate is what constitutes good for a patient without infringing on the patient's autonomy or letting the patient come to serious harm.” (Beauchamp and Childress, 1994: 277) Further, the services of professional therapist would also be provided to the patient. The therapist will provide Mrs. Wilson with counseling and medicines, which will be beneficial in the improvement of her mental condition. Mrs. Wilson has also become a chemical addict because of the negligence of her daughters. “ Since drug addiction and other deviancies are the outcome of the negligence committed by the family members, people seek relief by consuming drugs and chemicals. It is a compassionate professional therapist that can pull out the addict children from chemical dependency.” (Dowieko, 2006: 130) However, spiritual encouragement and psychological treatment will bring Mrs. Wilson to normalcy. Consequently, she will also give up chemical dependency on her recovery, and will lead a normal and happy life again. REFERENCES: 1. Beauchamp, T. L. & Childress, J. F. 1994 Principles of Biomedical Ethics 4th edition New York: Oxford University Press. Quoted in Online Journal of Issues In Nursing. Available: www. nursingworld. org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/JournalTopics/MultistateLicensure. aspx. 2. Doweiko, Harold E. (2006). Concepts of Chemical Dependency Wadsworth Pub Co. ISBN: 053463284X 3. Hutcherson, C., & Willamson, S. (1999). Nursing regulation for the new millennium: The mutual recognition model. Hutchison, Margaret G. 1997 Healing the Whole Person: The Spiritual Dimension Retrieved from http://members. tripod. com/marg\_hutchison/nurse-4. html 4. Kavanagh, A. & McLoughlin, D. M. 2009 Electroconvulsive Therapy and Nursing Care Br J Nursing 2009 18(22) 5. Puchalski Christina, M. 2006 A Time for Listening and Caring Oxford University Press