

# Sharpening Soft Skills

Spiritual care simulations, reflections emphasize patient healing, nurse resilience

by Julie Lepianka

I was 16 years old when one of my best friends, Becky, was diagnosed with cancer. Her immune system was so fragile that hospital visitors needed to communicate with her from an adjacent hospital room, via closed circuit video. During that hospitalization, one of Becky's nurses noticed how emotionally wrenching it was for her to not be able to talk with, or touch, anyone she loved. It was at this time that I was allowed in her room.



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Walking in, I saw clumps of Becky's long brown hair tangled in knots on her head. She was afraid to brush it, for fear of it falling out—a side effect of the chemotherapy. She asked if I would cut her hair, in hopes that by having it short, it would be less traumatic for her when it eventually fell out.

As I gently brushed and cut her hair, we both began to cry. I did not try to stop the tears; I was simply present. In that moment, I realized the power of being a compassionate presence. By acknowledging her emotional and spiritual pain, and feeling it with her, I comforted Becky. Though her cancer could not be cured, her spirit could be healed of some of the suffering.

## Lessons, simulations emphasize spiritual care

Often “spirit” is considered a term used only in religion. In health care, “spiritual care” means addressing what brings a sense of meaning and purpose to people's lives, and honoring the relationships that are important to them. Spiritual care can incorporate formal religious practices for some, but others might not connect it to a higher power.

In health care, we do a good job of addressing patients' physical issues, but too often we minimize or even avoid acknowledging their emotional and spiritual needs. In doing so, we miss an integral part of their stories. Research shows that when we address patients' spiritual needs, they feel more satisfied and their health outcomes tend to improve.

After attending a spiritual care training program at George Washington University in 2016, I returned on a mission to bring spiritual care education to the classroom in a way that was engaging and impactful. That fall, I began discussions with Mark Boergers, chair of Stritch's theater program, and we developed a partnership that now enriches both our nursing and acting students.

We implemented a program that involves training theater students to portray “standardized patients.” The actors participate in simulation exercises both with groups of nursing students and one-on-one to help practice methods for addressing the patients' spiritual and emotional needs (view a sample session at [www.stritch.edu/magazine](http://www.stritch.edu/magazine)). One group simulation involves nursing students delivering bad news to the standardized patient while the final one-on-one exercise focuses on the nursing student addressing spiritual needs as well as end-of-life decisions. Mark and I recorded and observed the student simulations and participated in debriefing sessions with the students. Though these learning activities created stressful scenarios for the nursing students, they greatly enhanced their learning.

Beyond the benefits to the nurses, the acting students sharpened their dramatic improvisational skills and can now add standardized patient work to their résumés. Many of the actors found this to be a humbling experience as they realized the effect their work may have on patients in the future.

Beyond these standardized patient simulation exercises, the nursing students also engage in collaborative classroom exercises with Aurora Health Care chaplains. Then, classroom and simulation lessons are put to the test as nursing students shadow a chaplain or a palliative care or hospice health care provider from Aurora.

### Focusing on nurses through “Reflection Rounds”

Becky died two weeks before our high school graduation. To this day, I remember giving the eulogy at her funeral and never shedding a tear. I completely shut down after her death.

I had a similar reaction after working as a hospice nurse for years. Nurses are exposed to death and trauma on a regular basis, and we do not always receive support in coping with that stress. Often we fail to ask for help and simply move on to the next patient. No one knew what to say to me when Becky died, and no one understood how to console me when I lost patients, one after another. In reality, it wasn't so much watching the patients die, as this was expected. Instead it was the heartache of being with their loved ones and witnessing their raw grief.

An extremely important focus of spiritual care is ensuring that nurses' own spirits feel nurtured. According to a 2017 National Academy of Medicine discussion paper, the rate of depression among nurses is double that of the general population. In addition, recent reports indicate 20% of nurses struggle with addiction, while anywhere from 20% to 70% of nurses report experiencing burnout. That said, future nurses need to be aware of the emotional and spiritual trials in the profession and learn how to safeguard themselves.

With this awareness and based on my own experiences, I wanted to provide a safe space for Stritch nursing students to express their feelings and struggles in hopes of building resilience and decreasing the risk of burnout. After attending a training session on a process known as Reflection Rounds, I began to incorporate this practice into my course.

With Mary Beth Wisniewski, associate director of the Wellness Center, I now co-facilitate Reflection

Rounds, which are similar to 12-step meetings. Students are given a chance to speak, if they choose, with no crosstalk or advice from others. In addition, the group respects each person's anonymity. At each session, we ask students to speak about patient or health care situations that affected them emotionally, good or bad. Typically, the student will discuss the patient with a bit of detachment, but as the silence hangs in the air, the student tends to start talking again, this time speaking at a much deeper level. This practice inspires some remarkable reflections.



Standardized patient simulation

The purpose of Reflection Rounds is to provide a safe space where people can process the feelings they may be carrying from witnessing the suffering of others. Feedback is overwhelmingly positive, with students saying the experience is “cathartic” and they “no longer feel alone.” It is incredible to be a part of something bigger than ourselves.

The most important thing in life is relationships. Whether at work or in our personal lives, relationships are what connect us to one another and make us feel that we truly matter. I believe that learning how to address spiritual and emotional needs in a compassionate manner allows us to connect more meaningfully with one another. My hope is that patients will feel that compassionate presence when they are cared for by a nursing graduate of Cardinal Stritch University.

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