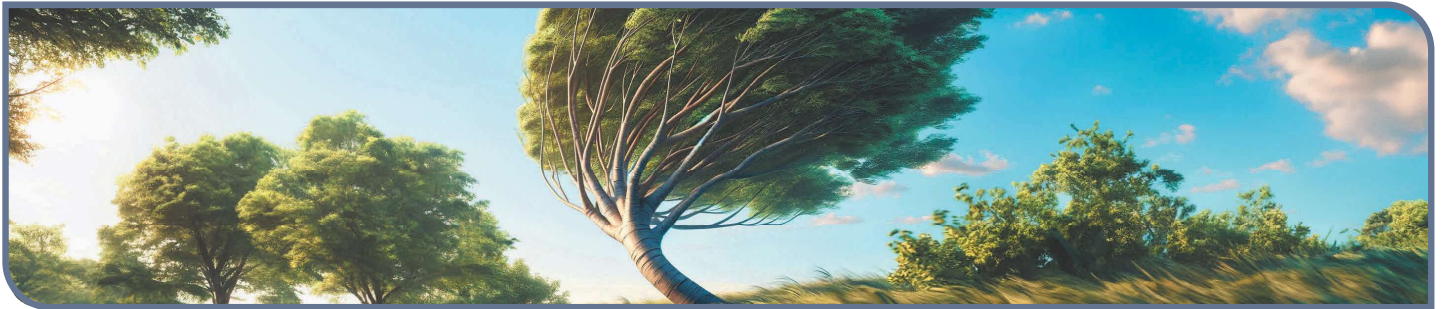


# The Fellowship of Caring

Caring for each other starts when we see the physical, emotional and spiritual needs of those around us and are able to respond in the way we have been taught.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”  
(Remen, RN (2006) *Kitchen Table Wisdom, Stories that Heal; Riverhead Trade*).



Trees that bend in the wind: Exploring the experiences of front line support workers delivering palliative and end of life care. Scottish Care 2017

## All professional healthcare workers are in a similar position when it comes to the death of a patient, expected, traumatic or unexpected.

Labrague et al (2018) indicates that the key to helping students cope with stress is to present methods of doing so in the educational process.

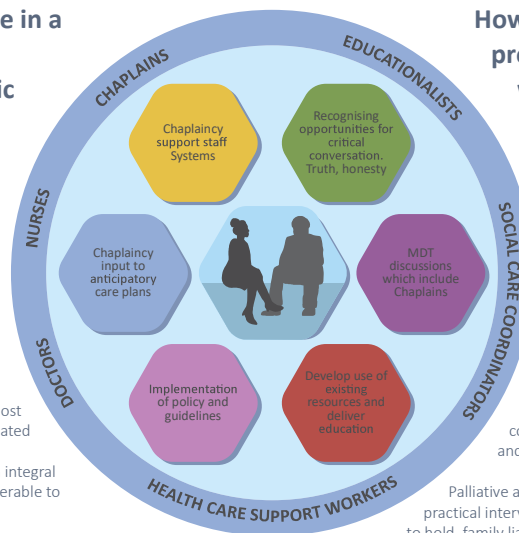
Labrague LJ, McEnroe-Petitte DM, Al Amri M, Fronda DC, Obeidat AA.

An integrative review on coping skills in nursing students: implications for policymaking. *Int Nurs Rev.* (2018) 65:279–91. doi: 10.1111/inr.12393

Szczupakowska et al (2021) found two thirds of students in their study needed external help to cope with aftermath of death. Almost all felt inadequately prepared through lack of classes. They advocated mentor support at all levels.

Every healthcare professional experiences death in work – it is an integral part of their role. But without a coping mechanism, they are vulnerable to reduced motivation, occupational burnout and even disease.

Szczupakowska M, Stolarek P, Roszak M, Głodowska K and Baum E (2021) Patient’s Death From the Perspective of Nursing Students. *Frontiers in Public Health* www.frontiersin.org 1 May 2021 Volume 9 Article 636582



## How much about death and dying do health professionals know before the event and what is the impact on their personal and professional lives.

By 2037 the number of people dying in Scotland will increase by 12% to 61,000. Staff need to feel adequately trained and supported to provide end of life care (p3). There is a ‘human impact of delivering care at the end of someone’s life.’ ‘Everyone is an individual as much when they are dying as when they are healthy’

(Scottish Care 2017 p5).

Donald Mackaskill in the Scottish Care paper (2017) said ‘We owe it to our social care staff to ensure we listen to what they are saying. It is they who are the ‘hidden’ carers, the ‘palliative’ care givers, it is their voices who console, whose hands offer the touch of comfort, and whose presence instils solace.’

Palliative and end of life care involves delivering highly skilled, technical and practical interventions but also provides emotional support, a familiar face, a hand to hold, family liaison and so many more forms of care and support that cannot be captured in any job title.

## Spiritual care education is key to the response offered and received by carer and patient:

Spiritual care is described as ‘the practice of loving kindness, empathy and tolerance in daily life; a feeling of solidarity with our fellow humans while helping to alleviate their suffering’.

Levison C 2009 *Spiritual Care Matters NES (National Health Education for Scotland) NES Publications p19*

Spiritual care is the dignity, comfort, valuing and reassurance given in a calm and peaceful environment with the softer support of a touch of hand, sitting and just being with someone else. These are attributes that rarely come naturally and need intentional education to build knowledge and resilience. Feelings associated with lack of training are draining; isolation from lone working; fearful of what will happen; being overwhelmed; anxiety; stress; guilt; staying strong for colleagues; covering up strong emotion. ‘Emotions are harder to deal with than physical care’. When supporting each other people use natural communication tools such as humour; normality of life; mutual support; rituals peculiar to a staff group all of which enable them to cope.

**Spiritual Care Education of Health Care Professionals Donia Baldacchino Religions 2015, 6, 594–613.**

Baldacchino (2015 p599-605) says that ‘no-one can give from what they do not possess’. To possess you need to acquire or use specialist advice which is often not available. It is spiritual care education that enables formation as individuals to find meaning and purpose in the fellowship of caring. Healthcare givers need to take an active role in meeting the deep needs of those they work for and with, so that when personal spirituality is acknowledged, teamwork generates a peaceful environment with enhanced patient care (Baldacchino 2015).

There is a need to recognise the value and support of all care staff wherever they are working. Covid-19 Pandemic gave educators an opportunity to observe spiritual care gaps in the education of health and social care staff and equip students with the ability to assess the ongoing needs of themselves and clients (Aird and O’Neill 2022).

