

PRAYER AT THE BEDSIDE: INTUITIVE OR LEARNED?

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INTRODUCTION

- Iris Mamier is an Associate Professor at LLU School of Nursing, has a longstanding interest in whole person care and the link between spirituality and health. For the past 15 years she has been involved in research on nurse spiritual care.
- Carla Park Executive Director, Faith Community Strategy, AdventHealth (Florida). As recent as 2019, she was an Associate Professor at LLU School of Religion, the Director of the Center for Spiritual Life & Wholeness, and Assistant VP for Spiritual Life & Mission at LLUH.

CASE SCENARIO

"P. J., age 72, is getting prepared for a surgery that will take place soon. You sense she is apprehensive and nervous. She asks, "Would you pray for me before I go to the OR?" If you were her healthcare provider:

What would you likely say or do?

1).....
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If you agree to pray, how would you likely pray?

2).....
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If you agree to pray, are there any questions you'd likely ask before engaging in the actual prayer?

3).....
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OBJECTIVES OF THIS PRESENTATION

After this workshop, participants will be able:

- To identify elements of prayer in a professional healthcare context.
- To describe teaching methods that can be used to prepare professional healthcare providers for a situation where a patient requests prayer from them.
- To identify pitfalls for praying with patients in a professional context

SUMMARY OF FINDINGS

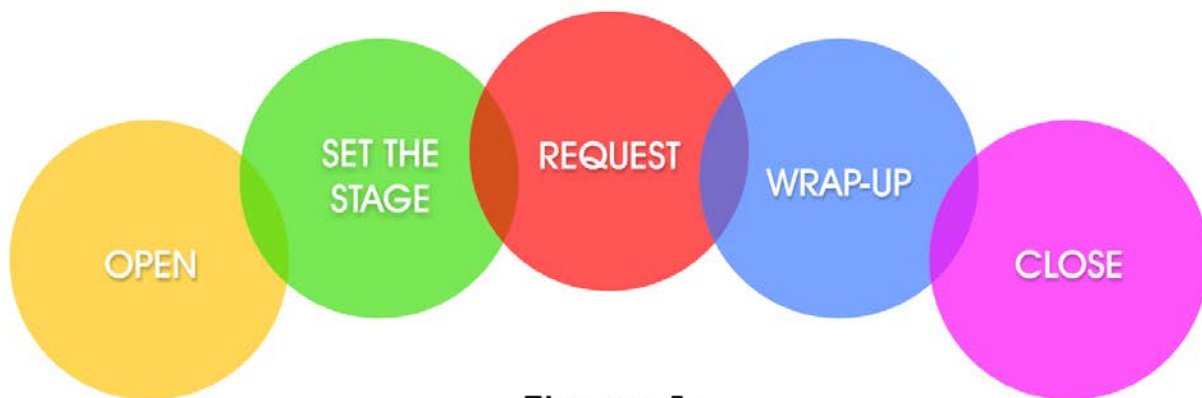


Figure 1:

Emergent Prayer Structure: How Nurses Pray

Out of the aggregate of prayer data, a 5-phase structure emerged: All prayer opened in some way, presented requests of some sort and closed in some way. These prayers were straight forward, to the point, very basic and short, like "Dear God, please help Mrs. Jones through her surgery and recovery! AMEN!"

*Some prayers also "set the stage" before proceeding to requests and wrapped up the prayer before ending. These prayers showed **how** the nurses connected with the situation at hand: e.g., expressing gratitude for meeting and caring for Mrs. P.J., connecting with who the patient is as a person, patient's beliefs and hopes, as well as connecting with the transcendent dimension. Such prayers draw the listener in, there is a certain warmth to these types of prayers; they connect with the person or situation of an individual patient and are therefore more specific and convey a personal note.*

CHECK YOURSELF

Please review the prayer you formulated and check which components you included:

- Open:** *How did you open the prayer?*
 - How did you refer to the divine listener?*
 - How did you make the decision to refer in this manner?*
- Set the stage:** *Did you...*
 - ...identify the patient by name in your prayer?*
 - ...connect with patient's feelings or immediate experience or the activity of praying together?*
 - ...consciously step into God's presence/ signal that you have arrived?*
 - ...focus on God's attributes, express thanks and/or praise?*
- Request:** *Did you link patient's perceived needs with how God can help? Did you, for example, ...*
 - ...formulate requests for God's action?*
 - ...ask for God's qualities (e.g., God's peace, love, presence, strength, calmness, comfort)?*
- Wrap-up:** *How did you prepare for closing? Did you ...*
 - ...thank God and/or praise God?*
 - ...make faith statements based what the patient said to be true about God or scripture?*
- Close:** *How did you signal the end of your prayer? Did you ...*
 - ...pray "in the name of ____"? – Is this wording/reference fitting for this particular patient?*
 - ...end by saying "Amen"?*

EVALUATION

After this workshop...

What are the three most important insights you are taking away from this session?

1).....

2).....

3).....

What changes will you make in the way you address prayer with your patients or students?

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What other questions were prompted by this workshop? What might you want to be addressed next time?

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Would you share with us your professional background?

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