

Prayer at the Bedside: Intuitive or Learned?

Speaker: Iris Mamier

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Among American adults, prayer is still a prevalent faith practice. We asked healthcare providers through a global journal if and how they prayed for patients.

Findings from this qualitative study may be of interest to those willing to pray with patients in some situations.

Thursday, March 12 | 12 – 1 p.m.

LLU Medical Center A-Level Amphitheater

Lunch provided for the first 50 attendees

Register on OWL Portal



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HEALTH

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Objectives

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

Bumping into Spirituality at Work ...

Some quick questions – by show of hands?

- 1) How many of regularly interact with patients ?*
- 2) Have you ever encountered **spirituality** in the context of patient care?*
- 3) Have you ever **been asked by a patient to pray for them?***
- 4) How many of you **offer to pray** with **patients** on occasion or regularly?*
- 5) Would anyone be willing to quickly share the context of this situation unfolded?*



Example from the previous study

Mamier, I., Winslow, B. W., Pefanco, C., & Siler, S. (2015)

"I had a patient ask me to pray for them before they went into surgery.

*The day they were discharged, they told me that **it gave them comfort during that stressful time, and they were able to go to the OR with a sense of peace.***

It made me really think about how scared people are and I now find myself offering to pray more with my patients."

BACKGROUND

PRAYER – most common faith practice among American Adults
79% say they prayed *once or more* in last 3 months [Barna Group, 2017]



Silent and Solo: How Americans Pray

Research Releases in Faith & Christianity • August 15, 2017

Barna Group:

(Source: <https://www.barna.com/research/silent-solo-americans-pray/>)

HOW DO YOU MOST OFTEN PRAY?

(% pray at least once in the past 3 months)

Barna

Silently by myself

82%

Audibly by myself

13%

Audibly with another person or group

2%

Collectively with a church

2%

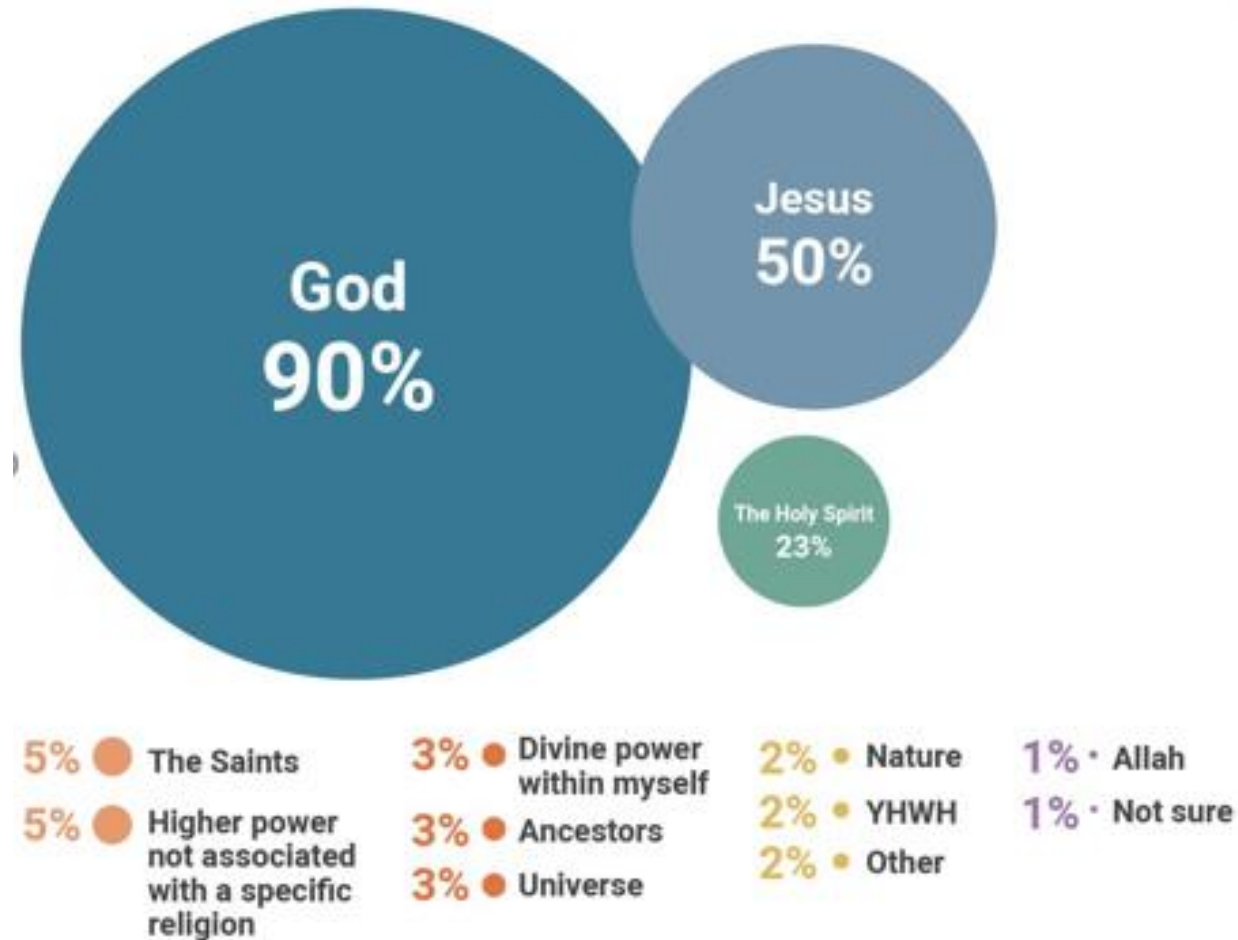
n=1,015 | June 5-9, 2017

Barna Group:

(Source: <https://www.barna.com/research/silent-solo-americans-pray/>)

TO WHOM / WHAT DO YOU PRAY?

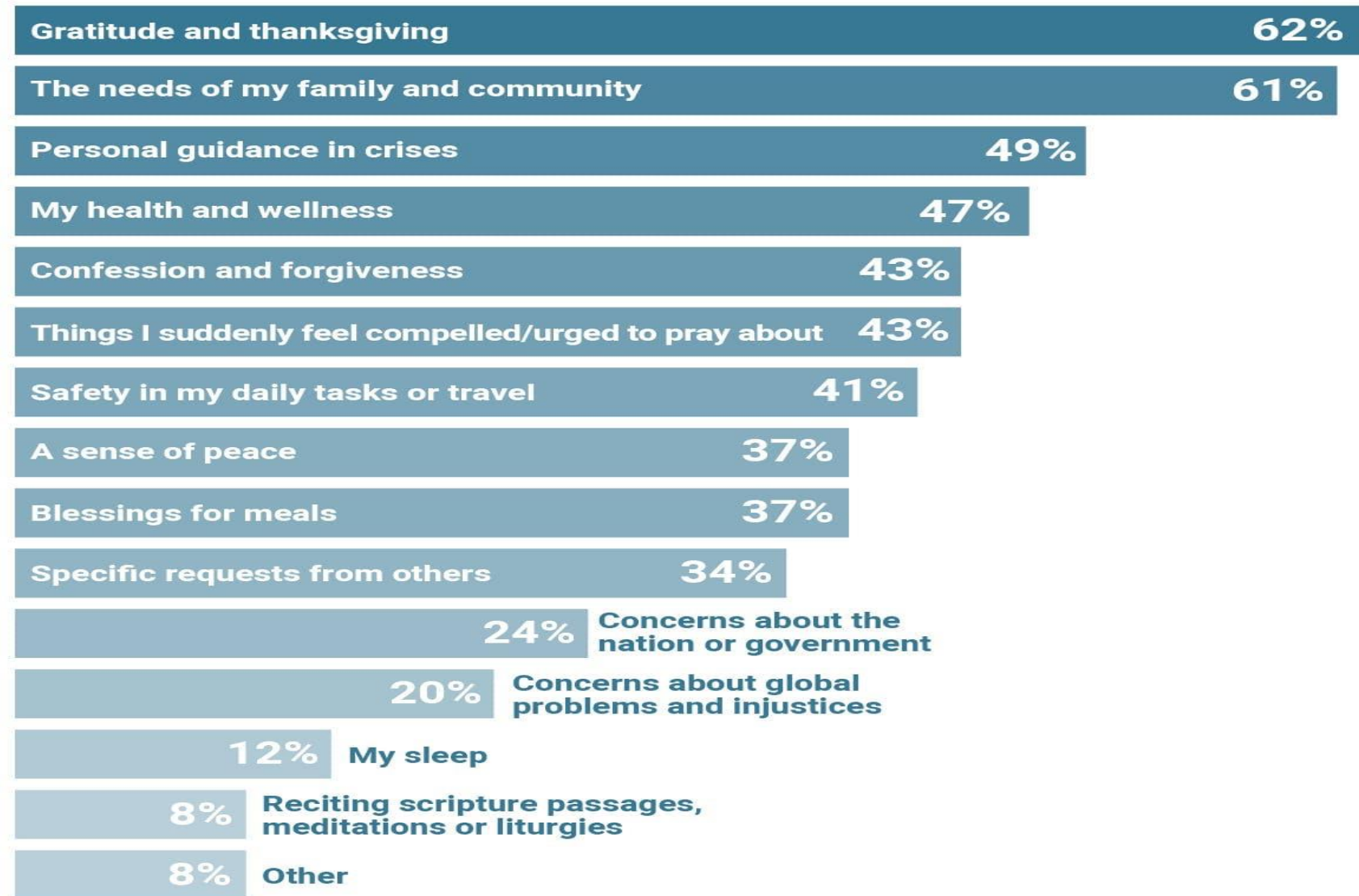
(% pray at least once in the past 3 months)



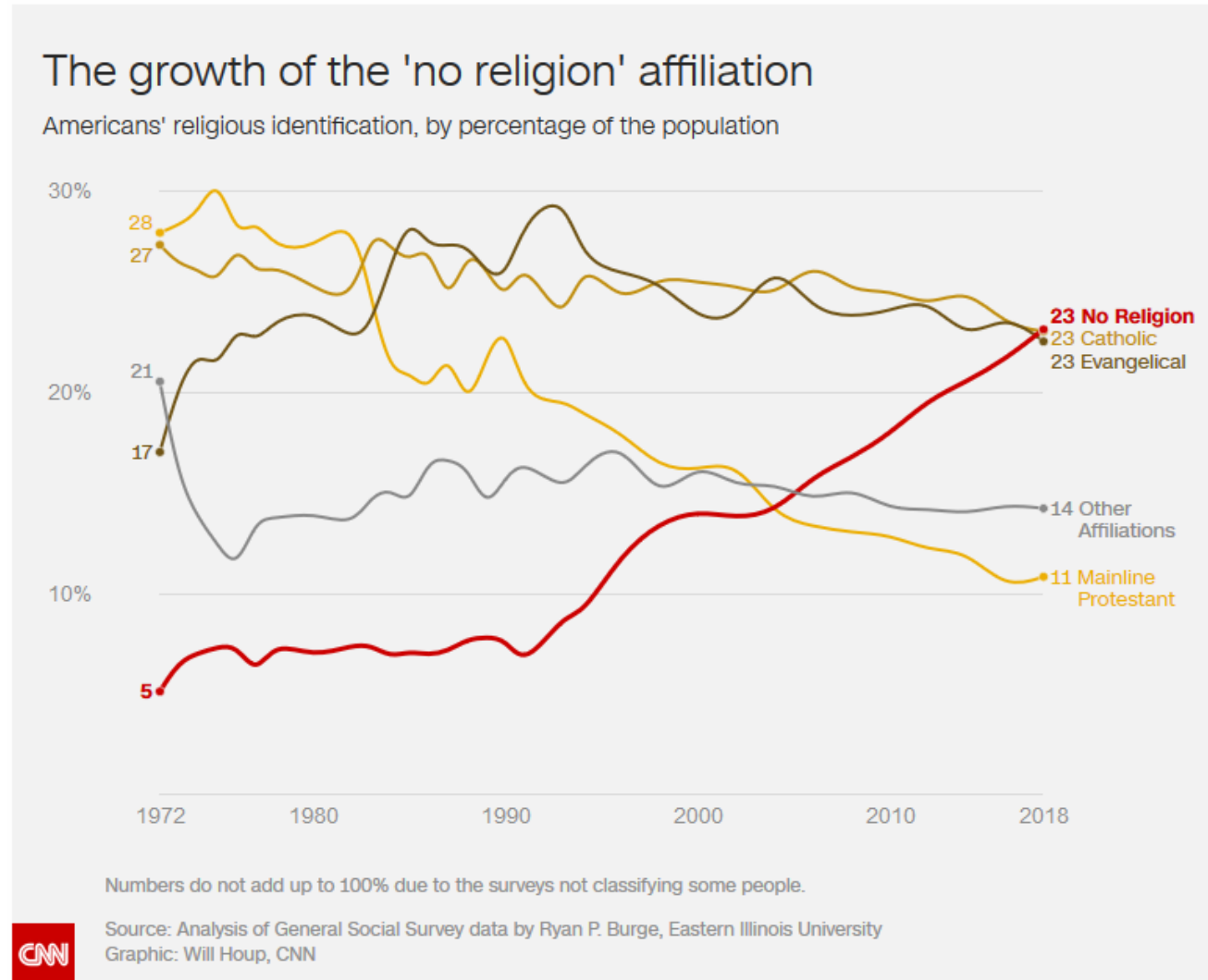
WHAT DOES THE CONTENT OF YOUR PRAYERS MOST OFTEN PERTAIN TO?

(% pray at least once in the past 3 months)

Barna



Findings 2018 General Social Survey



Catholics came in at 23.0%, and evangelicals were at 22.5%.

Purpose

- To explore how nurses respond to a patient's virtual prayer request
- To describe how nurses pray with patients, if they do
- To identify an emerging practice theory of providing spiritual support through prayer

Methods

1

Descriptive qualitative study; Online survey (Quantitative) plus **vignette** with two open-ended questions (qualitative)
Nurse Sample: convenience (*Journal of Christian Nursing*)

2

Vignette: Pre-surgical scenario - patient requests prayer from nurse
Question 1: *“What would you likely say or do?”*
Question 2: *“If you agree to pray, how would you likely pray?”*

3

Two researchers analyzed data using **conventional content analysis** (Hshie & Shannon, 2005): emerging codes, formed themes with subcategories, summarized each domain.

Findings

NURSE SAMPLE ($n = 381$) - *Most worked in non-faith-based institutions (65%)*

Registered Nurse (RN)	96% (366)
LVN/LPN/Nurse Aid/unlicensed	4% (16)

Gender

Male 7.6% (29)	Female 92.1% (351)
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Ethnicity

Caucasian 81.6% (311)	all other: 18.4% (70)
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Age

18-34 years old: 16.5% (63)	>55 years: 46.5% (177)
34-54 years old: 37% (141)	

S&R

Spiritual <i>and</i> religious	83.5% (318)
Spiritual <i>but not</i> religious	13.4% (51)
R <i>but not</i> S & neither R/S	3.1% (12)



Findings

General observations:

- Most nurses *granted* prayer request
- $n = 12$ *declined*, called a chaplain or colleague instead or provided empathetic response.
- Most provided a *written colloquial prayer* or outlined *prayer content*. Some prayed silently, asked the patient to lead or provided a ritual prayer (e.g., Lord's prayer).
- Some first explored **form** (i.e., assessed *how the patient would like the prayer to proceed*) and **content** (what the *patient would like to include in the prayer*).



Results



Figure 1:

Emergent-Prayer-Structure: How Nurses Pray¶

Emerging structure of nurse prayers



2) Set the stage (*optional*):

Description: Connect with the here and now

Function: Arrival in God's presence

Variations: Focus on God, situation at hand, patient

Assessment: *What (concerns) prompted the prayer?*

Decisions: *Before prayer: listen actively;
during prayer: paraphrase patient situation/feelings/
experience with God/Divine,
Refer to the patient by name
express genuine gratitude for encounter*

1

1) Open (present in all prayers):

Description: Identify divine listener by name

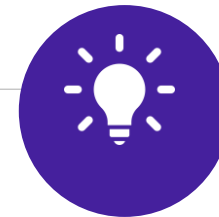
Function: Connecting with the divine

Variations: e.g. "Dear..." "God", "Jesus", "Heavenly Father" or purposefully "neutralizing"

Assessment: *How does the patient refer to the Divine? To whom should the prayer be addressed?*

Decisions: *Determine if it's appropriate to pray (or refer or how to respectfully decline), how to pray for person and how to provide privacy and if touch is appropriate.*

2





4) Wrap up (*optional*):

Description: Prepare for closing

Function: Signals leaving of request moving to close of prayer

Variations: 1) Thanking/praising God,
2) Making statement of faith

Assessment: *What faith statements/experiences does the patient reference? What does the patient believe to be true about God/matters of faith?*

How has the patient experienced God in the past?

Decisions: *During prayer: Refer to Who or what provides the patient with hope and thankfulness?*

3

3) Request (present in all prayers):

Description: link perceived needs with how God can help

Function: Shifting patient's needs/burdens to God/Divine

Variations: Request for 1) God's qualities (e.g. presence, peace, comfort) or 2) God's actions (healing, guidance of healthcare team, good outcome)

Assessment: *What can God do in response to the "felt needs" or the "lament of the soul"?*

Decisions: *Listen actively for what the patient desires most and express this content as petition in prayer*

4





5

5) Close (present in all prayers):

Description:

Function: Signal the end of prayer

Variations: 1) use variation of: "In the name of Jesus", "in your name" etc. 2) sometimes accompanied by a statement about the will of God (e.g., according to your will") 3) End with "Amen"

Assessment: *How does the patient relate to God?*

Decisions: *Determine what ending is appropriate for the payer*

Guidelines derived from the data

- Ask **permission/obtain consent** to pray with patient/family
- **Explore** if they want to be prayed for or take the lead in prayer themselves
- Ask **permission** if **holding** patients' or touch patient's shoulder.
- Ask patients how they typically pray (consider religious traditions, name of the Divine, possibility of quiet prayer).
- Ask what exactly they want the healthcare provider to address in prayer (requests).
- Provide privacy (e.g., draw a curtain, shut door, etc.)
- If possible, be on eye-level or below during prayer
- Pray **sincerely**, confidently, in a **soft voice**, with reverence for the patient, with authenticity, **short** and **to the point**

Five prayers fell outside the general feel of the rest... Any thoughts?

"I always say the same prayer and people love it. 'Angels guide this day. Angels guide the doctors and nurses. Angels guide P.J. today as she goes through this procedure. Thank you Angels for your protection and guidance. Amen.' I do this up beat and happy."

"Pray specifically for surgical area, patency of vessels and speedy healing"

"Jesus, we know you came and defeated death. You came to free us from our fear of death. We once had reason to fear it, but no longer. Jesus, I know that P.J. will awaken from this surgery - either in her bed here surrounded by her friends, or in your arms, gazing up into your face. I ask you to comfort and calm P.J. now. In your name, we pray."

"send forth the covering of the blood of the lamb, ministering angels, and angels with their swords drawn to defend and protect."

"In obedience to what Jesus has commanded me to do and in the authority of His name, I command this body to be whole and well. I command you to recover, Sickness, disease, weakness, malfunction, abnormality - I command you to go. Be well and be whole In Jesus name."

Discussion

1

How Christian nurses pray if they do had *not* been identified previously. Nurses responded in a respectful accommodating way, offering a variety of prayers.

2

Prayer elements identified in our study matched the Barna study (2017). Nurses raised valid assessment questions and grappled with issues of contextualizing their prayers to individual patients.

3

Prayer--a “taken for granted” skill even in faith-based nrsg edu leaving nurses unprepared for a patients’ prayer request. The 5-pt structure allows for reflection points for clinicians/ educators.

Limitations & Conclusions

- **Virtual situation** *not* real life observation: limited data and context, no clarifying member check-in
- **Geographically diverse sample** representing Christian perspectives— *transferability to monotheistic faith traditions?*
- **Key elements of nurse prayer identified** in emerging practice theory (5-phase structure)
 - may guide and prepare clinicians
 - Implications for nursing education
 - What does a respectful response look like?

References

Hsieh, H.-F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, 15(9), 1277–1288.

<https://doi.org/10.1177/1049732305276687>

Kinnaman, D.; & Stone, R. L. (2017, August 15). *Silent & solo: How Americans pray*.

Retrieved from <http://www.barna.com/research/silent-solo-americans-pray/>

Mamier, I., Winslow, B. W., Pefanco, C., & Siler, S. (2015, July). Nurses' experiences with spirituality in acute, tertiary care: An emerging typology. 26th International Nursing Research Congress in Puerto Rico.

Taylor, E. J., Gober, C., Schoonover-Shoffner, K., Mamier, I., Somaiya, C., Bahjri, K. (2017). Nurse Religiosity and Spiritual Care: An Online Survey. *Clinical Nursing Research*. doi: 10.1177/1054773817725869 published ahead of print

Taylor, E. J., Gober, C., Schoonover-Shoffner, K., Mamier, I., Somaiya, C., Bahjri, K. (2018): Nurse opinions about initiating spiritual conversation and prayer in patient care. *Journal of Advanced Nursing*. published ahead of print

Thank you!

Questions?